



QUALITY IMPROVEMENT IN PRIMARY CARE MODEL FOR IMPROVEMENT (MFI)

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.

- Session 1 { Part 1: Identifying areas for improvement from POLAR reports & formulating sustainable solutions
Part 2: Developing an Improvement Plan to address the focus areas
- Follow up { Part 3: Reviewing the Plan and considering your next steps

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 / Practice Advancement Officer / Clinical and Quality Improvement Officer.



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MFI Start Date: 1/08/2025 MFI Number: 1 Practice Name: A Medical Practice

Part 1: Identify

What area(s) for improvement have you identified		What are some sustainable solutions* to address the issue? <i>* Sustainable solutions: an idea that will address the area(s) for improvement. E.g., changes to standard procedures or reviewing the issue quarterly</i>	
1	<p>Area: Decrease the discrepancy between practice records and AIR through the implementation of routine processes to ensure patient immunisation history remains up to date.</p> <p>Baseline: No current process in place and staff knowledge/confidence in updating immunisation history via AIR is low.</p>	Solution 1	Train relevant staff on how to update patient immunisation history in patient record.
		Solution 2	Implement process/procedures to streamline updating patient immunisation history within the practice.
		Solution 3	Conduct regular process audits to determine improvements.
2	<p>Area:</p> <p>Baseline:</p>	Solution 1	
		Solution 2	
		Solution 3	



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Part 2: Plan

Select one or more of the solutions from Part 1 and design a plan to implement these.

Area(s) for Improvement	Solution Number(s)	What steps will you take to implement the solution(s)?	Person Responsible	Timeframe
1 Area: Decrease the discrepancy between practice records and AIR through the implementation of routine processes to ensure patient immunisation history remains up to date.	1	Hold staff meeting to discuss process updates and identify possible barriers and/or suggestions for improvement.	Practice Manager / Principal GP / QI Champion	Weekly
		Train relevant clinical staff to update patient immunisation records in conjunction with AIR using South Western Sydney PHN Walkthroughs: <ul style="list-style-type: none"> Medical Director Walkthrough - Update Immunisation History via AIR South Western Sydney PHN Best Practice Walkthrough - Update Immunisation History via AIR South Western Sydney PHN 	Practice Manager / Principal GP / QI Champion	3 months
		Organise training from South Western Sydney PHN Clinical and Quality Improvement team if further assistance is required. Email: cqisupport@swsphn.com.au	Practice Manager / Principal GP / QI Champion	3 months
	2	Visual reminders/posters at desktops to remind staff to conduct an immunisation history update/review at each immunisation consultation and/or administration.	Practice Manager / Principal GP / QI Champion / Practice Nurse	2 weeks
		Update practice policies and procedures to reflect implementation of new process.	Practice Manager / Principal GP	1 month



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		3	Conduct regular process audits e.g. review 5 patient immunisation records in comparison to AIR history and note any discrepancies for improvement.	Practice Manager / Principal GP	Weekly
2	Area:				
Prediction(s): <i>What outcome would you like to achieve?</i>			Measures: <i>How and where to measure the improvement?</i>		
Area 1: Patient immunisation history will be more accurate and up to date. Staff confidence in use of clinical information software system will improve. Implementation of new practice procedure is successful.			Conduct regular process audits e.g. review 5 patient immunisation records in comparison to AIR history and note any discrepancies for improvement. Hold a staff meeting in 3 months to assess impact and identify areas for improvement.		
Area 2:					

Part 3: Review

<p>Do: <i>Was the plan executed? Document any barriers or challenges</i></p> <p>Yes, the plan was executed. Barriers included – Time restrictions during patient appointments and staff were unaware how to update patient immunisation history via AIR.</p>
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Study: Record, analyse and reflect on the results in the table below	
Area(s) for Improvement	Analysis and reflection on the latest results (Include the impact of working on these areas e.g. practice workflow, staff, patient, etc.)
<p>1</p> <p>Area: Decrease the discrepancy between practice records and AIR through the implementation of routine processes to ensure patient immunisation history remains up to date.</p> <p>Baseline: No current process in place and staff knowledge/confidence on updating immunisation history in software is low.</p> <p>Latest Result: Process implemented successfully, staff knowledge improved.</p>	<ul style="list-style-type: none"> - Our practice met our predictions despite time constraints and knowledge on how to update patient immunisation history via AIR was low. - Internal education sessions on use of clinical software with AIR were held. - Visual reminders were displayed at workstations which were helpful to opportunistically update at immunisation consults and/or administrations. - No impact on patients directly.
<p>2</p> <p>Area:</p> <p>Baseline:</p> <p>Latest Result:</p>	
<p>Act: What is your next step or idea, and how might you apply what you learn?</p> <p>Practice will continue to update patient immunisation history via AIR at each patient encounter where time permits to continuously ensure up to date patient data and records. Staff orientation will include introductions to the use of clinical software systems. Our practice is now enabled to make practice-based decisions based on vaccine eligibility rates in conjunction with accurate data.</p>	

MFI End Date: 21/11/2025 **MFI Completed By (Practice Staff Name):** QI Champion



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