

PDSA QI Activity 4 – Increase the number of patients with Diabetes Mellitus Type 2 having had a HbA1c measurement recorded in the last 12 months.

Quality Improvement Activity for practices

*Quality Improvement Measure 1.2 Proportion of regular patients who have an active diagnosis of Diabetes Mellitus Type 2 and have had a HbA1c measurement recorded in the last 12 months.*

HbA1c testing reflects your average blood glucose level over the last 10-12 weeks. This should be done at least every 6-12 months, or more often if required and is part of the annual Diabetes Cycle of Care. The general recommendation is to aim for a reading of 53mmol/mol (7%) or less.

Currently only 50% or less of patients with an active diagnosis of Diabetes mellitus Type 2 received HbA1c testing as per the recommended guidelines (Macquarie University Research Study Quality Use of Pathology in General Practice)

The following quality improvement activity and sample Plan Do Study Act (PDSA) may be used to increase the number of patients with an active diagnosis of Diabetes Mellitus Type 2 having had a HbA1c test completed at least once during the last 12 months.

This QI activity will also assist practices to meet PIP QI requirements.

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: Recall patients with a diagnosis of Diabetes Mellitus Type 2 with no HbA1c measurement recorded in the past 12 months to ensure pathology is performed. | | | | | |
| Diabetes Management | | | | | |
| Improvement Activity Start Date | | Improvement Activity Completion Date | PIP QI Quarter Record | | |
|  | |  | Select Quarter | PIP Quarter | PIP Quarterly Period |
|  | Q1 | November to January |
|  | Q2 | February to April |
|  | 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 RACGP active patients with Diabetes Mellitus Type 2 who have had an HbA1c measurement recorded in the last 12 months within 3 months by 20%. |

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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 | | | | | | | | | |
| **Measure/Data** | **Practice**  **Target** | **Date** | **Baseline**  **Data**  **May 2020** | **Month/PIP Quarter** | | | | | |
| **June 2020** | **July 2020** |  |  |  |  |
| Number of RACGP active patients with an active diagnosis of Diabetes Mellitus Type 2 having had a HbA1c measurement recorded in the last 12 months |  |  |  |  |  |  |  |  |  |
| At 1 month intervals check the number again. |  |  |  |  |  |  |  |  |  |
| 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 recalling patients, marking patient records and sending letters or SMS to patients and follow up phone calls.    2. Provide protected time for the activity. | Date completed: |  |
| PDSA Completed (Yes/No): |  |
| Notes: | |
| 1. Review how your practice is currently managing recalls/reminders for patients with Diabetes to ensure cycles of care are met and GPMP are reviewed. | Date completed: |  |
| PDSA Completed (Yes/No): |  |
| Notes: | |
| 1. Ensure staff are provided regular updates on progress.    1. Capture the outcomes of the team meetings within meeting minutes that can be shared with those team members that could not attend.    2. Acknowledge the efforts of your general practice team. | Date completed: |  |
| PDSA Completed (Yes/No): |  |
| Notes: | |

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| Appendix A: PDSA Log | | | | | | | |
| **PDSA Number** | **Plan** increase the number of patients with a an active diagnosis of Diabetes Mellitus Type 2 having had a HbA1c measure recorded at least once during the last 12 months. | | | | **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 | Generate lists from POLAR using the attached walkthrough for patients that have not had a HbA1c measurement recorded in the last 12 months.  Check the patient records to make sure it has not been completed and may be entered as a scanned document etc.  Ask GPs to check the list if appropriate. Possibly generating pathology requests if this will be your workflow.  Recall Patients via letter/SMS/Phone  Follow up phone calls 2 weeks later if patients have not attended. |  |  |  | Yes  No, if not why? |  | Adapt  Adopt  Abandon |
| 2 | Ensure Reminder processes are in place for review of GPMPs and recalls |  |  |  | Yes  No, if not why? |  | Adapt  Adopt  Abandon |
| 3 | Communicate with the Team |  |  |  | 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 with a an active diagnosis of Diabetes Mellitus Type 2 having had a HbA1c measurement recorded at least once during the last 12 months. | | | | |  |
| PDSA Number: | | | | | |
| **Plan** | | | | | |
| **Briefly describe exactly what you will do?**   * Use POLAR to generate a list of patients who have not had a Hba1C measurement recorded in the last 12 months. * Send out recall letters with pathology request attached requesting them to have the test and make an appointment with their GP for follow up. Or send out SMS to patients requesting them to make an appointment with their GP for follow up of their Diabetes management. * Check the appointments to see who has any future appointments booked and notate on their record. * Follow up phone call after letter or SMS. | | | | | |
| **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 (see attached Walkthrough) | |  | |  |  |
| Run POLAR search monthly for comparison | |  | |  |  |
| **What do you predict will happen?**  **The number of patients with Diabetes Mellitus Type 2 who have not had a HbA1c measure recorded in the last 12 months will decrease.** | | | | | |
| **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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| Generating a list of patients who have an active diagnosis of Diabetes Mellitus type 2 who require a HbA1c test in POLAR | |
| Patient Cohort:  RACGP Active  Patient Status Active  Have an active diagnosis of Diabetes mellitus type 2  Have not had a HbA1c recorded in the last 12 months | |
| 1.Open POLAR and Select PIP QI Clinic Report |  |
| 2. In the Diabetes tab sect QIM 1.2 –Type 2 |  |
| 3.Select the orange button Click to select patients |  |
| 4.The patient list will populate on the right hand side then go to Patient List in the dark ribbon at the top |  |
| 5. Export the patient list to excel |  |
| 6. The graph in the middle of the page will plot your progress. Remember POLAR takes up to 48 hours to refresh so any data changed will not be reflected immediately. |  |