

Living with COVID in the community

Managing COVID-19 in General Practice



**Quality
Improvement
Toolkit for
General Practice**



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1. Aim of this toolkit

To review your practice systems in the context of COVID-19 being the new normal and implement improvements to ensure your practice is best placed to provide your patients with the right care at the right time.

The World Health Organisation (WHO) declared the novel coronavirus (COVID-19) a worldwide pandemic on 11th March 2020.

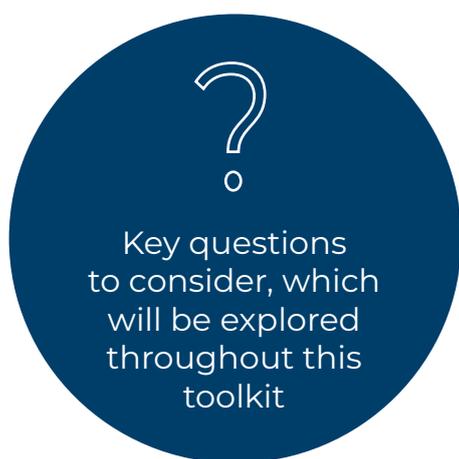
The [Communicable Diseases Network Australia \(CDNA\)](#) and [NSW Health](#) has identified a number of groups who are more at risk of developing a severe COVID-19 infection.

This includes:

- ▶ People aged 60 years and older
- ▶ Pregnant women
- ▶ Aboriginal, Torres Strait Islander and Pacific Islander people (from age 35 years and over)
- ▶ People with obesity, diabetes, serious cardiovascular disease, chronic lung disease (including severe asthma requiring hospitalisation in last 12 months), severe chronic liver or kidney disease, active cancer or who are immunocompromised
- ▶ Some people with a disability including those with a disability that affects their lungs, heart, or immune system
- ▶ Residents of aged care and disability care facilities
- ▶ People aged 18 years and older who are unvaccinated

This toolkit aims to help practices identify and implement processes to support those groups at risk of becoming unstable, very unwell, admitted to hospital, or developing Post COVID-19/Long COVID. This toolkit is part of a suite of toolkits and is not intended to replicate work already done, but to use the outcomes of that work to enable practices to be prepared and proactive in the management of COVID-19 infections in their patients, particularly in relation to the prescription of Anti-Viral therapy.

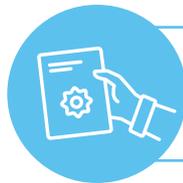
<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/general-practitioners.aspx>



Who are the key people who will contact patients about prevention activities?



Who are the key people who will ensure your vulnerable patient population are cared for?



Who are the key people to complete data cleansing activities?

2. The Quality Improvement Methodology (QIM)

This QI toolkit is **designed to support your practice to make easy, measurable, and sustainable improvements to provide best practice care for your patients.** The toolkit will help your practice complete QI activities using COORDINARE's continuous Quality Improvement Methodology (QIM).

Throughout the toolkit you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the QIM.



The QIM methodology uses SMART goal setting as the overarching framework to ensure goals are specific (S), measurable (M), achievable (A), realistic (R) and time based (T). It is a simple but structured approach that anyone can apply. There are four components:

1. Define and analyse,
2. Plan and implement,
3. Document and communicate,
4. Monitor and evaluate.

[See the full QIM process](#) in Appendix 1.



Step 1: Define and analyse

- ▶ Undertake **baseline data cleansing** and initial **clinical auditing**. This will help ensure your practice has high quality data and help you to **identify** what needs improving.
- ▶ Take the time to **understand** what your **current processes** are, **what** the problem is and **why** there is a problem. By doing this you can **define** your improvement goal(s).
- ▶ Set realistic objectives which are specific, measurable, realistic and have a defined time-frame (**SMART**). Use **plain language** and avoid jargon so that the meaning is clear to everyone.



