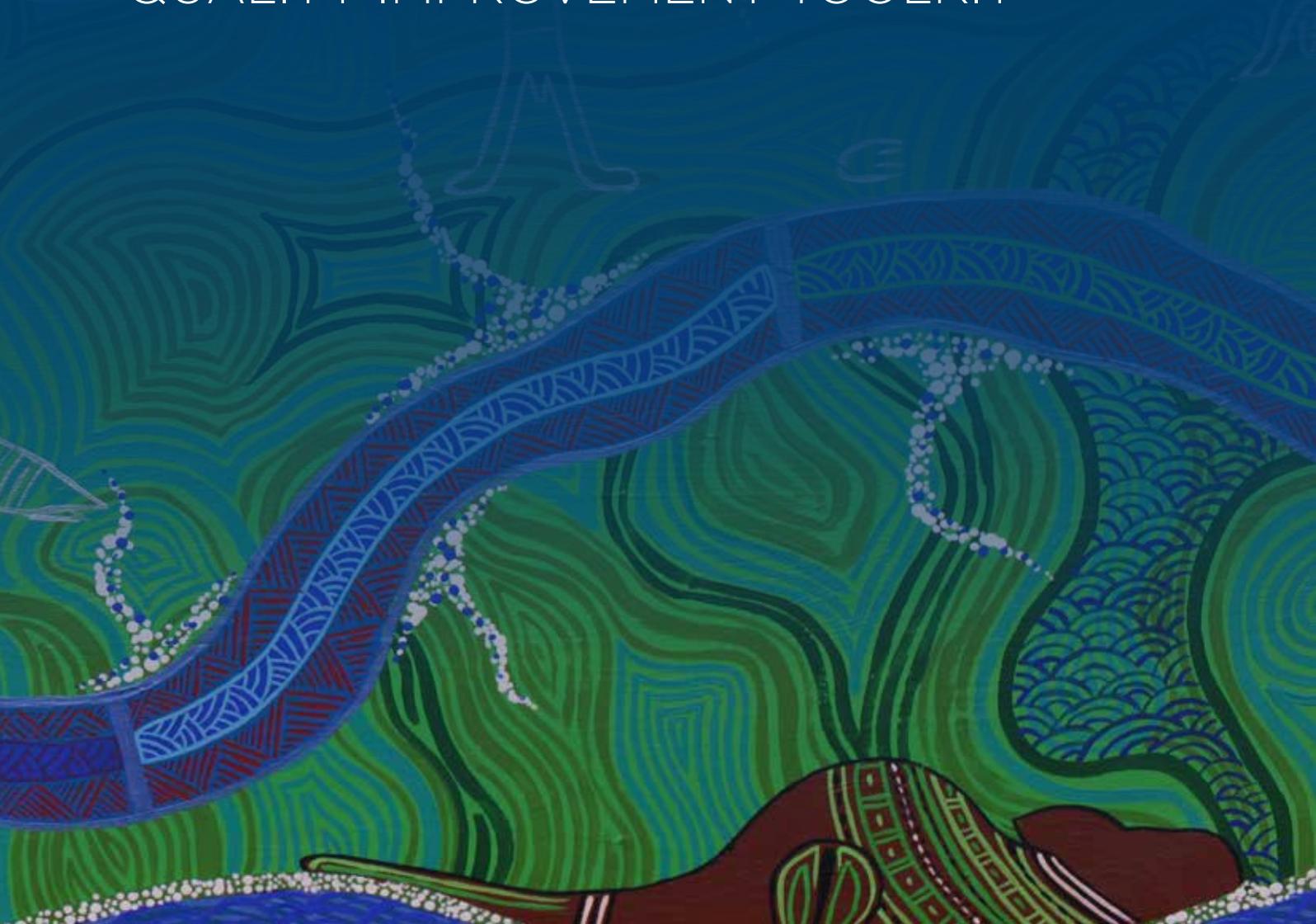


CANCER SCREENING

QUALITY IMPROVEMENT TOOLKIT



Disclaimer: The Cancer Screening Quality Improvement Toolkit has been collated utilising, in part, information from the Cancer Screening Women's Health Collaborative Cancer Institute /Improvement Foundation. All information is accurate as of the date that this version was developed. HNECC PHN will endeavor to update the information as needed.

