

Quality Improvement Plan Template

Context and Use

This template is offered as a guide for use in general practice (small to medium organisations) and requires the organisation to consider suitability for the purpose intended. This plan is based on contemporary planning; however, it does not adopt a comprehensive and detailed approach to planning. It is designed to be a starting point for organisations that do not have an established quality planning process in place.

The quality improvement plan should align with other organisation plans, such as the strategic and/or business plans. This quality plan utilises a simple planning approach and is intended to help organisations:

- engage the team
- understand the organisation's current performance
- determine an area of focus
- identify appropriate measurement
- identify strategies that may improve performance and outcomes
- use the Model for Improvement to identify and test ways to improve processes and systems
- implement successful ideas
- monitor and revise the plan over time.

1. Quality Context and Scope

In this section should outline the context for planning, maturity of the organisation in planning, organisational size, the relationship with other plans and the intended scope or reach of the plan.

This section should also include how the organisation defines quality.

2. Quality Team

This section should list the members of the quality team who will be responsible for the management of the quality plan. In a small organisation, this may be one person but is ideally at least two people.

The quality team is responsible for management of the plan but **not** every activity related to its implementation. The broader team needs to take responsibility for tasks that are assigned by the quality team.

Resources available to the quality team should also be detailed in this section. In most cases this will be limited to the amount of protected time that the team has in any time period. To effectively manage the quality plan, a small team would need approximately four hours per fortnight on average to manage the plan. This will include some involvement in testing improvement ideas, although other members of the broader team will also need to be involved as agreed from time to time. Where a Model for Improvement identifies the need for additional resources to introduce an organisational-wide change for improvement, then the organisation can consider the change on its merit.

The membership term of the quality team should also be detailed. Membership should not entail a permanent appointment where the organisation looks to one person or a small group to do everything. Ideally the team will change over time; annually is a reasonable time for at least one team member to exit and another team member to be appointed.

2.1. Quality Improvement Plan Monitor and Review

As part of monitoring the quality improvement plan, this section should include how the quality team will relate to the broader team. For example, the quality team will provide an update at monthly staff meetings on the progress and achievements of the quality plan.

When the plan will be reviewed should also be included and is recommended that this occurs at least annually.

3. Key Organisational Observations

The quality team will need to undertake a diagnostic assessment of the organisation's performance consistent with the scope and consider the environment that the organisation is working within.

Depending on the skill set of the quality team and the maturity of the planning process, the diagnostic and environmental scan may be relatively simple. For example, with basic use of

clinical audit tools the quality team should be able to identify opportunities for improvement in clinical areas such as chronic disease management and/or prevention, cancer screening, Aboriginal and/or Torres Strait Islander health, mental health, etc.

Key environmental factors as they relate to quality (such as the PIP QI, relationship to accreditation and any others) should be documented.

This section could potentially include a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis specifically as it relates to implementing the quality improvement plan.

Strengths and Weaknesses are influencing factors usually within the organisation's control. For example, a strength could be a clinician's interest, specialisation and experience in a particular condition (above what would be considered usual). A weakness may be the lack of staff skill in using a clinical audit tool(s).

Opportunities and Threats are influencing factors that are usually external to the organisation. The PIP QI could be listed as either depending on your perspective. As an opportunity, your general practice could work to meet the requirements and benefit from the payment(s) and flow on benefits from quality improvement. As a threat, if the general practice does not act, there is the potential to lose revenue from PIP payments that have been retired.

4. Focus Area and Goal

Once you have a good understanding of your organisation as it relates to quality improvement, you will be in a position to set a goal.

Remember the goal should be within a specified time frame and should not be too ambitious. Ideally, start by setting one goal (a specific area of focus). When selecting this area, it is recommended that you start with a focus that has a high probability of success, taking into account the observations you have made earlier. Once you have agreed on a focus area, you can document a goal statement.

For effective goals, use the SMART acronym: specific, measurable, achievable, realistic and time-bound.

5. Measurement

In this section, detail the measurement you will use to monitor your progress over time. It is essential that your measurement directly measures progress towards your goal and that it is sensitive to change over time. Pen CAT has a large number of measures (quality indicators) built into the reports that can be utilised. It is highly likely that some of these measures will be suitable to monitor your improvement work. Alternatively, you can create specific measurement, as required.

6. Strategies or Tactics

In this section, list the strategies or tactics that you believe can make a difference to achieving your goal.

Ideally you will engage the broader team to agree on the goal and the subsequent generation of strategies or tactics that could be used to achieve the goal.

It is almost certain that many of these strategies or tactics will require testing using the Model for Improvement and PDSA cycles. However, some may be actions that just need to be implemented or acted on. For example, if there is a need to have staff training, say in spirometry or use of Pen CAT, then this does not require use of the Model for Improvement. It can be simply actioned.

The list of strategies or tactics does not need to be exhaustive and should be stated at a reasonably high level. For example, if your focus area is diabetes, you may include:

- Ensure data quality – all people living with diabetes are coded appropriately and have the required data collected
- GPMPs – Increase the proportion of people living with diabetes who have claimed a GPMP within the past 18 months, or a review within the past 6 months
- Annual cycle of care – Increase the proportion of people living with diabetes who have all elements of the annual cycle of care completed within the required timeframe
- Immunisation – maximise the number of people living with diabetes who have an annual flu vaccination
- Diabetes under control – Increase the proportion of people living with diabetes who have their HbA1c, blood pressure and lipids at or below recommended targets

You will note that the above strategies or tactics are not stated as goals. Each of these will require the Model for Improvement (one or more) with multiple PDSA cycles. When you use the Model for Improvement to address one of the above strategies or tactics (or part thereof), you can set a specific goal for that Model for Improvement and use measures specific to monitoring progress towards that goal.

Example Strategy and/or Tactics Table

Title	Brief Description	Due Date	Responsible Person
Ensure data quality	All people living with diabetes are coded appropriately and have the required data collected	Dec 19	PN A
GPMPs	Increase the proportion of people living with diabetes who have claimed a GPMP within the past 18 months, or a review within the past 6 months	Apr 20	PM
Annual cycle of care	Increase the proportion of people living with diabetes who have all elements of the annual cycle of care completed within the required timeframe	Jun 20	Dr C