Step 2: Plan and implement

- ▶ Achieving improvements requires the collaborative effort of the entire practice team and all members of the team should feel empowered to contribute.
- ▶ It is important to obtain all of practice support and in doing so, to develop a shared vision for quality improvement and the patient outcomes the practice is looking to achieve.
- ▶ Make sure you identify a staff member who is dedicated to leading the work. They will be the Practice Champion.
- ▶ As a team you need to agree on what you will measure. This should be guided by the needs of your practice population or by your business priorities. These could be based on practice data e.g. Clinical Audit Tools and clinical database audits, near misses and patient and/or staff feedback.
- ▶ If you need help identifying the needs of your practice population, you can contact your Health Coordination Consultant to assist you in looking at your practice data.



Step 3: Document and communicate

- ▶ Map out and write down your idea for improvement.
- ▶ It is good practice to ensure internal processes are aligned with the steps and stages of the Improvement Plan. This will ensure everyone in your practice has a consistent approach to quality improvement and help your practice embed quality improvement as business as usual.
- ▶ Any issues, concerns or 'red flags' should be communicated across the entire practice team in team meetings or team huddles.
- ▶ Remember to celebrate your wins! Sharing results and progress help keep the team focussed. A great way to do this is to display Data Quality Snapshot Reports for all practice staff to see. If you need a hand with this you can contact your Health Coordination Consultant.

✓ Helpful tips

Using COORDINARE's Improvement Plan ensure you document:

- ▶ What issues you found in the planning stage when you reviewed the practice data?
- ▶ Which of the issues will your practice work on?
- ▶ What is your baseline measure?
- ▶ What is the SMART goal to achieve the improvement?
- ▶ When will it start and end?
- ▶ Who is the practice champion?
- ▶ How will you keep the practice team updated?



Step 4: Monitor and evaluate

- ▶ Monitor progress as you go, acknowledge staff contributions and celebrate success, even the small ones.
- ▶ Ensure you undertake Improvement Auditing by comparing your baselines measures with more recent data auditing. This can be done monthly and filled out in the Monitoring and Revision section of the Improvement Plan.
- ▶ Participating in Benchmarking activities with your Health Coordination Consultant on a quarterly basis is another great way to monitor and review your progress.
- ▶ It is useful to reflect on what happened at the completing of the goal period. You should consider:
 - ▶ Did the activity result in an improvement?
 - ▶ If not, why?
- ▶ Did any other changes happen that you hadn't planned?
- ▶ By looking at the results you can decide whether your practice should Adapt, Adopt or Abandon the idea.

COORDINARE provides 3 key tools to help you plan and monitor QI:

1.

The Improvement Plan

This template supports you to identify areas for improvement, set SMART goals and monitor improvements over time.

2.

The Facilitation Tool

This template documents the practice's data quality initiative (SPDS) measures to assist with benchmarking and identification of measures requiring improvement.

3.

The Tracking Tool

This template helps you chart your data over time so you can monitor your chosen measure as part of QI activity



Some of the activities in this toolkit relate to the Practice Incentive Program Quality Improvement (PIP QI) measures. Keep an eye out for this icon throughout the toolkit.

3. Where to go for more support

Your Health Coordination Consultant (HCC) can provide support to undertake the activities in this toolkit. You can contact your HCC directly or via these details.



info@coordinare.org.au



1300 069 002

4. HealthPathways

HealthPathways is a free web-based portal designed to support health professionals in planning patient care through primary and secondary health care systems within the local region. It will help you manage and refer your patient to the right care, in the right place, at the right time.

HealthPathways content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. They are designed to be efficient, simple and quick for GPs to use. HealthPathways are tailored to best meet the needs of the local communities and aim to help GPs support their patients by outlining:

- ▶ the best management and treatment options for common medical conditions
- ▶ information on how to refer to the most appropriate local services and Specialists
- ▶ educational resources and information for patients to enable better self-management of health.

Within South Eastern NSW there are two different HealthPathways initiatives supporting each Local Health District. To access them use the links below.