Every effort has been made to ensure that the information provided is accurate. Health professionals must not rely solely on this information to make patient care decisions.

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WHAT IS QUALITY IMPROVEMENT?

The RACGP Standards for General Practice describes Quality Improvement as an activity undertaken within a general practice where the primary purpose is to monitor, evaluate or improve the quality of health care delivered by the practice. The Standards recommend practices engage in quality improvement activities that review structures, systems and processes to aid the identification of required changes to increase the quality of healthcare delivery and safety of patients.

Standards for General Practice 5th Edition

The RACGP 5th edition Standards <https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/racgp-standards-for-general-practices-5th-edition.pdf> have been released with a new module specifically identified for Quality Improvement. Criterion QI 1.1 identifies four indicators that relate to Practice based activity around Quality Improvement and reference to a team based approach. The criterion recommends having at least one team member responsible for leading quality improvement in the practice, which establishes clear lines of accountability. Please refer to the guidelines.

Criterion QI 1.3 relates to improving clinical care, specifically practice use of relevant patient and practice data to improve clinical practice. Establishing and utilising robust reminder and recall systems for cancer screening could be a focus under this criterion.

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Engaging in quality improvement activities is an opportunity for the practices' GPs and other staff members to come together as a team to consider quality improvement. Quality improvement can relate to many areas of a practice and achieving improvements will require the collaborative effort of the practice team as a whole.

The Quality Improvement process is divided into two manageable steps, the “thinking” and “doing” part. This process allows ideas to be broken down into management sections which can be tested and reviewed to determine whether improvement has been achieved prior to implementing on a larger scale.

Thinking part

The thinking part consists of three fundamental questions that are essential for guiding improvement.

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in an improvement?

Doing part

The doing part is made up of rapid, small Plan, Do, Study Act (PDSA) cycles to test and implement change in real work settings.

Not every change is an improvement, but by making small changes you can test the change on a small scale and learn about the risks and benefits before implementing change more widely. Several PDSA cycles may be required to achieve your improvement goal



HELPFUL TIPS

- Practices need to engage in quality improvement activities to improve quality and safety for patients in areas such as practice structures, systems and clinical care.
- Decisions on changes should be based on practice data (PEN CS and clinical database audits, near misses and patient and or staff feedback).
- Achieving improvements requires the collaborative effort of the practice team and all members of the team should feel empowered to contribute.

See Criterion C4.1 - Health Promotion and preventive care
RACGP 5th Standards

<https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/racgp-standards-for-general-practices-5th-edition.pdf>



²Institute for Healthcare Improvement

THE "THINKING" PART

Three Fundamental Questions when undertaking Quality Improvement

Question 1

What are we trying to accomplish?

By answering this question you will develop your goal

Question 2

How will we know that a change is an improvement?

By answering this question you will develop measures for tracking your goal

Question 3

What changes can we make that will result in improvement?

By answering this question you will develop ideas for change



Question 1. What are we trying to accomplish?

Consider exactly what it is you are seeking to change.

- Define the problem. Success comes through preparation. Understating what the problem actually is and thinking about why there is a problem helps in developing your goal.
- Set realistic goals that are specific and have a defined timeframe (SMART). Use plain language and avoid jargon so that the meaning is clear to everyone.
- Include information that will help keep the team focused

Question 2. How will we know that a change is an improvement?

Without measuring, it is impossible to know whether the change you are testing is an improvement.

- Communicate to the team what you are measuring, how, when and who is responsible. (See Measuring Success).
- Make the measurement as simple as possible.
- Only collect the data that is required.

Question 3. What changes can we make that will result in improvement?

Encourage the whole team to contribute ideas. Be creative. Think outside the box.

- You know your General Practice and your patients best. Keep this in mind and use your knowledge and experiences to guide your ideas.
- Adapt from others.
- Think small and test. Think about testing a change with one GP or a select group of patients. This will assist in determining if the change had the desired effect and suitable for wider implementation.



For example, your General Practice may decide to focus on Bowel Cancer Screening.

