Quality Improvement Template

Practice name:	GCPHN Health Clinic	Date: 26/08/2025
QI team:	• GP • PM • Nurse	
Problem:	• Lung cancer is the sixth most common cancer, and the leading cause of cancer death on the Gold Coast (2018 – 2022). • Lung cancer can develop without noticeable symptoms, making early detection challenging. • If detected early, approximately 65% of lung cancers can be effectively treated. • The National Lung Cancer Screening Program (NLCSP) aims to reduce lung cancer illness and deaths. • Eligible Australians aged 50-70 can get a free lung cancer screening test every two years. The NLCSP is an 'opt in' program, whereby a patient can self-refer, or conversations can be initiated by their health care provider. Population based screening using low dose computed tomography (LDCT) is shown to be the most effective method for reducing illness and death from lung cancer. • General practice teams play an important role in helping patients make informed decisions about lung cancer screening.	
Problem Statement:	Increasing participation in the National Lung Cancer Screening Program is crucial to reducing lung cancer incidence and mortality. To effectively identify patients using the Primary Sense Lung Cancer Screening Report, smoking status and smokes per day need to be accurately recorded for patients. 65% of our patients aged 15+ have their smoking status (current, former, never) documents in their CIS patient file (calculated from the PIP QI 10 measures report).	

This document guides practice staff through the **Model for Improvement** (the Thinking Part) and the **Plan-Do-Study-Act** (PDSA) cycle (the Doing Part), a framework for planning, testing and reviewing changes.

For guidance and support on conducting quality improvement in your primary healthcare services, please contact your local Primary Health Network (PHN).

Model for Improvement

AIM	1. What are we trying to accomplish?
*By answering this question, you will develop your **GOAL** for improvement. It is important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.*	
By December 2025, ensure that 80% of patients aged 50-70 have their smoking history recorded (Non-Smoker, Ex-Smoker, current Smoker) and their smokes per day recorded in their CIS patient file.	

MEASURE(S)	2. How will we know that a change is an improvement?
*By answering this question, you will develop the **MEASURE(S)** you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison.* *Tip: Use a Run Chart to plot trends.*	
Number and % of patients with complete smoking history document.	

Baseline:	80/200 (40%) of patients aged 50-70 without smoking history recorded 450/1200 (35%) of patients aged 15> without smoking history recorded.	Baseline date:	August 2025

CHANGE IDEAS	3. What changes can we make that will result in improvement?
*By answering this question, you will develop **IDEAS** for change.* *Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.*	
Idea 1	Update patient registration forms to capture cigarettes per day and years smoked
Idea 2	Run searches in Primary Sense to identify patients with a missing smoking status
Idea 3	Train reception to check and confirm smoking status during check-in for regular patients
Idea 4	Add smoking status checks including cigarettes per day and years smoked to Health Assessments and GP management plans
Idea 5	*Add other rows if needed.*
Next steps:	*Each idea may involve multiple short and small PDSA cycles.*

PDSA (Plan-Do-Study-Act)

Step 2: Doing Part - Plan-Do-Study-Act
Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	How will we run this test? Who will do it and when? What will we measure?	*Prediction or hypothesis on what will happen.*	*Was the plan completed? Yes or No. Collect data. Consider what worked well and why. Document any unexpected observations, events or problems.*	*Analyse results, compare them to predictions and reflect on what you learned.*	*Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?*
Change idea 1.1	Revise new patient registration and annual patient update forms to include smoking status. **Who:** Practice Manager **When: 10th August 2025**	Completed 10th August 2025.	Updated form implemented. Tracked 25 new patient registrations completed over 4 weeks.	23/25 (92%) had complete smoking history recorded. Two missing entries due to incomplete form submission.	**Adopt:** Reception feedback: Effective and easy to implement. Keep updated forms.
Change idea 2.1	Use Primary Sense "Patient's missing PIP QI or accreditation measures" filter by: • Smoking status missing (QIM 2) • **Optional**: Filter by age (50-70) to target people within the eligibility age range. To identify patients missing		Nurse offered protected time to extract a list of patients without smoking status recorded and flag on their patient file to update opportunistically. 450/1200 (35%) of patients aged 15> without smoking history recorded.	By October 600/1200 (50%) patients had their smoking history recorded	**Adapt:** This will now be done on a monthly basis.

	smoking status. **Who:** Practice Nurse **When: Fortnightly during protected time until October 2025.**				
Change Idea 3.1	Train reception staff to ask and confirm smoking history for patients aged 50-70 at check in. Provide prompt sheet. **When: August 2025**	Nurse provided training (21/08/2025) to reception staff and included prompt sheet of eligibility questions from the NLCSP guidelines.			
Change idea 4.1	Include smoking history including cigarettes per day and years smoked to Health Assessments. **When: August 2025**				
Summary of Results					