QuIK Cycle Year 2026 **Cycle no.** Number

Practice Name Mystery Medical Practice

Year 2026

PDSA Quality Improvement Activity Details

Activity Title	Improving Heart Health for Aboriginal and Torres Strait Islander people aged 30+
Cycle Dates	1 June to 30 December 2026
Cycle Length	6 months
QI Lead	Practice nurse
GP Lead	Dr Doolittle
Team	QI

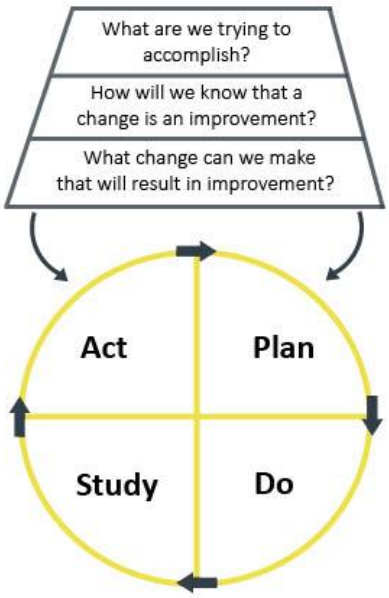
Data Trends	Baseline	Follow-up 1	Follow-up 2	Final
Dates	Date	Date	Date	Date
Aboriginal and/or Torres Strait Islander 30y+ with no Heart Health Check recorded (Active)	1 June %?	1 August %?	1 October %?	30 December %?
Aboriginal and/or Torres Strait Islander patients 30y+ (Active)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Measure 3	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.
Measure 4	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.
Measure 5	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.
Measure 6	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?	Reduce the risk of cardiovascular disease in Aboriginal and/or Torres Strait Islander patients by increasing the number of Heart Health Checks given to patients over 30 years old by 20% before 30 December 2026.
Measures	
How will we know that a change is an improvement?	Compare the number of patients who have NOT had a Heart Health Check recorded at the start date of the QI project, to the end of the reporting period.
Ideas	
What change can we make that will result in improvement?	- Use POLAR to find the patients who identify as Aboriginal and/or Torres Strait Islander and have not had their Heart Health Check recorded - Set up recalls and reminders through clinical system via SMS/Phone/Mail/Hotdoc - GP and nurses to flag and discuss Heart Health during consultations with eligible patients - Recheck data every 2 months - Discuss the implementation at all staff meetings - Monitor results in monthly all staff meetings

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?	Use POLAR to identify eligible patients via data analysis and implement a recall system for patients who identify as Aboriginal and/or Torres Strait Islander who have not had a Heart Health Check recorded.
What do you predict will happen?	The number of Aboriginal and/or Torres Strait Islander patients who have had a Heart Health Check will increase resulting in better health care for Indigenous people at risk of cardiovascular disease.

Action Step 1	Export patient list from POLAR
Identify and export baseline data	Use POLAR to identify eligible patients who identify as Aboriginal and/or Torres Strait Islander and are 30+. Of these patients, export a list of how many have not had a Heart Health recorded.
Data measure to indicate change?	Eligible patients identified and recorded

Tasks	Responsibility	Due date	Location	How?
Identify Aboriginal and/or Torres Strait Islander patients at risk of cardiovascular disease	Practice Nurse/Practice Manager		Practice	Use POLAR to export the patient list

Action Step 2	Recall patients
What exactly will be done?	Contact eligible patients to book a consult for a complimentary Heart Health Check.

Tasks	Responsibility	Due date	Location	How?
Recall patients using recall/reminder system	Practice Nurse/Practice Manager	Click or tap here to enter text.	Practice	Hotdoc reminder system

Action Step 3	Discuss QI activity at next all staff meeting.
What exactly will be done?	Remind all clinical staff to discuss with patients' cardiovascular disease risks and encourage to book for heart health check.
Data measure to indicate change?	Increase in Aboriginal and/or Torres Strait Islander heart health check consults

Tasks	Responsibility	Due date	Location	How?
Inform and involve practice of QI Project	All staff	Click or tap here to enter text.	Practice	Ensure patient ethnicity is checked on patient demographic in file

Action Step 4	Send reminder to eligible patients every 3 months
What exactly will be done?	Export a new list of patients who have not scheduled a heart health check, and send a reminder.
Data measure to indicate change?	A lower number of eligible patients who have not had a heart health check.

Tasks	Responsibility	Due date	Location	How?
Queue and send reminders	Practice Nurse	Click or tap here to enter text.	Click or tap here to enter text.	Reminder via Hotdoc

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.	1/8/26 We conducted quarterly data exports to identify and capture eligible patients. While the activity has been active, we have been aiming to improve our data quality by encouraging the reception team to ask for missing patient ethnicity when they attend an appointment. Because of this, more eligible patients are being identified and included in the activity. We promoted Heart Health Checks through the practice's social media account, Hotdoc Broadcasts and posters in the clinic. These activities increased patient engagement, improved identification of eligible patients and supported greater uptake of Heart Health Checks. 1/10/26 We decided to send reminders via Hotdoc to encourage participation. As engagement was low, we started calling eligible patients and found uptake was higher this way.

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.	Compare data from Start to end of activity
Compare results with the activity aim.	*Was there an increase in patients having Heart Health Check Consults?* *Why were there more or less booked in than expected?*
Summary and reflection on what was learned.	*How do we monitor for future patients in the same category?*

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. Adopt, reject, or modify original plan as required. Plan the next cycle (where applicable).	We found the uptake in Heart Health Checks slightly improved in Indigenous patients over 30 years over the QI activity period and will extend the activity for another 6 months to monitor further improvement. We will continue to export the data quarterly and discuss progress with clinical staff at meetings. We will embed capturing missing patient ethnicity into regular procedure as identifying more eligible patients will allow us to provide tailored care for Aboriginal and Torres Strait Islander patients and improve health outcomes. Reception will continue to ask at check in if there is no ethnicity recorded. Our practice will continue to share Heart Health Check awareness on social media annually around Heart Health Week, ensuring to target different at-risk groups. Next year we will aim to expand the QI activity to another at-risk patient cohort. Nurses/GPs to book any further staff training for POLAR with the PHN as required.