<p>You may have a goal like this:</p>	<p>To increase participation in FOBT screening for patients aged 50 - 74 who are eligible for screening every 2 years.</p>
<p>Your response may be:</p>	<p>We will measure through PEN CAT:</p> <ul style="list-style-type: none"> • The number of eligible patients aged 50 – 74 in our practice. • The number of patients who have participated in FOBT screening.
<p>Your outcome may include:</p>	<ul style="list-style-type: none"> • Use PEN CAT to extract the number of patients aged 50 – 74 eligible for FOBT screening. • Provide training to ensure both clinicians and non-clinicians are aware of the National Bowel Screening Guidelines and requirements. • Review recall and reminder process in practice. • Create screening prompts on eligible patient files. • Send screening reminder/invitation letters to eligible patients • Liaise with pathology companies to ensure results are provided correctly.

THE "DOING" PART



You will find through PDSA cycles some changes lead to improvements. If so, these improvements can be implemented on a wider scale. You may also find that some improvement ideas are not successful. Analyse why they didn't work and learn from this. By carrying out small tests in PDSA cycles, you have avoided implementing unsuccessful change on a wider scale



Plan: a well-developed plan includes what, who, when, where and your predictions and what data is to be collected.

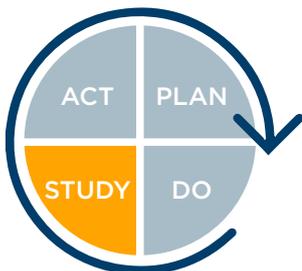
Make your plan as clear and as detailed as possible:

- What exactly will you do?
- Who will carry out the plan?
- When will it take place?
- Where will it take place?
- What do you predict will happen?
- What data/information will we collect to know whether there is an improvement?



Do: write down what happens when the plan is implemented (both negative and positive) and other observations.

Collect any data you identified in the plan phase.



Study: Reflect on what happened.

Think about and summarise what you have learnt. Analyse the data collected and compare with your initial predictions. If there is a difference in the data and predictions, consider what happened and why.



Act: Considering the results from your tests; will you implement the tested change or amend and test or try something else?

Write down the next idea you will test. Be sure to start planning the next cycle early to keep up the momentum of change.

For example, your General Practice may decide to focus on Bowel Cancer Screening.

Idea:	Use PEN CAT to extract the number of patients aged 50-74 who are eligible for FOBT screening.
Plan	<p>What: Use PEN CAT to extract data</p> <p>Who: Practice Manager</p> <p>When: Wednesday 3 November 2017</p> <p>Where: General Practice</p> <p>Data to be collected: Extract or record the number of patients 50 - 74 years who have not undertaken FOBT screening within 2 years.</p> <p>Prediction: Expect 30% of eligible patients will have FOBT screening status recorded.</p>
Do	Practice Manager extracted data as planned using PEN CAT Recipe to ensure correct data was extracted.
Study	Percentage of patients with FOBT screening status was significantly lower than expected.
Act	Data presented to practice team to discuss current screening rates and how to make improvements to screening rates.