ACT and Southern NSW

Username: together
Password: forhealth

Illawarra Shoalhaven

Username: connected
Password: 2pathways

5. How to use this toolkit

There are checklists included in this toolkit that will guide you and your practice.

- ▶ Use this toolkit to guide you along the journey.
- ▶ Set yourselves timelines to achieve your goals.
- ▶ Consider potential internal or external factors that could impact the activity and factor these into your planning e.g., accreditation preparation, staff leave (planned or unplanned), global pandemic, influenza vaccination season.
- ▶ Review your progress regularly.
- ▶ If you find your process is not working and you are not seeing improvements, then review your process and start again.



Look out for this symbol as a prompt to consider writing up an Improvement Plan

- ▶ **Please note:** Some GP practice services e.g., prevention or chronic disease management (CDM) may be difficult to provide or need to be postponed during a pandemic/natural disaster as resources are finite or reduced (in the practice and more generally in the health system). It is important that the practice has a team approach to establishing priorities to ensure vulnerable populations receive the care they need.

6. Patient management activities

6.1. Activity: At-risk patients

Support for vulnerable and at-risk people, their families and their caregivers is an essential part of a comprehensive response to the pandemic. People with chronic conditions or compromised immune systems are at greater risk of more serious illness if they are infected with COVID-19.

Note: The best way to protect at-risk patients from experiencing a severe COVID-19 infection is to ensure their COVID immunisations are up to date with the latest ATAGI recommended standards. Review latest ATAGI recommendations here – [ATAGI latest news](#)

The aim of this activity is to review your practice's management of at-risk patients. This activity will also provide information to assist you in identifying patients who may be suitable for the prescription of antiviral agents should they become positive to COVID-19 infection.

It is suggested that you meet as a practice team to discuss how you will provide care for your at-risk and vulnerable patients.

	Activity 6.1	Things to consider
1.	<p>Activity 1</p> <p>Have you identified patients who are not fully immunised to the latest ATAGI recommended standards?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p>	<p>a. Use CAT4 to identify patients who are not fully immunised to the latest ATAGI recommended standards</p> <p>b. Does a person in the practice have responsibility for identifying these patients?</p> <p>Yes – Who is this and what is their role?</p> <p>No – Discuss with staff and identify who this person will be:</p> <p>c. Do you have a process in place to update patient immunisation records opportunistically in consultations?</p> <p>Yes – Ensure all necessary staff are aware of this process</p> <p>No – Identify staff members responsible for the creation and implementation of this process.</p>

Activity 6.1		Things to consider								
1.	<p>Activity 1 (continued)</p>	<p>d. Do you have a process in place to provide immunisation reminders to these patients?</p> <p>Yes – Which staff member is responsible?</p> <p>No – Which staff member is responsible for the creation and implementation of this process?</p> <p>For guidance and further information:</p> <ul style="list-style-type: none"> Review the latest ATAGI recommendations and guidelines here - https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance Note: Some patients may have been immunised at pharmacies or at vaccination clinics. For support refer to these resources Enhancing data quality of vaccination encounters recorded in practice software and on AIR – tips and tricks and How to view identified reports using the AIR site through HPOS - Australian Immunisation Register for health professionals - Services Australia TIP: Contact your HCC for guidance in using CAT4 if required 								
2.	<p>Activity 2</p> <p>Have you identified vulnerable patient populations and patients with a risk of developing a severe COVID-19 infection?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p> 	<p>a. Refer to COORDINARE's Activities for COVID 19 Vaccination Data Auditing Guide to identify these populations</p> <p>b. Does a person in the practice have responsibility for these patients?</p> <table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Responsibility:</td> <td>As above</td> </tr> </table> <p>c. Do you have a process in place to provide follow-up care for these patients?</p> <table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Responsibility:</td> <td>As above</td> </tr> </table> <p>For guidance and further information:</p> <ul style="list-style-type: none"> Smoking has been identified as a factor that can increase the risk of severe illness. Ensure you include smokers in your report Contact your HCC for guidance with using CAT4 if needed. Your practice may already have a readily available list for vulnerable patient populations if you completed this activity from the Preparing for winter QI Toolkit section 6.1 Vulnerable populations. TIP: Select all categories in the PENCAT graph and click on the report to extract a list of at-risk patients Refer to the Australian Government Department of Health website for risk factors for developing more serious COVID-19 infection. 	Yes	No	Responsibility:	As above	Yes	No	Responsibility:	As above
Yes	No	Responsibility:	As above							
Yes	No	Responsibility:	As above							

