



Continuous Quality Improvement
(CQI) for general practice

Antimicrobial stewardship

Data Collection Form



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01 Introduction

Purpose

This Data Collection Form is to be used alongside our CQI Activity Guide. Throughout the guide we have let you know when it's time to enter some data, evidence or findings into this Data Collection Form.

This form gives some ideas of the types of data and information you might like to collect during your CQI activity. Of course, you are welcome to collect additional data and information too!

The purpose of this form is to have a single place where you document all your information about your goals, ideas for change, the data you collected and the actions you have taken in response to your activities. If you are using this toolkit to help complete the Cornerstone CQI module (purchased from RNZCGP), you will be able to upload the completed Data Collection Form to your Cornerstone practice administration portal for assessment.

How to use this Data Collection Form

The thinking table (Table 1) is where you can collate all the evidence and ideas while preparing for your CQI activity. Once you have completed this you will be able to fill in your **Cornerstone CQI re-assessment project outline form** (tinyurl.com/4u79jhnp) ready to send to your assessor for review. You will also use this in your final project report.

The planning table (Table 2) is where you can record the changes or interventions you want to make/test, and how you will measure them. Tables 1 and 2 will form a large section of your project report.

The PDSA 'doing' tables will help you to keep track of your results from your PDSA cycles and plan what you want to do next.

Then it's time to present your results and decide what changes you want to fully implement.

The final part of this form helps you bring together the key points from your CQI activity, ready for uploading into the Cornerstone portal.



02 Thinking - getting you ready for your CQI activity

Table 1 – the thinking table

This table helps you record evidence and ideas you have gathered to build your problem statement, aim statement and CQI timeline

Area identified for change: Reducing inappropriate antibiotic prescribing					Date:
Baseline data/benchmarking /evidence	Baseline data EPiC data <ul style="list-style-type: none"> Record your practice numbers here, these act as a good baseline for you to monitor how your PDSA cycles change outcomes 	Seasonal variation	Number of patients dispensed amoxicillin + clavulanic acid in the last 12 months (n=)	Which age group had the highest % of patients dispensed amoxicillin + clavulanic acid % (n=)	Which ethnic group had the highest % of patients dispensed amoxicillin + clavulanic acid % (n=)
	Benchmarking your data <ul style="list-style-type: none"> How do each of these four metrics compare to the national data? <i>Higher/lower/different demographic groups?</i>				
	Key results from audit(s) (if completed). If you have completed the baseline audit, please add your % in here	% of appropriate Rx – antibiotics		% of appropriate Rx – amoxicillin + clavulanic acid	
	Key results from your knowledge quiz (if completed)	Number (%) of staff who completed the quiz		Average result for all staff pre-CQI changes	

02

Thinking

How will your quality improvement activity address the **triple aim** – improving the use of antibiotics?

- We have put some suggestions here, please modify as required

Improved quality, safety and experience of care

Improved health and equity for all

Best value for public health system resources

Quality improvement tools

- Which quality improvement tools have you chosen to brainstorm the reasons behind/ drivers for your antibiotic data and/or ideas for change?

What did you find from using your quality improvement tools?

- Have you found a root cause to your inappropriate antibiotic prescribing?
- Were there any drivers leading to the trends seen in your practice's antibiotic prescribing?
- What charts and diagrams will you use to track your progress?

02

Thinking

Problem statement

- Using the data from above adjust your problem statement specific to your practice

We have added in a suggestion – you may want to change the area that is underlined to suit your data and practice population

Aim statement

- What are we trying to accomplish?
- Using the data from above adjust your aim(s)

We have added in a suggestion – you may want to change the areas that are underlined to suit your data – decide with your team what targets are feasible

Timeline

When do you want to complete this CQI by?
 9–12 months?

When will you do a check-in? 3–6 months?

If you have completed the thinking table above, you should now be able to fill in your **CQI pre-assessment project outline form** (tinyurl.com/4u79jhnp) ready to send to your **assessor** (tinyurl.com/mrjb4pcm) for review and comment.