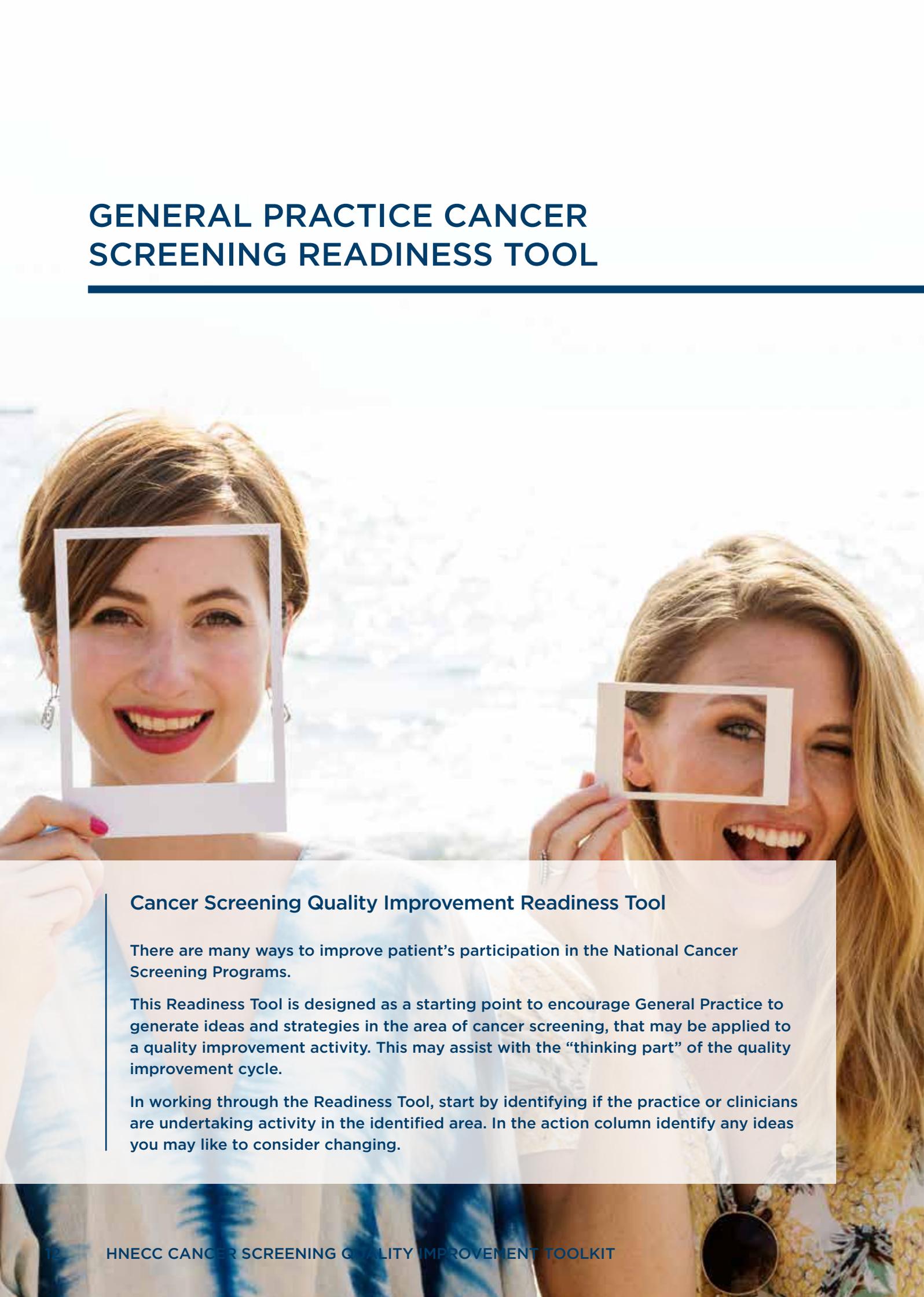


HELPFUL TIPS

- Utilise the General Practice Cancer Screening Quality Improvement Readiness Tool to assist identify ideas and areas for improvement.
- No PDSA cycle is too small; keep it simple.
- You may complete a series of PDSA cycles to achieve your goal. Results will be achieved through building on previous cycles.
- Set aside protected time to complete the agreed upon tasks.
- Document your PSDA cycles and present findings at team meetings.
- Improvement is a team effort.



GENERAL PRACTICE CANCER SCREENING READINESS TOOL



Cancer Screening Quality Improvement Readiness Tool

There are many ways to improve patient's participation in the National Cancer Screening Programs.

This Readiness Tool is designed as a starting point to encourage General Practice to generate ideas and strategies in the area of cancer screening, that may be applied to a quality improvement activity. This may assist with the “thinking part” of the quality improvement cycle.

In working through the Readiness Tool, start by identifying if the practice or clinicians are undertaking activity in the identified area. In the action column identify any ideas you may like to consider changing.