Activity 6.1	Things to consider
 <p>After reviewing your practice's procedures for at-risk patients for COVID-19, are there any changes with the management of your patients you would like to implement?</p> <p>Yes, set goals and outline actions to be taken</p> <p>No, confirm all the items under 'Things to consider' are in place and then move to the next activity</p>	<p>Highlight some of the key learnings from this activity:</p> <p>Outline actions to be taken:</p> <p>Use COORDINARE's Quality Improvement Methodology (QIM) and Improvement plan template to develop your Improvement Plan.</p> <ul style="list-style-type: none"> ▶ Improvement plan ▶ Facilitation Tool ▶ Tracking Tool

6.2. Activity: Managing COVID-19 positive patients and prescribing antiviral therapies

Around 80% of people who test positive for COVID-19 are likely to only experience mild symptoms and can be appropriately cared for in their home. Some people with moderate or even severe symptoms can be safely cared for in the home with appropriate monitoring and access to antiviral medications. These people can receive holistic care from a GP in the comfort of their own home which minimises the impact on our entire healthcare system.

Note: Use the lists created in the previous activity for at-risk patients to support identifying those who would be eligible for antiviral therapies as at-risk patient groups are most likely to need antiviral prescriptions.

The aim of this activity is to review your practice’s preparedness for managing patients with COVID-19.

	Activity 6.2	Things to consider
3.	<p>Activity 3</p> <p>Does your practice have a process in place to receive COVID-19 positive notifications?</p> <p>Yes, confirm all the items under ‘Things to consider’ are in place and then move to the next step</p> <p>No, refer to the ‘Things to consider’ in the next column</p>	<p>a. Do you have a process in place for when patients notify your practice of their COVID-19 positive test result?</p> <p>Yes - Name/Location</p> <p>No – Identify staff members responsible for the creation and implementation of this process</p> <p>b. Do you have a process in place to receive Health Direct notifications of COVID-19 positive people with risk factors who are eligible for antiviral therapies?</p> <p>Yes - Name/Location</p> <p>No - Refer to the Health direct notification process.</p> <p>Responsibility: As above</p> <p>c. Do you have a process in place for communication of notifications and key processes for COVID positive patients?</p> <p>Yes</p> <p>No</p> <p>Responsibility As above</p>

