QUALITY IMPROVEMENT ACTIVITY (QIA) PLANNING SHEET

Person Centred Medical Neighbourhood

phn CENTRAL AND EASTERN SYDNEY
An Australian Government Initiative

Name of Practice: .... **Date:** ....

Name of QIA: **Use our Lumos Report to Identify Potential Hospital Admissions**

Quality Improvement Team	
Names	**Roles/Responsibilities**

GOAL (Simple, Measurable, Achievable, Realistic, Timely) What are we trying to accomplish and when?	To review our Lumos report and identify our patients at risk of hospitalisation using the "Main diagnosis at hospital" report
MEASURES What data will we use to track our improvement? Eg Pen CAT/POLAR	We will use our Lumos report to identify outlying hospital diagnoses. We will record our initial data point and work towards bringing it closer to PHN average
INITIAL BENCHMARK What is our current data saying?	Review your **Lumos** report (page19) and assess if any particular diagnosis is markedly higher than the **PHN average** or the **All PHNs** average.
IDEAS What changes will we make that will lead to an improvement? NB: These ideas are not practice specific and are designed to give you some general ideas. The QI Team should develop these ideas together. To assist with clinical decision making, consider using HealthPathways, see: HealthPathways Sydney: https://sydney.communityhealthpathways.org/ Username: connected P/w: healthcare HealthPathways South East Sydney: https://sesydney.healthpathwayscommunity.org Username: sesydney P/w: healthcare	Establish which chronic disease is the outlier. Review the chronic disease register for patients who have had a hospital discharge summary in the past 3 months Review if the patient was seen at the practice prior to the admission. Review if the patient was seen at the practice after the admission. Review processes to see what could be done to reduce the admission and improve patient care within the practice Advise all clinicians of the outcome. Review Lumos report again in 12 and 24 months. (Lumos data is 12 months old)

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	PLAN How will we do it?			DO Did we do it? Unexpected problems?	STUDY Review/reflect on results Lessons learnt What did/didn't work well?	ACT Next steps? Review or extend activity?
	What	**Who**	**When**			
1	Review Lumos Report					
2	Select outlying category and note benchmark score and date.					
3	Review disease registry					
4	Review px discharge summaries and patient visits before and after admission					
5	Meet with team to discuss changes to practice processes to help avoid hospital admissions. Continually monitor discharge summaries					
6	Review Lumos report in 12 and 24 months Celebrate improvement with the team					

You are one step closer to becoming a PCMN practice.