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Capital Health Network
Partnering for better health



QuIK Cycle Year

Cycle no. Number

Practice Name
Year

QI Officer

PDSA Quality Improvement Activity Details

Activity Title	Improving Home Medication Review (HMR) uptake among patients aged 70 years and over taking five or more medications who have not had a HMR in the previous 12 months.
Cycle Dates	Click or tap here to enter text.
Cycle Length	3 months
QI Lead	Click or tap here to enter text.
GP Lead	Click or tap here to enter text.
Team	Click or tap here to enter text.

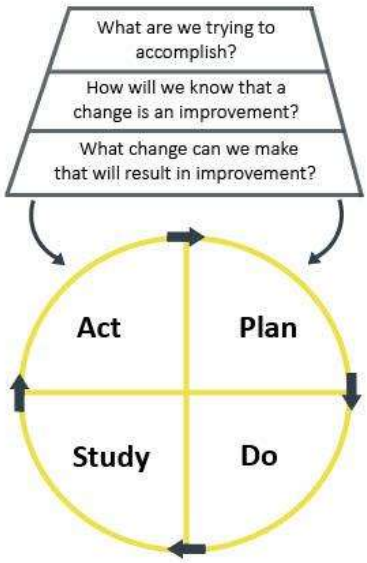
Data Trends	Baseline	Follow-up 1	Follow-up 2	Final
Dates	Date	Date	Date	Date
Number of RACGP-active patients aged 70 years old and over.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of RACGP-active patients aged 70 years old and over who take 5 or more medications.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of RACGP-active patients aged 70 years old and over who take 5 or more medications who have not had a Home Medication Review in the last 12 months.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of eligible patients contacted.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of patients who accepted a HMR.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of patients who declined a HMR.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of HMR referrals sent to accredited pharmacists.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of completed HMRs.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Quality Improvement and the QuIK Cycle

Capital Health Network uses the **Model for Improvement** and Plan-Do-Study-Act (**PDSA**) to guide the QuIK Cycle process.

Asking these questions helps develop relevant goals, tracking measures and ideas for change prior to commencing the QuIK Cycle:

Model for Improvement and PDSA (Image adapted)



Goal	
What are we trying to accomplish?	To achieve completion of a Home Medication Review (HMR) within three months for at least 30% of identified eligible patients aged 70 years and over who are taking five or more medications.
Measures	
How will we know that a change is an improvement?	There will be an increase in the proportion of patients in the identified cohort completing a Home Medication Review (HMR) compared with baseline data.
Ideas	
What change can we make that will result in improvement?	- Use POLAR to identify eligible patients. - Create a register of patients who have not had a HMR in the last 12 months. - Create a recall and reminder system for eligible patients. - Allocate a practice nurse or designated staff member to coordinate HMR recalls. - Contact patients by telephone to explain the benefits of HMR. - Discuss HMR eligibility during routine GP consultations. - Develop a standardised HMR referral and follow-up process. - Monitor outstanding referrals to ensure reviews are completed. - Document completed HMRs and GP follow-up in patient records.

1. PLAN

Capital Health Network's (CHN) Quality Improvement Team is excited to be working with you and your practice to develop Plan, Do, Study, Act (PDSA) activities. Our goal is to assist you in developing comprehensive PDSA Activity Reports that can be used towards the practice's RACGP accreditation for quality improvement. Your health professionals' involvement in QuIK Cycles will also contribute to their personal CPD goals and requirements. If your practice shares data with us, we will also utilise the data available on POLAR to inform, measure, and evaluate the performance of each cycle.

Context	
What is the topic or change idea?	Some eligible patients may not have done a Home Medication Review in the last 12 months. These patients may be at increased risk of polypharmacy, medication interactions, adverse medication effects, medication duplication, and difficulties managing multiple medications.
What do you predict will happen?	Implementing a process to identify, recall, and refer eligible patients may improve medication safety and reduce potential medication-related risks through timely medication review.

Action Step 1	Identify eligible patients
What exactly will be done?	Use POLAR to identify patients aged 70 years and over taking five or more medications who have not had a HMR in the last 12 months.
Data measure to indicate change?	Total number of eligible patients identified

Tasks	Responsibility	Due date	Location	How?
POLAR Query	Practice Nurse	Click or tap here to enter text.	Practice	Use Clinical Indicators report in POLAR to generate list of patients

Action Step 2	Establish a patient register
What exactly will be done?	Create a register or recall list of all identified eligible patients.
Data measure to indicate change?	Number of patients added to the register.

Tasks	Responsibility	Due date	Location	How?
Create register	Practice Nurse	Click or tap here to enter text.	Practice	Use exported POLAR report to create an excel register

Action Step 3	Contact eligible patients
What exactly will be done?	Contact patients by telephone to explain the benefits of HMR and offer appointment to discuss.
Data measure to indicate change?	Number of patients contacted, accepting and declining HMR.

Tasks	Responsibility	Due date	Location	How?
Patient recall	Practice Nurse and/or Reception Staff	Click or tap here to enter text.	Practice	Practice nurse or reception staff to contact patients and document responses.