	Activity 6.2	Things to consider
4.	<p>Activity 4</p> <p>Do you have a process in place for managing COVID positive patients?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p> <p>NOTE: This activity may have been completed previously if your practice completed COORDINARE's Preparing for winter QI Toolkit section 6.2 Managing COVID positive patients.</p>	<p>a. Do you have a process in place for identifying and monitoring your COVID positive patients via telehealth or face-to-face?</p> <p>Yes - Name/Location</p> <p>No – Refer to the below guidance and information. Note staff members responsible for the creation and implementation of these processes:</p> <p>b. Do you have a plan in place for managing COVID positive patients remotely, at home or in RACFs and to escalate patients suffering from a severe COVID-19 infection or showing signs of deterioration?</p> <p>Yes - Ensure all appropriate staff are aware of this plan</p> <p>No - Refer to RACGP 'Managing COVID-19 at home with assistance from your general practice' guide. Responsibility:</p> <p>For guidance and further information:</p> <ul style="list-style-type: none"> ▶ Refer to assessment and management of patients with suspected COVID-19. ▶ Refer to MBS telehealth information ▶ See HealthPathways <ul style="list-style-type: none"> ▶ Illawarra-Shoalhaven HealthPathways ▶ ACT-Southern NSW HealthPathways ▶ Refer to the COORDINARE website for workflow documents from local practices: <ul style="list-style-type: none"> ▶ Bulli Medical Practice ▶ Terralong Street Surgery ▶ Woonona Medical Practice
5.	<p>Activity 5</p> <p>Have you identified which of your patients would be eligible for antiviral therapy?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p> <p>TIP: Patient generated reports in the above at-risk activities section will align closely to patients' eligible for antiviral therapies.</p>	<p>a. Refer to Australia Government Department of Health Eligibility for oral COVID-19 treatments and identify patients in your practice who fit the criteria.</p> <p>Complete</p> <p>b. Do you have a person at the practice who is responsible for contacting these patients to advise their eligibility for antiviral therapy?</p> <p>Yes Responsibility: As above</p> <p>No - Agree a timeframe and method for follow up</p> <p>Follow up Actions</p> <p>c. All eligible patients have been contacted to advise them they may be eligible for antiviral therapies and to contact your practice as soon as they are COVID-19 positive.</p> <p>Complete</p> <p>For guidance and further information:</p> <ul style="list-style-type: none"> ▶ Refer to COVID-19 Active Management in HealthPathways for up-to-date information on COVID-19 medications and patient eligibility. ▶ See COVID-19 on contents list or use as search function. <ul style="list-style-type: none"> ▶ Illawarra-Shoalhaven HealthPathways ▶ ACT-Southern NSW HealthPathways

	Activity 6.2	Things to consider
6.	<p>Activity 6</p> <p>Does your practice have processes in place to prescribe antiviral therapies safely and quickly to these patients?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p>	<p>NOTE: Many patients will have potentially adverse medication interactions to COVID-19 antiviral therapies. It is important to have up to date information when a patient tests positive and might be eligible for antiviral therapies as antiviral therapies need to be commenced within 5 days of symptom onset.</p> <p>a. When HealthDirect notifies your practice of a COVID-19 positive patient eligible for antiviral therapies do you have a process in place to contact them to discuss possible interactions?</p> <p>Yes - Ensure all appropriate staff are aware of this process</p> <p>No - Identify staff members responsible for the creation and implementation of this process.</p> <p>b. Ensure you have access to up-to-date medication lists and blood results for eligible patients?</p> <p>Complete</p> <p>c. Who in your practice is responsible for prescribing antiviral therapies?</p> <p>For guidance and further information:</p> <ul style="list-style-type: none"> Refer to University of Liverpool – Drug interaction checker, for significant medication interaction risks – an extensive list of potentially contraindicated medications.
 <p>After reviewing your practice's procedures for at-risk patients for COVID-19, are there any changes with the management of your patients you would like to implement?</p> <p>Yes, set goals and outline actions to be taken</p> <p>No, confirm all the items under 'Things to consider' are in place and then move to the next activity</p>	<p>Highlight some of the key learnings from this activity:</p> <p>Outline actions to be taken:</p> <p>Use COORDINARE's Quality Improvement Methodology (QIM) and Improvement plan template to develop your Improvement Plan.</p> <ul style="list-style-type: none"> Improvement plan Facilitation Tool Tracking Tool 	

6.3. Activity: Follow-up of patients after COVID-19 Infection

Many people who develop COVID-19 may experience an exacerbation of their chronic condition. This may be due to a number of reasons, including infection with COVID-19, delaying chronic disease management or a decision taken by the practice to temporarily cease regular, age-based assessments to limit the risk of exposure.

The aim of this activity is to review your practice's recall, reminder and patient review procedures for patients who suffered post COVID-19 infection.

