

PDSA/Quality Improvement Activity - Sample

Topic – CVD Risk Measures

Area of Focus: Recording Risk Factors in Clinical Software

Step 1. The 3 Fundamental Questions

1. What are we trying to accomplish?

(By answering this question you will develop your goal for improvement)

Improve the recording of CVD risk factors to improve detection of patients at high risk of developing CVD. (Age range: 45 years plus)

Specifically, improve recording of Modifiable risk factors (BP< Smoking Status, Serum lipids, Waist circumference and BMI, nutrition, physical activity level and alcohol intake)

2. How will we know that a change is an improvement?

(By answering this question you will develop measures to track the achievement of your goal)

Improve measure – ‘proportion of patients with the necessary risk factors assessed to enable CVD assessment’

3. What changes can we make that can lead to an improvement? – list your ideas for change

(By answering this question you will develop the ideas you would like to test to achieve your goal)

Idea 1 – Train clinical staff as follows:

- Record BP
- Record smoking and alcohol intake
- Record waist circumference and BMI

Idea 2 – Develop triage data capture checklist. Nurse to triage all patients and update risk factors in this process

Idea 3 – Archive inactive patients to ensure only those that have visited 3 times in the past 2 years are included in the reporting/measure (above).

Idea 4 – Routinely test patients within identified age bracket for serum lipids at least once annually.

Idea 5 – Extract a list of patients with related conditions (diabetes, CKD, AF) and review list. Recall patients with missing risk factors on electronic record and with no recent lipids completed for CVD Risk Assessment.

Idea 6 – Search for all patients ‘at risk’. Add an action to file to remind doctor to complete CVD risk assessment – data capture and MBS Item #'s 177 and 699.

PDSA Template

Please complete this template for each PDSA cycle you undertake.

Idea #1	<i>Describe the idea you are testing: refer to the 3rd fundamental question, 'What are we trying to accomplish?'</i>
	Train clinical staff to enter clinical information accurately in software: <ul style="list-style-type: none"> • Record Blood Pressure • Record smoking and alcohol intake • Record waist circumference and BMI
Plan	<i>What, who, when, where, predictions & data to be collected.</i>
	Quality Officer / practice trainer to schedule training at next clinical staff meeting. Data collection - measure 'proportion of patients with the necessary risk factors assessed to enable CVD assessment' Baseline measure and set target for improvement by X% within X months
Do	<i>Was the plan executed? Document any unexpected events or problems.</i>
Study	<i>Record, analyse and reflect on the results.</i>
	Baseline - Measure proportion of patients with the necessary risk factors assessed to enable CVD assessment' = X% Current measure = X%. This shows an improvement / decrease in the proportion by X% in X months. Assess effectiveness of training on staff – further follow up as required. Ensure all new staff are trained during induction process.
Act	<i>What will you take forward from this cycle? (next step / next PDSA cycle)</i>
	Need to continue to reinforce learning on a regular basis. Build data capture into triage process helps with team approach to data quality and patient care. Create a staff noticeboard for QI activities. Promote the achievement of the group by placing a graph on the noticeboard showing improvement over time.