

QUALITY IMPROVEMENT PLANNING

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How to plan for quality improvement

To drive your improvement work, it is important to develop and implement a Quality Improvement Plan (QIP).

A QIP clearly identifies priority area(s) and “sets the scene” for what you and your team hope to achieve through your improvement work. It provides the team with a document to focus their efforts on your chosen QI priorities over time. In this example, cancer screening will be the focus, however, your QIP can be expanded to include other areas over time.

Ideally, the QIP you use will include the following:

1. an overview of the plan and how the team will approach the improvement work
2. the overarching aim(s) of the plan
3. the principal measures to track progress against the aims
4. the change areas that will guide the improvement work.

Please see [Appendix 9](#) for a QIP template.

Developing your Quality Improvement Plan

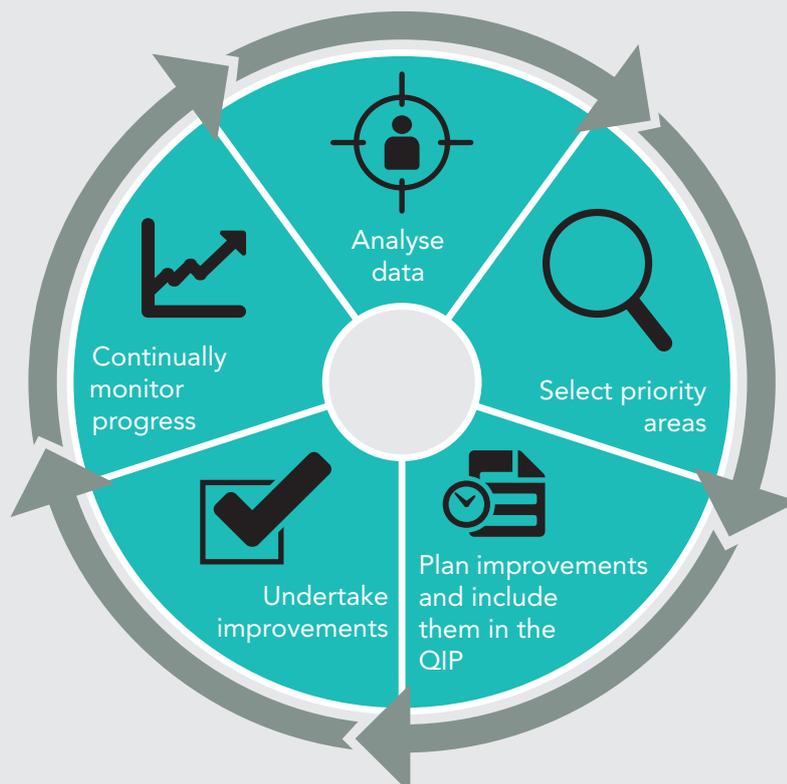
The first step is to clearly define why you would like to make improvements to the current rates of cancer screening for your Health Service's population and to share the reasons with the whole team. Consider what benefits you may realise both during, and as a result, of undertaking this work. For example, you could enhance teamwork and communication within the team, make improvements to specific internal processes and systems, that improve cancer screening rates.

To effectively determine the most important areas for improvement, it is essential to understand whether there are issues with patient outcomes or satisfaction, business processes, financial outcomes or organisational capacity. Analysing the data you currently have will help to determine the type and the extent of the issue(s). Understanding what the issues are, and thinking about why these issues are occurring, will assist you with the selection of your priority areas.

Next, select the individuals and/or team who will be responsible for developing, implementing and monitoring the QIP. The initial development may be undertaken by a small team or subset of the Health Service team. However, the whole team should be engaged in the QIP development so they're aware of the overall goals and how these will be brought about. Overtime it's likely that the whole team will be involved.

The following diagram shows the process for developing and implementing a QIP, which includes:

- **Analyse data:** undertaking a review of your baseline results to identify possible areas for improvement
- **Select priority areas:** selecting relevant cancer screening priority areas and determining aims for each area
- **Plan improvements:** planning improvements and documenting this in the QIP
- **Undertaking improvements:** implementing improvements using the Model for Improvement
- **Continually monitor progress:** ongoing review of progress against the QIP and outcomes/learnings from completed PDSA cycles.



Reviewing your Quality Improvement Plan

It is extremely important that you regularly monitor, review and record progress in meeting your aims. Sometimes, the aim, measures or change areas that were initially chosen are not leading to the intended improvement and amendments to the QIP are required.

Please see [Appendix 9](#) for a QIP template.

When undertaking your QIP reviews, make sure you have all relevant information at hand so that you can objectively determine your progress.

Monitor the target dates for achieving the overarching aim(s). If it has not been possible to achieve an aim by the anticipated date, document the progress achieved so far and set new strategies and a new target date. The aim may need to be rewritten so that it is realistic and achievable.

Once an aim has been reached, document this and move on to the next aim.

Consider scheduling regular reviews of the QIP at team meetings so that progress can be shared and everyone stays focused on what needs to be completed. Reviewing your QIP does not need to be time consuming; discussing progress as a group is a time efficient strategy. The insights and input of other team members will enhance this process.

You may also wish to consider the following questions in your review process:

- Has there been a change in staffing? New staff may require upskilling and often bring new ideas and different experiences that could be included.
- Has new research and/or resources become available to support assessment of your current processes against best practice?
- Can you delegate identified actions to other staff to build leadership skills and share the knowledge across the whole team?

RACGP - Standards for general practices - 5th Edition

RACGP standards include a range of requirements relating to QI. This toolkit, if followed correctly, will help Health Services demonstrate that the Health Service can meet or exceed the indicators documented by the RACGP for quality improvement activities.

Criterion QI1.1 - Quality improvement activities - Indicators⁸

- QI1.1 A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.
- QI1.1 B Our practice team internally shares information about quality improvement and patient safety.
- QI1.1 C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.
- QI1.1 D Our practice team can describe areas of our practice that we have improved in the past three years.