	Activity 6.3	Things to consider
7.	<p>Activity 7</p> <p>Do you have a person designated to follow up with patients who were previously diagnosed as positive for COVID-19?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p> <p>TIP: Knowledge of post COVID-19 conditions is still evolving. Recent suggested definitions:</p> <ul style="list-style-type: none"> ▶ Post-acute COVID-19 – illness extending beyond 3 weeks from initial symptoms. ▶ Post COVID-19 – symptoms extending beyond 12 weeks from initial symptoms. 	<p>a. Who or which role is responsible?</p> <p>b. Do you have a process in place for this person to communicate key messages to patients in your practice who tested positive for COVID-19? (E.g., report and review ongoing symptoms of COVID-19 e.g., lethargy, cough, breathlessness, or chest pain)</p> <p>Yes - Ensure all appropriate staff are aware of this process</p> <p>No - Work with practice members to design a process for post-COVID-19 review of the relevant patients in your practice.</p> <p>c. Ensure you have access to up-to-date medication lists and blood results for eligible patients?</p> <p>Yes Responsibility: As above</p> <p>No - Agree a timeframe and method for follow up</p> <p>For guidance and further information:</p> <ul style="list-style-type: none"> ▶ Using MBS items for chronic disease, case conferences, health assessments, and mental health to support practice team management. ▶ Seeking practice nurse input to case conference planning (MBS item numbers 735, 739, or 743), with use of the Yorkshire COVID-19 Screening Tool followed by a case conference template. ▶ See HealthPathways <ul style="list-style-type: none"> ▶ Illawarra-Shoalhaven HealthPathways ▶ ACT-Southern NSW HealthPathways
8.	<p>Activity 8</p> <p>Is there a process in place to escalate patients in need of a medical review?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p>	<p>a. Create a process to ensure patients in need of medical review are appropriately escalated.</p> <p>Complete</p> <p>b. Do you have a process in place to provide follow up care for these patients?</p> <p>Yes Responsibility: As above</p> <p>No - Agree a timeframe and method for follow up:</p> <p>For guidance and further information:</p> <ul style="list-style-type: none"> ▶ Be sure to document the process using COORDINARE's Quality Improvement Methodology (QIM) to develop your Improvement Plan

6.4. Activity: Identification and management of patients with Post COVID-19 conditions or Long-COVID

The aim of this activity is to review your practice's capacity and capability to identify and appropriately manage patients in your practice at-risk of, or suffering from, Post COVID-19 conditions or Long COVID.

	Activity 6.4	Things to consider
9.	<p>Activity 9</p> <p>Do you have patients who are exhibiting signs and symptoms of COVID-19/Long COVID?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p>	<p>a. Do you have a process in place to review and escalate these patients, as necessary?</p> <p>Yes Responsibility: As above</p> <p>No – Discuss in your practice meeting and nominate a person who will take on delivery and management of this process. Who is it?</p> <p>b. Share information for these patients on managing post COVID-19 symptoms?</p> <p>Complete</p> <p>For guidance and further information:</p> <ul style="list-style-type: none"> ▶ The RACGP have developed a guide for the recognition and management of patients with post-COVID-19 conditions. ▶ The RACGP has developed a patient information booklet that can be accessed here. ▶ Refer to RACGP Caring for Patients with Post-COVID-19 Symptoms ▶ See HealthPathways <ul style="list-style-type: none"> ▶ Illawarra Shoalhaven HealthPathways - Post COVID-19 Conditions ▶ ACT and Southern HealthPathways - Post COVID-10 Conditions
10.	<p>Activity 10</p> <p>Do you have a process in place to monitor these patients?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p>	<p>a. Has the procedure been documented, and include the ability to escalate patients of concern?</p> <p>Yes Responsibility: As above</p> <p>No – Identify the person responsible for implementing and maintaining this process?</p> <p>Responsibility: As above</p> <p>For guidance and further information:</p> <ul style="list-style-type: none"> ▶ National COVID-19 Clinical Evidence Taskforce has a range of information, flowcharts and links to the most recent research and can be accessed here. ▶ See HealthPathways <ul style="list-style-type: none"> ▶ Illawarra Shoalhaven HealthPathways - Post COVID-19 Conditions ▶ ACT and Southern HealthPathways - Post COVID-10 Conditions

