Practice quality plan 2018–2019

# Practice improvements achieved in 2017–2018

| Priority area | Improvement  |
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| System level measures (SLMs) | Met target of all SLMs except for cervical screening (high needs) |
| Clinical effectiveness | Implemented a new policy for all clinicians to use for test results. This included:* patient portal
* a standardised process
* task-setting for urgent referrals
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| Clinical effectiveness | Implemented an audit process to evaluate the use of standing orders, for example contraception |
| Health and safety | Reformed the practice hazard register into a risk register, aligning with current health and safety requirements and assigned risk criteria |
| Health and safety | Replaced older task lighting with new wall-mounted task lights |
| Privacy of health information | Scanned all patient hardcopy notes and uploaded into the patient management system (PMS) Stored large files (unable to be scanned) in a locked filing cabinet |
| Human resources (HR) | Introduced a new payroll system |
| HR | Introduced a new system for monitoring staff training and HR compliance records |

# Practice clinical goals and action plan for 2018–2019

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| Priority area: Clinical effectiveness |
| **Clinical goal**  | **Action plan** | **Responsibility** | **Timeline** |
| Become a teaching practice | Contact The Royal New Zealand College of General Practitioners regarding application and requirements | GP | September 2018 |
| Employ a fulltime healthcare assistant (HCA) to move specific non (clinical) nursing duties from nurses to allow nursing staff more time to set up diabetic nurse led clinic | Prepare cost-benefit analysis for practice managementPrepare draft project proposal that includes job description and training programme for HCA | Practice managerNurse manager | May 2018 |
| Engage in Health Care Home (HCH) model of care | Contact PHO to arrange a presentation to the practice team, demonstrating the benefits of HCH | GP | October 2018 |
| High standard of documentation in patient health record, meeting the standards set by the Medical Council of New Zealand and the Royal New Zealand College of General Practitioners | Implement action plan from record review to improve patient notesRe-audit ‘contact in case of emergency’ documentation | All clinical staff | July 2018September 2018 |
| Implement a diabetes nurse-led clinic, one clinic per week | Nursing staff to write up a proposal for a nurse-led clinic to include:* costings
* resources required
* process documents
 | Nurse manager | June 2018 |
| Participate in Safety in Practice (SiP) | Register practice’s interest with SiPWork with PHO to identify timeframes to commence SiP | Nurse manager | April 2019 |
| Practice physical space redesign – add two more clinic rooms, one for nurse-led clinic and one for registrar | Contract a project manager to develop proposal | GP owners | September 2018 |
| Review bpac pharmaceutical utilisation report from 2017 (summary of most commonly dispensed medicines)  | Individually review the report, reflect on pharmacological treatment received by registered patients, use as peer review | All GPs | Annually (following release of online report) |
| Undertake one quarterly audit provided by bpac and use as a peer review session | Individually complete the audit provided by bpac, collate results, use as peer review | All GPs | Quarterly |

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| Priority area: Health and safety |
| **Clinical goal**  | **Action plan** | **Responsibility** | **Timeline** |
| Replace remaining two mercury sphygmomanometers (blood pressure machines) with electronic machines  | Source quotes for cost to replace with one portable BP machine on wheelsSeek manager approval for expenditure | Nurses | June 2018 |

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| Priority area: Patient experience |
| **Clinical goal**  | **Action plan** | **Responsibility** | **Timeline** |
| Increase proportion of patients engaged in Patient Experience Survey (PES) by 25 percentage points | Promote PES to patients:* Hand out PES information
* Confirm email addresses are on file
* Send the PES by email
 | Reception staff | Ongoing |
| Increase proportion of patients participating in the patient portal by 25 percentage points | Promote portal to patients:* Raise patient portal benefits during consultations
* Hand out registration information following consultations
 | Clinical staffReception staff |  |

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| Priority area: System level measures |
| **Clinical goal**  | **Action plan** | **Responsibility** | **Timeline** |
| Improve cervical screening rates for high needs women by 10% | Review monthly list of overdue women, identify non-responders and individuals decliningCheck list with the National Cervical Screening Programme RegisterSend list to practice’s outreach service | Nurses | Monthly |