

## QIP Ideas

The following ideas are taken from Quality Improvement Projects carried out by trainees in various parts of the country. They are intended as a trigger for possible ideas, their inclusion is not intended to suggest that they are promoting up to date or best practice necessarily, or that these projects are better than others. There is deliberately little detail, the list should generate possibilities and is not a template!

The majority of the suggestions are from projects done in GP as the expectation is that unless there is no GP post in ST1 or 2 then the QIP will be done in GP. Some hospital suggestions are made lower down the list of ideas.

For those who want further inspiration based on what their peers have done the following link may be useful <https://www.healtheducationwessexprojects.org.uk>

## Primary care based QIP suggestions

### **Green Impact**

Many primary Care organisations will be looking to reduce their carbon impact. The RCGP in collaboration with NUS has produced a wide range of achievable changes which practices may want to adopt to reduce their carbon footprint, whilst also often including patient care. <https://www.greenimpact.org.uk/giforhealth> Ideas from this resource ( like looking at whether inhalers are aerosol or powder) would very appropriately form a basis for a GPSTR QIP some ideas might be too simple though to enable you to demonstrate the full QIP process.

### **Improving assessment of chest infections in Primary Care**

*Introduction of a particular template to ensure recording of heart rate, BP, RR oxygen sats, temperature etc.*

### **Antibiotic Prescribing for Sore Throats in Primary Care**

*Review of concordance with the FeverPAIN score (integrated into the practice clinical system) for antibiotic prescription; subsequent improved concordance after raising awareness of the tool, resulting in reduction in unnecessary prescribing.*

### **Improving referrals of children with bronchiolitis**

*Construction of a knowledge questionnaire for primary care (and ED) specialists which identified some gaps in knowledge which were addressed through teaching sessions before repeating the questionnaire.*

### **Improving Antibiotic Prescribing for Sore Throats**

*Review of patients with relevant Read coded diagnoses and treatment packages against the CENTOR criteria, education of the team and repeat of the data collection.*

### **Introducing Record keeping- "Test Results To Patients By Phone"**

*Identification of a safe process to record which patients have contacted the practice to be given their results on EMIS ( minimal clicks!), training staff and demonstrating that the system is being used having ascertained that there was no system in place initially which has patient safety implications and lacked efficiency.*

### **Improving follow up for pre-diabetics in general practice**

*Review of patients with HbA1c of 48+ who had not had DM confirmed on re-test to see if they had or would develop DM and developing an IT process to ensure regular follow up is automatically requested.*

### **PSA monitoring in primary care**

*Setting up systems for those who were on GP only follow up of Prostate cancer to have dairy dates, and appropriate tasks to team members to enable testing and then demonstrating that there has been a change in follow up achievement.*

### **Monitoring of Novel Oral Anticoagulants in a local GP practice**

*Identification of those who were on NOACS, reviewing what monitoring ( weight and bloods) had been done, led to training of practice nurses to manage this follow up, and changes in follow up rates.*

### **Metformin Monitoring**

*Identification of the group of patients who needed monitoring; trial of letter reminder, phone reminder, and team update updates to the practice template were all used*

### **Investigation and Management of Vitamin B12 deficiency**

*To analyse patients with vitamin B12 deficiency at the practice and determine how often patients get tested for intrinsic factor/parietal cell antibody; design a protocol to adhere to recognised guidelines and present to the practice and re-audit at a later date to determine the changes in practice*

### **Compliance in prescribing antibiotics for sinusitis in line with local guidelines aiming to reduce antibiotic prescribing.**

*Retrospective data collection of antibiotic prescribing for sinusitis; presentation of results to team and updated on guidelines and re-measurement of data. Use of PDSA cycles and reflection on team involvement.*

### **Review of diagnostic approach and management of patients with symptoms suggestive of Urinary Tract Infection in women under 65 according to recently updated local guidelines.**

*Retrospective data collection; results and updated guidance presented to the team; change introduced (the development of a template) and data re-measured.*

**To review patients with gastric band to ensure compliance with BOMSS guidelines (vitamin and mineral supplements and annual blood tests).**

*Initial data collection suggested no patients were being managed in line with the guideline. Changes suggested included raising awareness among team; pop up reminders and contacting patients. Run charts were used to demonstrate impact of changes.*

**Ensure that carers register remains up to date.**

*Project undertaken following significant event when bereaved patient invited for carer's review. Qip tools used included process map. Measurements included numbers on carers register and details of person cared for before and after changes made. Changes made included greater awareness of health implications of being a carer, change in carers registration form and template and annual review letter.*

**Case Finding of patients with fragility and arranging comprehensive assessment.**

*Patients were identified using electronic fragility index (eFI) and invited for comprehensive assessment using a newly developed template. Measurement included admission rates in over 85s three months before and after introduction of case finding and measurements of changes made after assessment.*

**Assess if patients prescribed Mirabegron are having six monthly blood pressure checks as recommended by NICE.**

*Data collected and results presented to team. Changes include setting up a recall system and letter to inform patients of need for BP check. Data re-measured.*

**Improve use of care plans in residential and nursing homes to reduce unnecessary hospital admissions.**

*Review of admission data identified patients who would not have been admitted if the care plan had been consulted. Questionnaire used to ask staff in homes about usefulness of current care plans and identify the most useful information. Changes made included development of two page summary. Questionnaire repeated after introduction of summary.*

**Review of measurement of pulse rate in patients prescribed Donepezil.**

*Retrospective data collection undertaken. Changes made included annual recall system using template incorporating assessment of pulse rate and education session for practice staff. Data collection repeated.*

## **Secondary care based QIP suggestions**

### **Improving consideration of bone protection in patients with a fragility fracture**

*Review of patients on a ward who had been admitted following fragility fractures and then used this to teach the team about the issues and then reviewed the prescribing of bisphosphonates after the intervention.*

### **Improving admission documentation**

*Aiming to improve the documentation of drug history, PMH, and allergies for those admitted from eye casualty to inpatients, and to provide a tool for handovers*

### **Do Oncology patients with DNACPR forms have a clear escalation plan?**

*Project looking at appropriate documentation of inpatients with a DNACPR – whether they had a clear “ceiling of care” plan defined and agreed in advance of changes in their condition, work was undertaken with the SHOs on skills in enabling consultants to define these and continued the process over a few rounds. An additional sticker reminder created for the notes.*

### **Improving Individualised Paediatric Patient Stethoscope Use**

*The policy to reduce cross infection is that there should be one stethoscope per patient on the paediatric ward. The project used spot checks, purchasing unusual colour stethoscopes, and an adaptation to the standard checklist.*

### **Loss of hearing aids on mental health unit for older adults.**

*Project included review of literature on effect of hearing loss and mental health. Undertaken following significant event when patient lost private funded hearing aids. Measurements included number of patients admitted with hearing aids using them and numbers referred for hearing aids on admission using them when provided. Changes included education of staff; dedicated hearing aid storage; labelling hearing aids and facilities for battery change. QiP tools used were process maps and run charts.*