Cancer Screening Quality Improvement Readiness Tool

General Practice Name:	
Completed by:	
Well Women's trained Practice Nurse(s):	

Area: Cancer Screening Change Readiness	Yes/No	Action/Comment (what, when and who)
<p>1. There is an active focus on cancer screening (breast, bowel and cervical) e.g. discussed at practice meetings, reminder/recall systems, nominated clinician champions Breast <input type="checkbox"/> Bowel <input type="checkbox"/> Cervical <input type="checkbox"/></p>		
<p>2. You / your practice currently provide screening activities as per recommended National Screening Systems and clinical guidelines?" See addendum</p>		
<p>3. Within your patient population have priority populations been identified for each screening program? Review high risk and under screened populations at your practice: Aboriginal and Torres Strait Islander, CALD, young women aged 25 - 34, rural/remote and other under-screened women, high risk groups with family history of cancer (as per guidelines)</p>		
<p>4. Clinicians have indicated they would like to access education and training in relation to cancer screening? (See NHECCPHN education webpage) Breast <input type="checkbox"/> Bowel <input type="checkbox"/> Cervical <input type="checkbox"/> (Family Planning Well Women's Course)</p>		
Area: General Practice Systems	Yes/No	Action/Comment (what, when and who)
<p>1. You / your practice utilise a standard Family History template inclusive of cancer history? See addendum</p>		
<p>2. The "New patient form" requests consent for recalls (including cancer screening and SMS)</p>		

Area: General Practice Systems	Yes/No	Action/Comment (what, when and who)
<p>3. Regular data cleansing activities are undertaken to establish up to date lists (registers) of patients eligible for screening using CAT 4 or practice's EMR.</p> <p>Breast <input type="checkbox"/> Bowel <input type="checkbox"/> Cervical <input type="checkbox"/></p> <p>(allocated uniform clinical descriptors to identify cancer screening to support effective data extraction)</p>		
<p>4. Practice software is utilised for actions/prompts for the GP/Nurse to ask about routine cancer screening?</p> <p>Breast <input type="checkbox"/> Bowel <input type="checkbox"/> Cervical <input type="checkbox"/></p>		
<p>5. There are policies and procedures in place that include reminders and recalls for cancer screening?</p> <p>(review/develop policy for recall/reminders)</p>		
<p>6. The practice sends targeted reminders to patients (e.g. letters, SMS, email or phone calls) for routine cancer screening</p> <p>Breast <input type="checkbox"/> Bowel <input type="checkbox"/> Cervical <input type="checkbox"/></p>		
<p>7. Have you developed a workflow to manage and monitor cancer screening in you/your practice?</p> <p>Breast <input type="checkbox"/> Bowel <input type="checkbox"/> Cervical <input type="checkbox"/></p> <p>Designated roles have been allocated in workflows?</p>		
<p>8. The Practice is preparing for the New Cervical Screening Program (December 2017)?</p> <p>(Interim MBS item, Patient information and Clinician education)</p>		
<p>9. Clinicians receive NBCSP FOBT results electronically through Sonic?</p> <p>Phone: 1800957177</p>		
<p>10. Clinicians access HealthPathways and Patient Info for; clinical guidelines, assessment, management and referral information and patient information for cancer screening?</p>		

Area: Patient Centred Care	Yes/No	Action/Comment (what, when and who)
1. Cancer screening is identified in health assessments and opportunistically raised?		
Aboriginal and Torres strait Islander (715) Health Assessment		
45 - 49 year Health Assessment		
GP Management Plan		
2. The practice undertakes health promotion activities for cancer screening? (Patient information, location of BreastScreen sites and promotion of BreastScreen coming to a nearby location in rural areas, instructional videos for bowel screening etc.) Breast <input type="checkbox"/> Bowel <input type="checkbox"/> Cervical <input type="checkbox"/>		
3. Patients provided with quality information on cancer screening, utilising Patient info, including access to resources in other languages and for Aboriginal communities?		
4. Your practice routinely identifies Aboriginal patients?		
5. Your practice routinely identifies CALD patients/language spoken and utilises Telephone Interpreter Services where appropriate?		
6. Each clinician is registered for the National Translator and Interpreter Service? (www.tisnational.gov.au)		
7. Patient experience of cancer screening is measured? (Identify Patient reported outcome and experience measures for prevention in General Practice through patient feedback).		
Area for action (Go to PDSA template in your toolkit or see suggested PDSA activities)		
1.		
2.		
3.		
Cancer Screening Practice Team		
Clinical lead (GP):		
Administrative lead (PM/PS):		
Clinician involvement (GP/PN):		