Action Step 4	Arrange HMR referrals
What exactly will be done?	Discuss HMR with the GP, obtain patient consent, and arrange referrals to accredited pharmacists.
Data measure to indicate change?	Number of patients accepting a HMR and number of referrals sent.

Tasks	Responsibility	Due date	Location	How?
Referral	GP and admin staff	Click or tap here to enter text.	Practice	GP to assess and initiate referrals; admin staff to coordinate the process.

Action Step 5	Monitor HMR completion
What exactly will be done?	Follow up with patients and pharmacists to check whether referred patients have completed their HMR.
Data measure to indicate change?	Number of completed HMRs and outstanding referrals

Tasks	Responsibility	Due date	Location	How?
Tracking and monitoring	Practice nurse and/or admin staff	Click or tap here to enter text.	Practice	Practice nurse or designated staff member to maintain tracking register.

Action Step 6	Review HMR reports
What exactly will be done?	Ensure completed HMR reports are received and reviewed by GP.
Data measure to indicate change?	Number of reports received, reviewed, and documented.

Tasks	Responsibility	Due date	Location	How?
Review	GP	Click or tap here to enter text.	Practice	GP to review recommendations and document any appropriate medication changes or follow-up

2. DO

Your QI Project Officer will assist in monitoring the progress and performance of your PDSA activity. They will be in contact with you, or the delegate for this activity, every month at a mutually agreed time. This meeting can be done through an in-person or phone appointment. Your QI Project Officer will record the observations you've made since the last meeting and collect another set of data measures from the actions to measure any changes in data. The updated copy of your PDSA Activity will be available from any of our QI Project Officers.

Progress Monitoring	
Record any observations around the activity so far. Record any changes to the data specified in the actions.	1/09/26 (Start of first month) - Staff were informed about the quality improvement activity during the staff meeting and are aware of their responsibilities in identifying eligible patients aged 70 years and over taking five or more medications who have not had a HMR in the last 12 months. - The practice nurse started reviewing patient records and generating a list of eligible patients using POLAR. - A register was created to track patients contacted, accepting a HMR, referred and completing their review. 15/09/26 (Middle of first month) - Eligible patients were contacted via telephone to explain the benefits of a HMR and encourage participation. - Some patients were unfamiliar with the purpose of a HMR, so staff provided additional information and answered their questions. - The team noticed that some elderly patients were less responsive to telephone calls, so letters were introduced for those who had not responded.

1/10/26 (Start of second month)
- The practice continued contacting outstanding eligible patients and following up on patients who had agreed to a HMR.
- Staff monitored referrals and contacted pharmacists to check the progress of referrals.

1/11/26 (Start of third month)
- Follow-up telephone calls were made and staff continued monitoring HMR reports received from pharmacists and ensured these were forwarded to the GP for review.
- The practice will complete a final data review at the end of November to assess whether the activity has achieved its goal.

3. STUDY

Your QI Project Officer will assist you in analysing the data trends spanning across the length of this Quality Improvement Activity. This analysis includes recording explanatory and context notes for why the data resulted in a certain way, your reflections when comparing the results with the activity aim, and the lessons learned from undertaking the Quality Improvement Activity. The updated copy of your PDSA Activity will be available from any of our QI Project Officers.

Analysis	
Analyse data results.	After three months: - A total of 40 eligible patients were identified, with 36 successfully contacted. - Of the 36 patients contacted, 27 agreed to participate in a HMR, 20 referrals were sent and 13 HMRs were completed (32.5%). - Target goal of at least 30% HMR completion has been achieved.
Compare results with the activity aim.	
Summary and reflection on what was learned.	The results demonstrate an improvement in patient engagement and HMR completion through the introduction of a recall and follow-up process. However, some patients declined the review or had not completed their HMR by the end of the cycle. We learned that regular patient recalls, clear staff responsibilities and follow-up are essential to improving HMR participation and ensuring eligible patients receive appropriate medication reviews.

4. ACT

Your QI Project Officer will record the actions which resulted from the Quality Improvement Activity. This will include details on what your practice will be adopting, rejecting, or modifying from the original plan to position your practice in the best possible way for a follow-up Quality Improvement Activity cycle. If the practice would like to immediately start a follow-up Quality Improvement Activity, your QI Project Officer will work with you to redefine the Context and start a new cycle which includes the results from the previous cycle.

	Results
Act on the results.	We will continue identifying eligible patients aged 70 years and over taking five or more medications who have not had a HMR in the last 12 months.
Adopt, reject, or modify original plan as required.	We will also continue our follow-up process by contacting patients who have accepted a HMR but have not yet completed their review. While patients who initially declined a HMR will be offered another opportunity during their next GP consultation, where clinically appropriate.
Plan the next cycle (where applicable).	Now that we have improved our process for identifying and referring eligible patients, we want to focus on continue increasing HMR completion rates and ensuring that medication review recommendations are reviewed and documented by GPs.