

Continuing Professional Development Guide:

Practice Report – COPD

Name:	
AHPRA number:	

Your MedicineInsight **Practice Report: Chronic Obstructive Pulmonary Disease (COPD)** offers valuable insights for improving patient care while earning Continuing Professional Development (CPD) hours.

This activity is designed on your practice data and easy to document for CPD purposes.

The key to success in continuous quality improvement is small, practical steps. For COPD, this might be examining a process that improves how your practice uses spirometry for diagnosis or how to increase vaccination rates.

By choosing one area to focus on, making targeted changes, and measuring the results, you can deliver even better care for your patients with COPD.

How to use this Quality Improvement (QI) Guide

You can use the *Practice Report* and QI Guide individually or present it at your next practice meeting. Involving the whole team will enable all participating GPs to claim CPD hours, allow collective brainstorming, and promote coordinated action.

This first COPD CPD activity covers the PLAN and DO parts of a PDSA (Plan, Do, Study, Act) cycle.



This activity is accredited for
17 CPD hours under the
RACGP and ACRRM CPD
Programs

What you can claim:

- Measuring Outcomes (MO): 10 hours
 - Analysing and reflecting on your COPD patient data
- Reviewing Performance (RP): 5 hours
 - Comparing your current care to guidelines and peers
 - Reflecting on areas for improvement

After two to three months, we suggest you review your updated COPD report via the MedicineInsight Portal. Access to the MedicineInsight Portal will be provided soon by email.

Seeing the impact of your QI activity will help refine it and enable completion of the STUDY and ACT components – contributing to your CPD points (we suggest 10 MO hours, 5 RP hours).

QI CPD Activity Structure

Four simple steps

1. Review your MedicineInsight *Practice Report: COPD*
2. Use the included spirometry QI activity, or design your own
3. Complete the activity using our template
4. Submit documentation to your CPD Home as a “quick log” activity

Getting started

Review your MedicineInsight *Practice Report: COPD*.

The comparative data in your report will help you ask questions and develop QI activities that are meaningful to you and your patients. By highlighting where you're doing well and where there's room for improvement, it may trigger a closer look into your practice processes that may lead to meaningful change. Look for one area where a small change could benefit your patients and feels achievable.

Consider using the included spirometry QI CPD activity to see if it can address a gap for you and your patients.

Questions about spirometry you could reflect on:

- How does your practice access and utilise spirometry?
- What are our current barriers to performing/accessing spirometry?
- How do you currently identify patients who would benefit from spirometry?
- How are spirometry results being recorded in the electronic medical record?

Here's a couple of possible goals to consider:

- Increase the percentage of regular practice patients aged 35 years and over with a recorded diagnosis of COPD who have spirometry results recorded in the clinical information system from [Insert Current % from MI Report]% to [Insert Target %]% within the next [Insert Timeframe, e.g., 3 months].

- Implement a systematic practice process (e.g., using Best Practice/Medical Director recall/prompts or nurse-led identification) within [Insert timeframe, e.g. 2 months], designed to identify regular patients aged 35+ with a recorded COPD diagnosis lacking spirometry results during routine care. This process will be utilized over the following [Insert timeframe, e.g., 3 months].

Alternatively, your MedicineInsight report data may have inspired you to pursue a small but high impact change focused on vaccination or smoking cessation. Use the blank template provided at the end of this guide to help design your own QI CPD Activity.

For more information visit safetyandquality.gov.au/MedicineInsight or contact MedicineInsight@safetyandquality.gov.au.