Activity 6.4		Things to consider
11.	<p>Activity 11</p> <p>Do you need to change the way you contact patients about a recall or reminder?</p> <p>Yes, confirm all the items under 'Things to consider' are in place and then move to the next step</p> <p>No, refer to the 'Things to consider' in the next column</p>	<p>Outline what changes you would need to make:</p> <p>Who has responsibility to update the procedure?</p> <p>When will this be completed?</p>
 <p>After reviewing your practice's process for identifying and managing patients with post covid-19/long covid, are there any changes with the management of your patients you would like to implement over the next 12 months?</p> <p>Yes, set goals and outline actions to be taken</p> <p>No, you have completed this activity.</p>		<p>Highlight some of the key learnings from this activity:</p> <p>Outline actions to be taken:</p> <p>Use COORDINARE's Quality Improvement Methodology (QIM) and Improvement plan template to develop your Improvement Plan.</p> <ul style="list-style-type: none"> ▶ Improvement plan ▶ Facilitation Tool ▶ Tracking Tool

Improvement Plan Example

For example, your practice may like to focus on: Follow up and review of previously COVID-19 positive patients.

1. WHAT ISSUES DID YOU FIND?

This is where you list any of the issues that you discovered through your initial audit. The issues could be based on practice data e.g. Clinical Audit Tools and clinical database audits, cultural audit tool, readiness tool, near misses and patient and/or staff feedback. It could also include issues or challenges identified with internal processes and workflows. Once you have a detailed list you can use it in future Improvement plans.

- Many of our patients with chronic conditions are presenting with exacerbation of their chronic disease symptoms following COVID-19 infection.
- Some of our patients are presenting with on-going symptoms, 6-12 weeks following a positive COVID-19 diagnosis.

2. WHAT ARE YOU TRYING TO IMPROVE?

Pick one area - Quality Improvement Measure (QIM) you are going to work on. You could pick something from the list you identified above. Other useful resources to help you pick your QIM is your benchmarking report or your Sentinels Practice Data Sourcing (SPDS) quarterly data quality snapshot.

Proactive management and early recognition of patients at risk of experiencing adverse, long-term effects following COVID-19 infection and /or Post COVID-19/Long COVID

3. WHAT IS YOUR BASELINE?

In order to measure your improvement you need to know where you are starting from. Without measuring, it is impossible to know whether the change has resulted in an improvement.

The number of patients identified with symptoms of Post COVID-19/Long COVID or adverse effects on their chronic conditions as at 1 August 2022.

4. SET YOUR GOAL

Use SMART goal setting to ensure your goal is specific (S), measurable (M), achievable (A), realistic (R) and time based (T).

Increase the number of patients proactively identified with complications following COVID-19 and managed appropriately.

5. IMPROVEMENT PLAN – START DATE

August 2022

6. IMPROVEMENT PLAN – END DATE

December 2022

7. WHO IS YOUR PRACTICE CHAMPION

This is the staff member who is dedicated to leading the work.

Nurse Cindy.

8. WHAT WILL YOUR PRACTICE CHAMPION DO?

Provide an overview of the actions and responsibilities of the Practice Champion for the duration of the Improvement Plan

- Undertake data cleansing to ensure we are working with an up-to-date database, e.g., patients who have not been active for 2 years.
- Contact our COORDINARE Health Coordination Consultant for advice on running some of the queries.
- Run the CAT4 report of patients with Chronic Health concerns and all patients who have a recoded positive COVID-19 notification, then check the list to remove those who are deceased, visitors to the area etc.
- In consultation with the medical and nursing staff, develop a message to send to the identified patients offering them a review of their current health status.
- Provide the list of patients and message to Senior Receptionist for sending as an SMS.
- Ensure that there is similar information on the practice website to encourage opportunistic and self-identification of patients who may have had an unreported positive COVID-19 test, i.e. those who tested positive on RAT but did not report it on the Service NSW site.
- Re-run the CAT4 report each month and contact patients who have not responded and any newly eligible patients
- Plot our results for each month using COORDINARE's Tracking Sheet.

