

RACGP Healthy Habits PDSA Cycle template



Quality Improvement and Goal Setting

STEP 1: Answer the three fundamental questions

1. What are we trying to accomplish?

This will help you to develop your goal for improvement.

Our practice will aim to engage patients in the Healthy Habits program over the next three months.

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

This will help you develop measures to track the achievement of your goal.

e.g. We will measure improvement through monitoring the number of patients signing up and actively using the Healthy Habits app via the Healthy Habits clinician dashboard over the next three months.

3. What changes can we make that will lead to an improvement?

This will help you develop the ideas you can test to help you achieve your goal.

Have a team meeting to brainstorm how to integrate the Healthy Habits tools into practice, including how this tool could improve income generation for the practice.

Contact patients who are eligible for a health assessment (MBS items 701-707) and invite them to make an appointment. This will enable an opportunity to discuss Healthy Habits with the patient at the health assessment.

Create a prompt in <insert GP practice database> to ensure all suitable patients (e.g. with a BMI over 30) are prompted to sign up to the Healthy Habits app.

Implement a reminder system for follow-up appointments with patients using the Healthy Habits app.

Place posters and brochures in waiting room (place an order via healthyhabits@racgp.org.au).

Healthy Habits PDSA Cycle template

QI Implementation: Plan, Do, Study Act Cycle

STEP 2: Choose one idea from Step 1 and expand into a PSDA Cycle

IDEA - Describe the idea you are testing

Refer to ideas listed in Question 3 from Step 1

Contact patients who are eligible to have a health assessment (MBS items 701-707) and invite them to make an appointment. This will enable an opportunity to discuss Healthy Habits with the patient at the health assessment if deemed appropriate.

PLAN - What will you do?

List the steps involved in implementing your idea

1. Communicate PDSA details to all staff at the practice.
2. Search <insert GP practice database> for patients between the age of 45 and 49 (inclusive) who are at risk of developing a chronic disease.
3. Filter for patients who haven't claimed any health assessment item number in the last 12 months.
4. Send a letter or electronic communication to identified patients to invite them to make an appointment for a health assessment. This will enable an opportunity to discuss Healthy Habits with the patient at the health assessment.
5. Appoint a staff member to monitor patient sign ups and engagement via the Healthy Habits clinician dashboard.

Who will be responsible for implementing each step?

Practice manager/practice nurse will complete the search to identify patients.

Reception staff will send out communications to patients and make appointments.

GP and practice nurse will conduct health assessments and refer/sign up patients to the Healthy Habits program.

Practice managers will monitor patient activity via the Healthy Habits clinician dashboard.

When will it take place? Where?

This cycle will take place from at the GP practice.

What do you predict will happen?

..... patients will sign up to the Healthy Habits program over the next three months.

..... % of patients will remain engaged in the Healthy Habits program.

What data/information will you collect that will help you measure improvement?

Number of health assessments/care plans/reviews completed.

Number of patients who sign up to the Healthy Habits app.

Number of patients who actively use the Healthy Habits app. Active patients are those you have engaged with the app in the last 14 days.

Number of patients recalled.

DO - Was the plan executed?

Consider the data you collected and document any unexpected events or problems

Search was conducted and patients met criteria.

Invite was written up and sent out. patients responded and made appointments during the 3-month period.

..... patients attended appointments and completed a health assessment.

..... patients signed up to use the Healthy Habits program.

One unexpected problem that occurred was

STUDY - Record, analyse and reflect on the results

What have you learned? Do your outcomes compare with your predictions? If not, what happened?

We predicted patients would sign up to the Healthy Habits app, and we achieved patients signing up to the Healthy Habits app.

If outcome was not achieved:

We identified (insert challenge)

And will address this by (insert action)

ACT - What's your next idea?

How might you apply the cycle again? If this cycle was not successful, what would you do differently?

In the next cycle we will repeat this process but change the search criteria to target people aged 40 to 49 years (inclusive) with a high risk of developing type 2 diabetes as determined by the Australian type 2 diabetes risk assessment tool.

We will also investigate other opportunities to refer patients to the Healthy Habits app during standard appointments such as when preparing or reviewing GPMP or TCA for patients who could benefit from engaging in the Healthy Habits program.