Addendum

Breast Cancer Screening Clinical Guidelines

<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/health-professionals-2>

<http://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/93-breast-cancer/>

Bowel Cancer Screening Clinical Guidelines

Clinical practice guidelines for the prevention, early detection and management of colorectal cancer 2017

https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer

<http://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/92-colorectal-cancer/>

https://hne.healthpathways.org.au/17273.htm?zoom_highlight=bowel+screening

National Cervical Screening Program:

Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding.

https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening
Click here

RACGP Family History

<https://www.racgp.org.au/your-practice/guidelines/redbook/appendices/appendix-2a-family-history-screening-questionnaire/>

HNECC PHN Cancer Screening Handbook

Speak to your Practice Support and Development Officer for your copy.

CHANGE IDEAS TO CONSIDER

The following ideas are suggestions only, with the concept adaptable across the three screening areas (breast, bowel and cervical).

Idea: Encourage person centred care by encouraging women to discuss screening with their GP.

- Display BreastScreen promotional material in the waiting room.
- Have the Reception team give eligible women a flyer asking them when they last screened - the women then take the flyer into their appointment with them, opening the door for a discussion with their Doctor or Nurse about screening.

Idea: Engaging the General Practice Team- Develop and maintain an effective recall and reminder system: staff education

There is often a lot of work that needs to be done to improve how practices use software to maintain effective recall and reminder systems. Staff education is the first step towards improvement. Ask your Practice Support and Development Officer to provide a short information session to staff and provide “Cancer Screening Reminder and Recall” resource manuals.

Idea: Appoint a staff member who is responsible for creating and maintaining a database/ screening register, add this role to their job description.

This staff member may become the Practice Cancer Screening Champion. Providing professional development opportunities to this staff member will assist with rewarding and recognising this person’s contribution to the team.

Idea: Have a team meeting to brainstorm how recall and reminder systems could improve income generation and patient care (e.g. by linking multiple recalls such as cancer screening recall, GP Management Plans, Health Assessments etc together)

Dedicate some time at a staff meeting to discuss how health assessments can include cancer screening prompts. Review health assessment templates to ensure that breast, bowel and cervical screening questions are included.

Idea: Draft a written procedure for recall and reminder systems.

If your Practice has a policy/procedure for recalls and reminders, check that there is a process for management of cancer screening. If there is not a current policy, contact GPA or AGPAL as a starting point to generate conversation and development of a policy.

Idea: Send BreastScreen reminder letter to eligible patients due for screening.

- Following the establishment of your breast screen patient register, identify patients due for screening.
- BreastScreen suggests two key times where Practice reminders can really value add:
 1. For women who have never screened
 2. On a woman’s actual re-screen due date.
- Utilise the suggested template reminder letter available through your Practice Support and Development Officer.
- Consider underscreened women and women aged 50 - 54 year old.

RESOURCES FOR UNDERTAKING QUALITY IMPROVEMENT



QUALITY IMPROVEMENT: GOAL SETTING

Ask the three questions:

1. What are we trying to accomplish? By answering this question, you will develop your goal for improvement.	
2. How will we know that a change is an improvement? By answering this question, you will develop measures to track the achievement of your goal.	
3. What changes can we make that can lead to an improvement? List your ideas for change By answering this question, you will develop the ideas you would like to test towards achieving your goal.	
Idea 1.	
Idea 2.	
Idea 3.	
Idea 4.	
Idea 5.	

QUALITY IMPROVEMENT: ACTION WORKSHEET

Plan, Do, Study, Act

Please complete a new Worksheet for each change idea you have documented on the previous page.

Where there are multiple change ideas to test, please number the corresponding worksheet(s).



Idea	Describe the idea you are testing.
Plan	Must include what, who, when, where, predictions & data to be collected.
	What:
	Who:
	When:
	Where:
	Data to collect/record:
Do	Was the plan executed? Document any unexpected events or problems.
Study	Record, analyse and reflect on the results.
	Extract same data to measure for improvement:
Act	What will you take forward from this cycle (next step or next PDSA cycle)

MEASURING SUCCESS

The overall aim of undertaking a cancer screening quality Improvement activity is to increase participation in screening.