03 Planning - helping you keep track of your changes and measures

Table 2 – the planning table

Use this table to record which changes you want to test in your PDSA cycles, these are just some suggestions – you can pick as many or as few as you like. Remember it is a good idea to pick two outcome measures, one process measure and one balance measure for each change idea. We have also added in a blank space, for you to add in any alternative change ideas and measures that your practice team have come up with.

Goal	Change idea	Measures	Timeline – when do you want to complete by?	Person responsible – QI lead – clinical lead	Tick if using
Decrease seasonal variation in antibiotic prescribing	Write the indication on all prescriptions for antibiotics	Outcome measures			
		Seasonal variation in antibiotic prescribing			<input type="checkbox"/>
		Audit a selection of consultations where an infection was likely – was an antibiotic prescribed? This helps to identify common uses for antibiotics in your practice and will determine the % of infections where antibiotics were used inappropriately			<input type="checkbox"/>
		Process measures			
		Proportion of prescriptions where indication is recorded			<input type="checkbox"/>
		The number of times the pharmacy has contacted the practice to query the indication (or lack thereof) of the antibiotic prescription			<input type="checkbox"/>
		Count the number of patient level surveys completed			<input type="checkbox"/>
		Balance measures			
		The time taken to answer calls from pharmacy and action indications			<input type="checkbox"/>

03

Decrease seasonal variation in antibiotic prescribing	Upskill the team in antimicrobial resistance and/or quality improvement activities	Outcome measures			
		Seasonal variation in antibiotic prescribing			<input type="checkbox"/>
		Number of CME/CPD points completed by the team in antimicrobial stewardship			<input type="checkbox"/>
		Process measures			
		Count the number/proportion of staff who have completed education in antimicrobial stewardship and/or quality improvement activities			<input type="checkbox"/>
		Balance measures			
		Survey practice team to gauge knowledge about the reason for a CQI initiative for antimicrobial stewardship			<input type="checkbox"/>
Decrease seasonal variation in antibiotic prescribing	Provide a Virus Action Plan for patients presenting with a likely viral infection	Outcome measures			
		Seasonal variation in antibiotic prescribing			<input type="checkbox"/>
		Survey patients following a consultation where an infection was diagnosed to determine whether they were given a Virus Action Plan (akohiringa.co.nz/virus-action-plans). Did they find this helpful? Did they feel as though their needs were met?			<input type="checkbox"/>
		Process measures			
		The number of Virus Action Plans that have been given to patients			<input type="checkbox"/>
		Count the number of patient experience surveys completed			<input type="checkbox"/>
		Count the number of staff surveys completed			<input type="checkbox"/>
		Balance measures			
		Survey prescribers to determine how they feel about giving out Virus Action Plans and how they think they are perceived by patients			<input type="checkbox"/>

03

Decrease seasonal variation in antibiotic prescribing	Hold 'back-pocket' antibiotic prescriptions for patients in reception so they can return to get them if needed	Outcome measures		
		Seasonal variation in antibiotic prescribing		<input type="checkbox"/>
		The number/proportion of patients who have returned to get their back-pocket prescription		<input type="checkbox"/>
		Process measures		
		The number of back-pocket prescriptions held at reception. Which members of staff were providing these prescriptions?		<input type="checkbox"/>
		Balance measures		
		Time taken for admin/reception team to sort out back-pocket prescriptions		<input type="checkbox"/>
	Schedule short appointments (with a nurse or doctor) for review if patient deteriorates	Outcome measures		
		Seasonal variation in antibiotic prescribing		<input type="checkbox"/>
		Process measures		
		Number of short appointments used in a week		<input type="checkbox"/>
		Balance measures		
		Time taken to complete short review appointments – is this taking away from other clinical duties?		<input type="checkbox"/>
Decrease amoxicillin + clavulanic acid use	Get a "second opinion" on any amoxicillin + clavulanic acid prescription	Outcome measures		
		Number of amoxicillin + clavulanic acid prescriptions dispensed		<input type="checkbox"/>
		Proportion of population dispensed amoxicillin + clavulanic acid		<input type="checkbox"/>
		Process measures		
		Proportions of prescriptions where a second opinion sought on prescriptions for amoxicillin + clavulanic acid		<input type="checkbox"/>
		Balance measures		
		Audit all antibiotics used – did any other antibiotics increase as a result of not prescribing amoxicillin + clavulanic acid?		<input type="checkbox"/>

