

Continuous Quality Improvement

# Practice Incentive Payment (PIP) Quality Improvement (QI) Checklist

## Meeting PIP QI requirements: A quick checklist

If your practice claims the Practice Incentive Payment for Quality Improvement (PIP QI), you must meet the program's requirements. Use this checklist to ensure your eligibility for each quarterly reference period:

- ✓ Submit de-identified data to Northern Queensland PHN every quarter.
- ✓ Participate in continuous quality improvement (CQI) activities with Northern Queensland PHN.
- ✓ Sign and return the annual confirmation statement from the Department of Human Services (sent in March, due by 31 July).
- ✓ Keep records of your CQI activities with Northern Queensland PHN.

## How we support you

### Data submission confirmation

We'll notify your nominated PIP QI contact via email once your de-identified data has been successfully submitted.

### CQI framework

Our structured Continuous Quality Improvement (CQI) framework supports your practice at every stage of the quality improvement journey.

### TIP:



Server upgrades may disrupt Primary Sense installed software. Have a plan in place with your IT to copy over or reinstall the Primary Sense software and to test it is working when upgrades are complete.

### ONGOING DATA TRANSMISSION PERIODS:

1 November - 15 January  
1 February - 15 April  
1 May - 15 July  
1 August - 15 October



### GET IN TOUCH



For further information on continuous quality improvement activities or PIP QI requirements, please contact the Northern Queensland PHN Primary Care Engagement Team on [pce@nqphn.com.au](mailto:pce@nqphn.com.au)



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



ISO 9001  
QUALITY



# Model for improvement

## Plan Do Study Act (PDSA) diagram

Model for Improvement is the framework to guide and accelerate improvement work

### THINKING PART

Q1

What are we trying to accomplish?

The answers will be your **GOALS** (e.g. SMART Goal: Specific, Measurable, Achievable, Relevant and Time-bound)

Q2

How will we know that the change is an improvement?

The answers will be the **MEASURES** for tracking your goal (e.g. % of patients with improved data before and after PDSA)

Q3

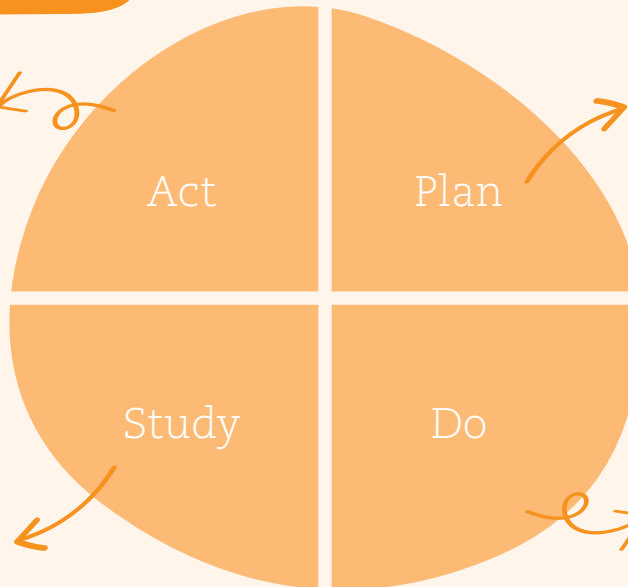
What changes can we make that will result in improvement?

The answers will be the **IDEAS** for change. (e.g. use "Primary Sense to run Accreditation % Compliance" report before and after PDSA to compare data)

### DOING PART

What next?  
Implement change or try something new.  
What idea will you test next?

Analyse the data.  
Compare the data to your predictions.  
Summarise and reflect on the lessons learnt.



Describe the idea.  
What, who, when, where.  
Make predictions.  
Define data to be collected.

Carry out the plan.  
Document progress, any errors, or barriers.  
Adopt, adapt, abandon as required.

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