Choosing an activity/idea to explore will have its own measure of success. It is important to identify in each activity what you are wanting to change and how you will know WHEN the change has occurred. This is identified in Question 2.

Applying a SMART (Specific, Measurable, Achievable, Realistic and Time framed) goal setting process will assist you.

- **Specific.** Goals that are too vague and general are hard to achieve, for example 'be a better parent'. Goals that work include specifics such as 'who, where, when, why and what'.
 - **Measurable.** Ideally goals should include a quantity of 'how much' or 'how many' for example drinking 2 litres of water per day. This makes it easy to know when you have reached the goal.
 - **Achievable.** Goals should be challenging, but achievable. Goals work best when they are neither too easy or too difficult.
- In many cases setting harder goals can lead to better outcomes, but only as long as the person has the ability to achieve it. Setting goals which are too difficult can be discouraging and lead to giving up altogether.
- **Relevant.** The goal should seem important and beneficial to the person who is assigned the goal.
 - **Time-related.** 'You don't need more time, you just need a deadline'. Deadlines can motivate efforts and prioritise the task above other distractions

When reflecting on the Bowel Cancer Screening Activity identified on page 11, where you have undertaken a data analysis utilising PEN CAT. This has shown the percentage of active patients that have a bowel screening participation status (FOBT) recorded. This forms your baseline measure.

The next step is to decide on an activity and set a goal. For this example, you may like to set a goal to increase recording of bowel screening status participation by 5%. When this has been implemented, within a set time frame, you can then repeat the data analysis to see the change in status has increased.

³Health Direct November 2016 <https://www.healthdirect.gov.au/smart-goals>



Example:

Practice X has 600 male and female patients aged between 50 - 74. Of these patients, following the use of PEN CAT 200 males and females in this age group have a record of FOBT screening.

Numerator The number of male and female patients aged 50 - 74 years, with 3 or more visits in the previous 2 years, who have an FOBT result/record in the last 2 years

