Healthy Habits PDSA cycle template

# Healthy Habits Model for Improvement template

## Quality Improvement and Goal Setting

#### **STEP 1: Answer the three fundamental questions.**

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| 1. What are we trying to accomplish? |
| *This will help you to develop your goal for improvement.* |
| Our practice will aim to sign up **10** <or Insert target number> patients to the Healthy Habits app over the next three months. |
| 1. **How will we know that a change is an improvement?** |
| *This will help you develop measures to track the achievement of your goal.* |
| We will measure improvement through monitoring the number of patient’s signing up and actively using the Healthy Habits app via the Healthy Habits clinician’s dashboard over the next three months. We will also measure those activity using Healthy Habits BMI and/or waist circumference over time. |
| 1. **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 35) 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. |

# 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.**

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| **IDEA - Describe the idea you are testing** |
| *Refer to ideas listed in question 3 on the Model for Improvement template* |
| 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. |
| **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's activity via the Healthy Habits clinician’s dashboards. |
| *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 app.   Practice managers will monitor patient’s activity via the Healthy Habits clinician’s dashboard. |
| *When will it take place? Where?* |
| This cycle will take place from <insert dates> at the GP practice. |
| *What do you predict will happen?* |
| 10 patients <or Insert target number> will sign up to and actively use the Healthy Habits app over the next three months**.** |
| *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.  Patients BMI and/or waist circumference measurements |
| **DO - Was the plan executed?** |
| *Consider the data you collected and document any unexpected events or problems* |
| Search was conducted and *<Insert number>* patients met criteria.  Invite was written up and sent out. *<Insert number>* patients responded and made appointments during the 3-month period.   *<Insert number>* patients attended appointments and completed a health assessment.  *<Insert number>* patients signed up to use the Healthy Habits app.   <insert %> patients whose waist circumference measurements decreased  <insert %> patients whose BMI decreased  One unexpected problem that occurred was *<insert problem>* |
| **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 *<Insert number>* patients would sign up to the Healthy Habits app, and we achieved *<Insert number>* patients signing up to the Healthy Habits app.  If outcome was not achieved:  We identified *<insert barrier>* in the system 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. |