9. WHO WILL BE SUPPORTING THE PRACTICE CHAMPION?

The Practice Champion should consult with the practice team to establish who else in the practice will support the activity and what their role will be. Provide an overview of the actions and responsibilities of any other staff that will be supporting the Practice Champion for the duration of the Improvement Plan.

The Practice Manager will meet with Nurse Cindy to discuss progress and any issues that arise.

The Senior Receptionist will send the SMS to advise patients of the option for a post-COVID-19 health review.

The Senior Receptionist and Nurse Cindy will call those patients who don't respond to the reminder SMS.

10. HOW WILL YOU COMMUNICATE YOUR PROGRESS?

Provide an overview of how you will communicate any issues or concerns, as well as share your results and progress with both your practice team and external stakeholders like patients and COORDINARE.

Progress results will be presented at monthly team meetings.

A graph of each month's results will be posted on the kitchen wall.

Results to date will be provided to COORDINARE at catchups with our Health Coordination Consultant.

11. HOW OFTEN WILL YOUR PRACTICE TEAM MEET?

Provide an overview of how often your practice team will meet. Consider an ongoing / recurring calendar appointment for the duration of the Improvement Plan.

Monthly.

Improvement Plan Template

If you are setting more than one goal, [click here](#) to download the template.

PRACTICE NAME:

1. WHAT ISSUES DID YOU FIND?

This is where you list any of the issues that you discovered through your initial audit. The issues could be based on practice data e.g. Clinical Audit Tools and clinical database audits, cultural audit tool, readiness tool, near misses and patient and/or staff feedback. It could also include issues or challenges identified with internal processes and workflows. Once you have a detailed list you can use it in future Improvement plans.

2. WHAT ARE YOU TRYING TO IMPROVE?

Pick one area - Quality Improvement Measure (QIM) you are going to work on. You could pick something from the list you identified above. Other useful resources to help you pick your QIM is your benchmarking report or your Sentinels Practice Data Sourcing (SPDS) quarterly data quality snapshot.

3. WHAT IS YOUR BASELINE?

In order to measure your improvement you need to know where you are starting from. Without measuring, it is impossible to know whether the change has resulted in an improvement.

4. SET YOUR GOAL

Use SMART goal setting to ensure your goal is specific (S), measurable (M), achievable (A), realistic (R) and time based (T).

5. IMPROVEMENT PLAN – START DATE

6. IMPROVEMENT PLAN – END DATE

7. WHO IS YOUR PRACTICE CHAMPION

This is the staff member who is dedicated to leading the work.

8. WHAT WILL YOUR PRACTICE CHAMPION DO?

Provide an overview of the actions and responsibilities of the Practice Champion for the duration of the Improvement Plan

9. WHO WILL BE SUPPORTING THE PRACTICE CHAMPION?

The Practice Champion should consult with the practice team to establish who else in the practice will support the activity and what their role will be. Provide an overview of the actions and responsibilities of any other staff that will be supporting the Practice Champion for the duration of the Improvement Plan.

10. HOW WILL YOU COMMUNICATE YOUR PROGRESS?

Provide an overview of how you will communicate any issues or concerns, as well as share your results and progress with both your practice team and external stakeholders like patients and COORDINARE.

11. HOW OFTEN WILL YOUR PRACTICE TEAM MEET?

Provide an overview of how often your practice team will meet. Consider an ongoing / recurring calendar appointment for the duration of the Improvement Plan.



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