

Complete and submit this Action Plan for 5 Points in the Risk Management Program.
We encourage you to engage staff and colleagues when implementing the improvements.

Your details

Name		SM/WM Number	
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Your improvement

if you need more space, attach an additional sheet(s)

What was identified that may expose you to a claim, a complaint or criticism of your practise?			
What improvement(s) have you made to address this? You MUST upload the evidence to support the improvement made, eg a new or updated policy, a change to a procedure			
How will you measure the effectiveness of the improvement?			
Who is responsible for implementation?			
Signed		Date	

Submit this Action Plan directly in REO prior to 31 March to be eligible for Points.

Workshop Action Plan	Module Action Plan	Practice Review Action Plan
REO » Program » Events » {Workshop topic attended}	REO » Program » Modules » {Module topic completed}	REO » Program » Practice Review » {applicable category} » {Self-Assessment completed}

What was identified?

The change or improvement MUST RELATE to the topic of this activity. Additionally it MUST be a risk that may expose you to a claim, a complaint or criticism of your practise.

What is likely to be accepted

- Gaps in follow-up systems regarding referrals to specialists
- Improve management of privacy and confidentiality
- Health record documentation improvements
- Protocols for dealing with unexpected staff absences
- Improvements or changes to specific consent processes

What will not be accepted

- Need to review medication storage in the next 6 months
- Nurses need CPR training
- All patients will have post-operative surveillance X-rays
- Nothing found to need improving

What improvement are you implementing?

The change or improvement MUST address the gap, or gaps, you identified in the question above.

What is likely to be accepted

- A new policy on consenting children was drafted, reviewed and implemented with all staff being informed.
- The practice Facebook page has been reviewed and updated to better manage patients interactions. These settings will be checked monthly by staff who have been trained in social media use
- A system of approving patient information leaflets before making them available has been implemented.

What will not be accepted

- I will speak to my colleagues about this more
- Practice staff have been educated in safe manual handling
- The practice has practised our emergency evacuation procedures
- I will be more aware
- No changes required

How will you measure its effectiveness?

The changes or improvements MUST be measurable, such as writing a new policy and including it in the practice manual; conducting regular medical records audits or patient satisfaction surveys; or conducting formal staff training and evaluating the outcomes.

What is likely to be accepted

- A policy has been written and incorporated into the practice manual
- Medical records will be audited every 6 months and the results reviewed
- Patient satisfaction surveys will be conducted 4 times a year and discussed at the practice meeting
- Staff training on Chaperones was conducted in June and will be repeated annually

What will not be accepted

- I will think about this during a consultation
- Self-evident
- Staff will inform me
- I will self-analyse
- Not required
- Don't know yet

Need help?

MIGA's Risk Management team can assist you. Contact us via reo@miga.com.au.