



# The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

"Excellence in Women's Health"

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## THE QUALITY CYCLE

Quality Improvement Process	Questions to Answer	Example
Identify an area for improvement based on: <ul style="list-style-type: none"> <li>Clinical experience</li> <li>Literature review</li> <li>Data collection</li> </ul>	<ul style="list-style-type: none"> <li>Which area in your clinical practice requires improvement?</li> <li>How did you identify this area?</li> <li>How long did it take?</li> </ul>	Inconsistent follow-up of pathology reports. Reports missing from histories or follow-up action not clearly documented.
Develop standards based on: <ul style="list-style-type: none"> <li>Guidelines</li> <li>Literature review</li> <li>Consensus</li> </ul>	<ul style="list-style-type: none"> <li>What forms the basis to the standard that you would like to achieve in this area?</li> </ul>	Use NH&MRC guidelines for follow-up of Pap smears to develop standards suitable for own practice situation, taking into account needs and limitations.
Confirm the presence of an opportunity to improve by: <ul style="list-style-type: none"> <li>Collecting data</li> <li>Comparing results against standards</li> </ul>	<ul style="list-style-type: none"> <li>How did you collect the data to support the need for this improvement?</li> <li>How long did it take?</li> </ul>	Review previous 6 months data in comparison with NR&MRC based standard.
Develop an action plan by: <ul style="list-style-type: none"> <li>Discussing the problem with all staff involved</li> <li>Holding brainstorming sessions</li> <li>Documenting plans to bring current practice into line with clinical standards</li> </ul>	<ul style="list-style-type: none"> <li>What goals would you like to achieve?</li> <li>How are you going to set out to achieve these goals?</li> <li>What methods did you use?</li> <li>How long did it take?</li> </ul>	New tracking system developed and documented in consultation with pathology laboratory, medical, nursing and reception staff.
Implement changes	<ul style="list-style-type: none"> <li>What changes have been made?</li> </ul>	New tracking system implemented.
Monitor and evaluate process: <ul style="list-style-type: none"> <li>Re-audit to assess impact of changes</li> <li>Compare outcomes with standards</li> </ul>	<ul style="list-style-type: none"> <li>How did you re-evaluate this area?</li> <li>What was the result of the implemented changes to your practice?</li> </ul>	Re-audit process to ensure that improved follow-up of Pap smears has occurred.
Refine the problem and continue to follow the quality cycle.	<ul style="list-style-type: none"> <li>How do you plan to monitor these changes?</li> </ul>	Conduct random audit every 12 months to ensure compliance. Should any problems be identified then start the process again.

**Please keep a summary of your activity as verification documentation**

**To claim points in the Practice Review & Clinical Risk Management category, enter the title of the activity and the amount of points on your Annual Points Claim form.**

**For queries, contact PR&CRM staff on +61 3 9417 1699 or prcrm@ranzocg.edu.au**