The Model for Improvement Guide

The Model for Improvement is a tool for developing, testing and implementing change.

The Model consists of two parts that are of equal importance:

1. The 'thinking part' consists of Three Fundamental Questions that are essential for guiding your improvement work.
2. The 'doing'/'testing' part is made up of Plan, Do, Study, Act (PDSA) cycles that will help you test and implement change.

This guide will take you through the following steps:

Step 1:	The Three Fundamental Questions
Step 2:	PDSA Cycle

Step 1: The Three Fundamental Questions

1. What are we trying accomplish?
By answering this question, you will develop your GOAL for improvement
50% of COPD patients to have a GPMP claimed (within the previous 18 months) by October 2019
2. How will we know that a change is an improvement?
By answering this question, you will develop your MEASURES to track the achievement of your goal
A: The **number** of patients with recorded in the clinical software with a COPD code (the register) B: The **number** of COPD patients on the register who have had a GPMP claimed in the previous 18 months C: B divided by A will produce the **proportion** of COPD patients on the register who have had a GPMP claimed within the previous 18 months.
3. What changes can we make that will lead to an improvement? – list your small steps/ideas
By answering this question, you will develop the IDEAS that you can test to achieve your goal
Ideas: • Identify patients with COPD, who do not have a record of a current GPMP • SMS patients with COPD, and without a GPMP, to come in for an appointment • **Send a letter to patients identified with COPD, without a GPMP, to come for an appointment** • In the clinical software, flag patients with COPD diagnosis, without a GPMP, and opportunistically implement a GPMP at next visit, or set a future appointment • Review and improve recall and reminder system for GPMPs (and GPMP reviews?) • Review and improve workflow and educate staff • Conduct an annual audit of patients with COPD, without a GPMP

Step 2: PDSA Cycles

Idea:	Describe the idea you are testing - refer to the 3rd Fundamental Question			
Send a letter to patients identified with COPD, without a GPMP, to come for an appointment				
PDSA cycle #:	**PLAN:** What exactly will you do? Include what, who, when, where, predictions and data to be collected.	**DO:** Was the plan executed? Document any unexpected events or problems	**STUDY:** Record, analyse and reflect on the results	**ACT:** What will you take forward from this cycle? (What is your next step/PDSA cycle?)
1	1. Mary will design a letter with a call to action (contacting to make an appointment) by a specific date, and 2. Post to 20 of Dr Sample's patients with COPD and where a GPMP had not been claimed in the past 18 months 3. This will occur on Tuesday, 20 August 2019 and Mary will use Dr Smith's office (doesn't work on Tuesdays) 4. We predict that we will have a 30% response rate by the due date. 5. We will provide a list these patients to reception and note how many calls have been received and how many appointments are made.	Done. The letter was drafted on 20/8/2019 as planned, but Dr Sample did not check it until 21/8/19 and therefore it was a day late. This slightly compressed the call to action timeframe.	20 letters were sent out and 2 were returned undelivered (10% address error rate). Of the 18 letters that were delivered, 3 people called and all made an appointment (15% successful response). The error rate in the physical address recorded was unexpected and the response rate was much lower than we thought.	***Act 1*** Try a similar approach but add a second contact with the patients by SMS 6 business days after the letter to reinforce the call to action. ***Act 2*** Implement a system to discuss GPMPs when the patient is next in for a consultation ***Act 3*** Contact the 2 patients where the letter was returned to determine what the issue was with physical address. This may be a constant error rate in recording.

Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA

2	***Act 1*** Try a similar approach but add a second contact with the patients by SMS 6 business days after the letter to reinforce the call to action.			
3				
4				