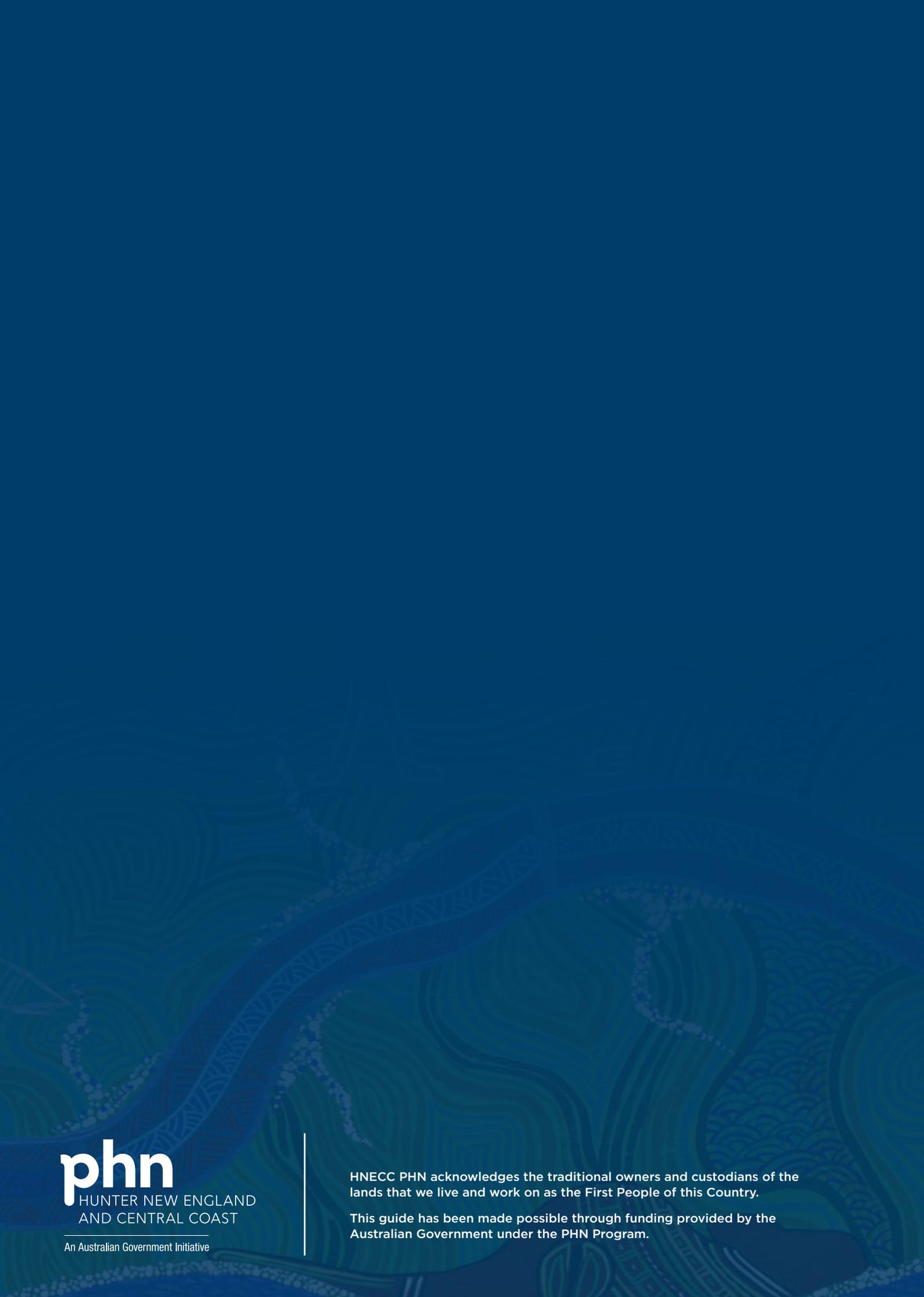
Denominator The number of active male and female regular clients aged 50 - 74 years

$$\frac{\text{Numerator } 200}{\text{Denominator } 600} = 30\%$$

Practice X then decides as a QI activity to undertake a data cleansing and improvement activity for bowel screening. The measurement of change will be the increase in FOBT recording of 5%. This could be a measure after 3 months as this is a measurement of data management and system change.

MEASUREMENT FOR CANCER SCREENING

Cervical Screening Measure: Pap test	
Numerator	The number of female clients, aged 20 - 69 years, with 3 or more visits in the past 2 years, who have not had a hysterectomy, who have had a cervical screen within the previous 2 years
Denominator	The number of female clients, aged 20 - 69 years, with 3 or more visits in the previous 2 years, who have not had hysterectomy
Cervical Screening Measure after the Renewal (1st December): HPV or Pap test	
Numerator	The number of female regular clients, aged between 25 - 70 years (inclusive), with 3 or more visits within the previous 2 years, who have not had a hysterectomy, and who have had a Pap test or a HPV test within the previous: 2 years (Pap test) OR 5 years (HPV test)
Denominator	The number of female regular clients aged 25 - 70 years (inclusive), with 3 or more visits within the previous 2 years, who have not had a hysterectomy
Bowel Screening Measure:	
Numerator	The number of male and female patients aged 50 - 74 years, with 3 or more visits in the previous 2 years, who have an FOBT result/record in the last 2 years
Denominator	The number of active male and female regular clients aged 50 - 74 years
Breast Screening Measure:	
Numerator	The number of active female clients, aged 50 - 74 years, who have had a bilateral breast screening mammogram within the previous 2 years
Denominator	The number of active male and female regular clients aged 50 - 74 years

The background of the page is a solid dark blue color. Overlaid on this is a faint, large-scale Aboriginal art pattern. The pattern consists of various geometric shapes, including circles, lines, and zig-zags, arranged in a way that suggests a landscape or a traditional design. The pattern is rendered in a lighter shade of blue, creating a subtle texture across the entire page.

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative

HNECC PHN acknowledges the traditional owners and custodians of the lands that we live and work on as the First People of this Country.

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