This Model for Improvement (MFI) has been adapted from the Institute of Healthcare Innovation to develop, test and implement changes in general practices participating in South Western Sydney PHN’s Quality Improvement in Primary Care Program (QIPC). Following this plan can assist practices to meet the requirements from the Department of Health’s Practice Incentive Program Quality Improvement (PIP QI).

This model consists of three parts that are of equal importance to help guide the change(s) you would like to implement.

Part 1: Identifying areas for improvement from QIPC reports

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Session 1

Part 2: Developing an Improvement Plan to address the focus areas

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Follow up

Part 3: Reviewing the Plan and reflecting on the results

For support in the design and implementation of the Model for Improvement in your general practice contact us on 02 4632 3000 or speak to your Practice Support Officer / Health Systems Improvement Officer.

**MFI Start Date**:Click or tap to enter a date. **MFI Number: Practice Name:**

**Part 1: Identify**

|  |  |  |  |
| --- | --- | --- | --- |
| **What area(s) for improvement have you identified** | | **Why might this be the case?**  *List a few reasons* | **What are the potential consequences of not working on these area(s) of improvement?** *\*Not dependant on the individual reason(s)* |
| **1** | **Area**:  **Baseline**: |  |  |
|  |  |
|  |  |
|  |  |
| **2** | **Area**:  **Baseline**: |  |  |
|  |  |
|  |  |
|  |  |

**Part 2: Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area(s) for Improvement** | | **What steps will you take to improve the identified area(s)?** | | **Person Responsible** | **Timeframe** |
| **1** | **Area**: |  | |  |  |
|  | |  |  |
|  | |  |  |
| **2** | **Area**: |  | |  |  |
|  | |  |  |
|  | |  |  |
| **Prediction(s)** *What outcome would you like to achieve?* | | | | | |
| **Area for Improvement 1**: | | | | | |
| **Area for Improvement 2**: | | | | | |
| **Agreed by** *(PHN staff name)* | |  | **Agreed by** *(Practice staff name)* |  | |

**Part 3: Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Do: *Was the plan executed? Document any barriers or challenges* | | | |
|  | | | |
| Study: *Record, analyse and reflect on the results in the table below* | | | |
| Area(s) for Improvement | | Analysis and reflection on the latest results | **What were the impacts of working on these area(s)?**  (e.g. practice workflow, staff, patients, etc.) |
| **1** | **Area**:  **Baseline Data**:  **Latest Data**: |  |  |
| **2** | **Area**:  **Baseline Data**:  **Latest Data**: |  |  |
| Act: *What will you take forward from this MFI?* | | | |
|  | | | |

**MFI End Date**:Click or tap to enter a date.