MedicineInsight *Practice Report: COPD* CPD Guide

Quality Improvement Planning Template: COPD DIAGNOSIS AND SPIROMETRY

Plan the test	
What are we trying to achieve? <i>By answering this question, you will develop your GOAL for improvement.</i> <i>It is important to establish a S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.</i>	My MedicineInsight data shows ____ % of my COPD patients have spirometry results recorded. Choose this specific goal, or develop your own: <i>Within the next _____, identify regular practice patients aged 35+ with a recorded COPD diagnosis but without spirometry results recorded. Subsequently, record spirometry results for at least _____ of these identified patients.</i>
What will we do to achieve it? (What changes will we make? Who will do it and when?) <i>By answering this questions, you will develop IDEAS for change.</i> <i>Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.</i>	Consider these ideas or develop your own: • <i>Team Meeting: Discuss current MI report data, CCS guidelines, and barriers to spirometry. Agree on goal and actions.</i> • <i>Identify patients: Practice Nurse to run a search in Electronic Health Record (EHR) for patients coded with COPD aged 35+ without spirometry results recorded.</i> • <i>Recall/Opportunistic Review: Reception to flag identified patients for Nurse/GP review when booking. Practice Nurse to discuss and offer</i>

		<i>spirometry referral/booking during routine or specific recall appointments.</i> • <i>Add spirometry data to corresponding fields in EHR.</i> • <i>Download and use Lung Foundation Australia COPD GPMP/TCA Template: Add spirometry status/date check to COPD care plan template.</i>
	How will we know we have achieved it? (What will we measure?) <i>By answering this question, you will develop the MEASURE(S) you will use to track your overarching goal.</i>	Consider relevant measures for your goal – consider the following, or design your own: • <i>The percentage of regular practice patients aged 35+ with COPD diagnosis and recorded spirometry results, as reported in a subsequent Medicine Insight Practice Report: COPD.</i>

Do the test on a small scale

Was the plan completed?

Consider what worked well and why.

Document any unexpected observations, events or problems.

For example:

“Held team meeting, identified [Number] patients needing spirometry. Downloaded/using LFA COPD GMPT/TCA template. Initiated recall/flagging system.”

“Worked well: Flagging system alerted GPs effectively. Template reminder useful.”

“Challenges: Difficulty contacting some patients for recall. Limited local spirometry access caused delays for [Number] patients. Some patients declined testing.”

Analyse the results

What do the results tell you?

Analyse results, compare them to predictions, and reflect on what you learned.

For example:

“The next MI report showed the percentage increased from [Current %] to [New %]. This was slightly below our target of [Target %]. We successfully referred [Number] patients, but [Number] tests are still pending due to access issues. Patient declination rate was [Rate].”

“Learnings: Process increased referrals, but access is a key barrier. Need strategy for declinations.”

Make a plan for the next step

Based on your learnings from the test, what will you do next (e.g. adapt, adopt or abandon)?

How does this inform the plan for your next PDSA?

For example:

“Adapt: Refine the recall process – try SMS reminders. Investigate alternative spirometry providers or pathways (e.g., nearby practices, specific clinics, DW PHN). Discuss strategies for addressing patient concerns/declinations in next team meeting.”

“Adopt: Continue using the LFA COPD template and opportunistic review flags.”

“Next PDSA Cycle: Focus on improving access and/or improving patient acceptance rate.”

MedicineInsight *Practice Report*: COPD CPD Guide

Quality Improvement Planning Template:

Plan the test	
PLAN	What are we trying to achieve? <i>By answering this question, you will develop your GOAL for improvement.</i> <i>It is important to establish a S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.</i>
	What will we do to achieve it? (What changes will we make? Who will do it and when?) <i>By answering these questions, you will develop IDEAS for change.</i> <i>Tip: Engage the whole team in formulating change ideas using brainstorming, driver diagrams or process mapping tools. Include any predictions and measure their effect quickly.</i>

	How will we know we have achieved it? (What will we measure?) <i>By answering this question, you will develop the MEASURE(S) you will use to track your overarching goal.</i>	
DO	Do the test on a small scale	
	Was the plan completed? <i>Consider what worked well and why?</i> <i>Document any unexpected observations, events or problems</i>	
STUDY	Analyse the results	
	What do the results tell you? <i>Analyse results, compare them to predictions, and reflect on what you learned.</i>	
ACT	Make a plan for the next step	
	Based on what you learned from the test, what will you do next? (e.g. adapt, adopt or abandon) <i>How does this inform the plan for your next PDSA?</i>	