03




Decrease amoxicillin + clavulanic acid use	Audit a selection of consultations where amoxicillin + clavulanic acid was prescribed to identify common indications for its use in your practice	Outcome measures			
		Number of amoxicillin + clavulanic acid prescriptions dispensed			<input type="checkbox"/>
		Proportion of population dispensed amoxicillin + clavulanic acid			<input type="checkbox"/>
		Proportion of prescriptions that were for unapproved indications			<input type="checkbox"/>
		Process measures			
		The number of records audited over a week			<input type="checkbox"/>
		Balance measures			
		Did any other antibiotics increase as a result of not prescribing amoxicillin + clavulanic acid?			<input type="checkbox"/>
		Outcome measures			
					<input type="checkbox"/>
					<input type="checkbox"/>
		Process measures			
					<input type="checkbox"/>
					<input type="checkbox"/>
		Balance measures			
					<input type="checkbox"/>

04 Time to test your changes






The PDSA worksheets will help you to keep track of your results from your PDSA cycles and plan what you want to do next.

You will need to complete a worksheet for **EACH** change idea you want to test. This will help you analyse and see what works and what doesn't before you implement it more widely or fully. We have provided a completed example for guidance. Remember to re-check your baseline data – have you improved?

PDSA planning and doing worksheet

PDSA title		
Cycle number		
QI lead		
Clinical lead		
Team members		
Date to be completed		
Thinking part – complete before you start		Goal – What are we trying to accomplish?
		Measure – What measures will we track?
	Measure – How will we know that a change is an improvement or success?	

04

Thinking part – complete before you start		Idea – What can we do to achieve the goal?		
		Plan – Who? When? Where? Predictions? Data to be collected		
		Step	Tasks	Who
		1		
Doing part – complete after you have made a change		2		
		3		
		4		
		Do – Was the plan executed? Any unexpected events or problems?		
		Study – Analysis of actions and data. Reflection on the results		
		Act – What will we take forward, what is the next step or cycle?		

05 Presenting your results

Once you have collected some data (eg, audit data or patient/prescriber surveys) you need to present the results. If you are looking for ideas on how to do this, there are some examples available [here](#).

Remember that your **EPiC Dashboard** data are updated every three months so head there to check out your seasonality and amoxicillin + clavulanic acid results (akohiringa.co.nz). These graphs will help you to visually determine how you are tracking with your antibiotic prescribing – you might like to take a screenshot of your results and paste them below.

06 Implementing your changes

Once you have undertaken your PDSA cycle(s) and have decided on a change idea to take forward, you need to plan to make sure that your changes are successfully implemented and have the best chance of being sustained and improving patient outcomes.

Using your PDSA cycle results from above – which change idea(s) are you going to take forward to full implementation or wider distribution?

Change idea	Reason for choice – use your ‘study’ results from the PDSA worksheet to help you fill in this section

The implementing table on the next page will help you and your team plan the roll-out phase for the change idea(s) listed above. Remember to keep your quality improvement team on board and engaged in this phase of the project.

06 Implementing table – helping you to plan the roll out

Considerations for implementation and spreading	Potential ideas	Plan	Person responsible	Time frame
How will people know about the changes?				
a) What could make your practice revert to the old way of doing things? b) What could you put in place to help to prevent this from happening?				
How will you monitor key measures?				
a) What resources will people need to make this change? b) How will you provide these?				

06

<p>a) Are there any barriers (resources, constraints, people) that may prevent you from making the change?</p> <p>b) How will you address these?</p>				
<p>a) Who will people go to if they have a question or roadblock related to your change?</p> <p>b) How will you communicate this?</p>				
<p>How can you encourage sharing ideas, providing feedback/suggestions, and taking risks for the new people you are inviting to implement the change?</p>				
<p>How can you celebrate any early engagement and/or successes by people participating in the change including patients?</p>				

07 Wrapping it up

Phew – well done, you have made it to the end! Now it's time to think about the key points of your quality improvement activity before uploading this document to the RNZCGP smartsheet portal.

The diagram below lets you add the key highlights of your CQI activity.

Problem	
Aim	
Change	
Outcome	
Spread	
Lessons	

