QI Activity – Demographic and Clinical Data Cleansing

Quality Improvement Activity for practices in response to COVID-19 and electronic prescribing.

Electronic prescriptions are an alternative to paper prescriptions and the solution is being fast-tracked to support telehealth. From 30 May 2020, prescribers providing telehealth services can generate an electronic prescription on which a unique QR barcode ‘token’ will be sent via an app (if they have one), SMS or email to the patient who will then share this with the pharmacy. This will allow patients in self-isolation convenient access to their medicines and will lessen the risk of infection being spread in general practice waiting rooms and at community pharmacies.

Electronic prescribing is not mandatory, and patients and prescribers will be able to choose an electronic or a paper version of their prescription. Electronic prescribing will remain as a longer term solution for prescriptions.

In order to be ready for electronic prescribing, practices will need to be ready to have functionality to email or SMS patients the electronic code for their prescriptions to be filled by the pharmacy.

Practices will need to ensure they have a recorded email address and current mobile phone number for their patient cohort depending upon which method they are going to use.

The following quality improvement activity and sample Plan Do Study Act (PDSA) may be used to assist your practice to be ready for electronic prescribing with the aim to increase the number of active patients who have a recorded and up to date email and mobile phone number recorded.

This QI activity will also assist practices to meet PIP QI requirements for quarter 3 commencing on 1 May 2020.

The following ideas are examples only of practical steps to assist with accurate and reliable recording of clinical and demographic data within your clinical software. Review each idea and select what may be appropriate for your practice to consider undertaking and test using PDSA cycles.

QI team training: Data Quality

To provide an insight into data quality, please review the EMPHN QI training video: Introduction on data quality.

<https://www.emphn.org.au/what-we-do/general-practice-support/quality-improvement/quality-improvement-learning-modules>

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| PIP QI Activity Reference  |
| Activity topic: Ensure the practice is ready for electronic prescribing which is being fast tracked and ready by 30/5/20 |
| Clinical and Demographic data quality  |
| Improvement Activity Start Date | Improvement Activity Completion Date | PIP QI Quarter Record |
| 1/5/20 | 31/7/20 | Select Quarter | PIP Quarter | PIP Quarterly Period |
|  | Q1 | November to January |
|  | Q2 | February to April |
| Q3 | Q3 | May to July |
|  | Q4 | August to October |
| Identify the lead team at your practice who will be responsible to drive this quality improvement work |
| Name | Role/Responsibility |
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| Goal: What are you trying to accomplish? |
| **Tip:** Create a **SMART** goal (Simple, Measurable, Achievable, Realistic and Timely). What do you want to achieve and by what date?  |
| To increase the number of active patients who have an up to date email and mobile phone number recordedwithin 3 months. |

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| Measure: What data will you use to track your improvement journey? |
| **Tip:** Use this spreadsheet to capture your data to track your improvement journey. It is important to capture your baseline data before you start any improvement activity. |
| **Data report/source used:** POLAR or PenCS |
| **Measure/Data**  | **Practice** **Target** | **Date**  | **Baseline** **Data** **May 2020** | **Month/PIP Quarter** |
| **June 2020** | **July 2020** |  |  |  |  |
| Number of active patients with email address recorded  |  |  |  |  |  |  |  |  |  |
| Number of active patients a mobile phone number recorded  |  |  |  |  |  |  |  |  |  |
| Ideas: What changes will you make that will lead to an improvement (small steps)? |
| **Tip:** Capture a list of practical steps to undertake and test using PDSA cycles. Refer to **Appendix A** for a PDSA log and **Appendix B** for PDSA template to record your activities. |

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| **Ideas:** How you plan to achieve your goal |
| 1. Assign data quality roles and responsibilities
	1. Allocate a person to be responsible for data quality (data quality manager) to oversee all data quality activities.
	2. Provide protected time for the data quality manager to complete data cleansing tasks.
	3. Include data cleansing as part of a job description and articulate expectations.
 | Date completed: |  |
| PDSA Completed (Yes/No): |  |
| Notes:  |
| 1. Demographic data collection – **new** patients
	1. Review how your practice is currently collecting demographic data for new patients such as email address and mobile phone numbers

Does your new patient registration form include all relevant questions to collect required demographic data? Does this need to be reviewed and updated? | Date completed: |  |
| PDSA Completed (Yes/No): |  |
| Notes:  |
| 1. Develop systems to maintain demographic and clinical data quality
	1. Identify who will be responsible to review as an ongoing task demographic and clinical data quality.
	2. Provide protected time to this allocated person to review data quality on a regular basis.
	3. Ensure staff are provided regular updates and reminders to maintain data quality
* Include data cleansing topics as a team meeting agenda item. This will provide opportunities for regular updates to encourage data collection and cleansing to become a routine and consistent task.
* Capture the outcomes of the team meetings within meeting minutes that can be shared with those team members that could not attend.
	1. Acknowledge the efforts of your general practice team when recording of demographic and clinical data improves. This will help to ensure these changes are sustained.
 | Date completed: |  |
| PDSA Completed (Yes/No): |  |
| Notes:  |

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| Appendix A: PDSA Log  |
| **PDSA Number** | **Plan** Increase the number of patients who have their email address recorded and ensure mobile phone numbers are recorded and current. | **Do** Was the activity completed?Any problems? | **Study** Record, analyse and reflect on results. Did the results match your predictions?  | **Act**Decide to adopt, adapt or abandon  |
| What | Who | When(date)and where | Prediction |
| 1 |  |  |  |  |  Yes No, if not why? |  |  Adapt Adopt Abandon |
| 2 |  |  |  |  |  Yes No, if not why? |  |  Adapt Adopt Abandon |
| 3 |  |  |  |  |  Yes No, if not why? |  |  Adapt Adopt Abandon |
| 4 |  |  |  |  |  Yes No, if not why? |  |  Adapt Adopt Abandon |
| 5 |  |  |  |  |  Yes No, if not why? |  |  Adapt Adopt Abandon |

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| Appendix B: PDSA Template  |
| **Idea** | **Date** |
| Increase the number of patients who have their email address recorded and ensure mobile phone numbers are recorded and current for each patient. Checked for both over the phone and face-to-face presentations.If the practice has a self-check-in ensure these are set to ask for current details. |  |
| PDSA Number:  |
| **Plan**  |
| **Briefly describe exactly what you will do?** |
| **List the tasks necessary to complete this test (what)** | **Person responsible** **(who)** | **When** | **Where** |
| Meet with staff to discuss activity |  |  |  |
| Run POLAR searches for baseline data |  |  |  |
| Run POLAR search monthly for comparison |  |  |  |
| **What do you predict will happen?****The number of patients with email addresses recorded will increase.****Mobile numbers will be current.** |
| **Do**: Was the cycle carried out as planned? Yes No, if not why? |
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| **Study:** Record, analyse and reflect on the results. Did the results match your predictions?  |
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| **Act:** Decide to adopt, adapt or abandon. |
| **Select** | **Describe**  |
| **Adopt** | Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability. |  |
| **Adapt** | Improve the change and continue testing plan.What will be next PDSA cycle? |  |
| **Abandon** | Discard this change idea and try a different one. |  |

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| Reflection report  |
| As you complete quality improvement activities, it is important to take a moment to reflect on what your team has undertaken. A reflection report allows you to assess the successful changes you have made, the lessons learnt, and areas for further improvement. Completing this report will also provide an opportunity to consider activities you plan to undertake as a team to imbed continuous quality improvement within your general practice. |
| On reflection of the past QI activity period, what changes have you implemented and what have you learned as a result? |
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| Provide an example of one innovative change/idea that did work well. |
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| Provide an example of any roadblocks or ideas that did not work well. |
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| What do you plan to work on next? Consider new ideas you will consider implementing to continue your improvement journey? |
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**Collecting POLAR data:**
Run a report from POLAR

* Clinic summary report
* Select patient status active
* Patients Report
* Patient List
* Export to excel
* Use the drop down list to sort by where there are none recorded
* You will be able to see how many patients do not have an email or mobile phone number recorded by counting the excel spreadsheet rows.
* This is your baseline data to be entered into the table.

If you would like any assistance with running the POLAR reports please contact polar@emphn.org.au one of our Digital Health Officers will contact you promptly.
If you would like to discuss having, POLAR data tool installed at your practice at no cost to the practice please contact polar@emphn.org.au

 **Collecting PenCs data:**

* Open PenCs Cat 4
* Do a new data collection you may want to schedule this for after hours as it may take considerable time and slow workstations.
* On the demographics page tick select all
* View population
* Export to excel
* Use the arrows to sort all the patients with mobile numbers to the top of the list
* 
* Save as excel
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This will enable you to track the number of mobile phone numbers recorded, unfortunately you will not be able to track the email addresses through the PenCS reports.