

## Continuous Quality Improvement (CQI) – Identifying patients eligible

## for Bowel Screening using CAT4 with BP Premier Clinical Software

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| **CQI steps** | | **Ask-Do-Describe** | |
| **Data report 1 - baseline** | **First CQI meeting** | **Why do we want to change?** | |
| * Gap | Low participation rates for bowel screening in Gold Coast region compared to State and National averages |
| * Benefits | Population-based screening using immunochemical Faecal Occult Blood Test (iFOBT) is the best early detection method available for reducing deaths from bowel cancer. |
| * Evidence | Cancer screening programs are designed to reduce morbidity and mortality from selected cancers, targeting specific populations where evidence shows it to be effective.  The National Bowel Cancer Screening Program (NBCSP) aims to reduce deaths from bowel cancer by detecting the early signs of disease [(Department of Health, 2020)](https://www.health.gov.au/initiatives-and-programs/national-bowel-cancer-screening-program). iFOBT is the most effective population screening tool for detecting early signs of bowel cancer [(Cancer Council, 2020).](https://www.cancer.org.au/cancer-information/causes-and-prevention/early-detection-and-screening/bowel-cancer-screening?gclid=CjwKCAjw_Y_8BRBiEiwA5MCBJncpd4S3J45dCZqbm4c0TmdiRHQXYrPM0QkArqIq_VnjCSbp9jiAPhoCFTwQAvD_BwE)  Bowel (or colorectal) cancer causes the second highest number of cancer deaths in Australia. However, approximately 90% of bowel cancer cases are cured if detected early [(Cancer Council, 2020).](https://www.cancer.org.au/cancer-information/causes-and-prevention/early-detection-and-screening/bowel-cancer-screening?gclid=CjwKCAjw_Y_8BRBiEiwA5MCBJncpd4S3J45dCZqbm4c0TmdiRHQXYrPM0QkArqIq_VnjCSbp9jiAPhoCFTwQAvD_BwE)  Cancer Council Australia recommends that Australians aged 50-74 complete a iFOBT every two years [(Cancer Council, 2020).](https://www.cancer.org.au/cancer-information/causes-and-prevention/early-detection-and-screening/bowel-cancer-screening?gclid=CjwKCAjw_Y_8BRBiEiwA5MCBJncpd4S3J45dCZqbm4c0TmdiRHQXYrPM0QkArqIq_VnjCSbp9jiAPhoCFTwQAvD_BwE)  A 2014 study found that people who were invited to screen through NBCSP had 15% less risk of dying from bowel cancer and were more likely to have less-advanced bowel cancers when diagnosed, than people who were not invited [(GCPHN Cancer Needs Assessment, 2019)](https://gcphn.org.au/wp-content/uploads/2020/05/3.3-Cancer.pdf).  In 2016 -2017, there was a lower rate of participation in the NBCSP for Gold Coast residents aged 50-74 years (39.2%) when compared to both Queensland (40.8%) and national (41.3%) rate [(GCPHN Cancer Needs Assessment, 2019)](https://gcphn.org.au/wp-content/uploads/2020/05/3.3-Cancer.pdf).  In 2020, it is estimated that approximately over 7,000 people aged between 50 and 74 will be diagnosed with bowel cancer and over 1,900 people in this age group will die from this disease [(AIHW, 2020).](https://www.aihw.gov.au/getmedia/da6be503-6185-4b05-9724-953f81ad31de/aihw-can-133.pdf.aspx?inline=true)  Although it has been suggested that the COVID-19 pandemic has not had a direct effect on bowel cancer screening, the number of tests returned was at times lower in 2020 compared to 2019 [(AIHW, 2020).](https://www.aihw.gov.au/reports/cancer-screening/cancer-screening-and-covid-19-in-australia/contents/did-fewer-people-screen-for-cancer-during-the-covid-19-pandemic) |
| **What** do we want to change? | |
| * Topic | Bowel cancer screening promoted and discussed with the proportion of eligible patients |
| * Scope | All patients eligible for bowel cancer screening |
| **How much** do we want to change? | |
| * Baseline | To be determined from [CAT4 Recipe – Bowel Cancer Screening Participation Rate](https://help.pencs.com.au/display/CR/Bowel+Cancer+Screening+Participation+Rate) |
| * Sample | All patients eligible for recommended bowel cancer screening |
| * Target | Discuss and inform proportion of eligible patients on appropriate cancer screening. Increased proportion of eligible patients in practice population screened for bowel cancer |
| * Preparedness | All staff believe this is a priority activity for the practice and their patients |
| **Who** are involved in the change? | |
| * Leads   Contributors | Practice Manager/Lead GP  GPs/Practice Nurses/Receptionists |
| * External | PHN Practice Support |
| **When** are we making the change? | |
| * Deadlines | Baseline data report generated (date)  Implementation between (date range)  Review meeting (date) |
| **How** are we going to change? | |
| * Potential solutions | * Identify eligible patients from CAT4 recipe * View/access your eligible patients screening history through either of the following: * The National Cancer Screening Register (NCSR) through the Healthcare Provider Portal in PRODA – [Healthcare Provider Portal User Guide](https://www.ncsr.gov.au/content/ncsr/en/healthcare-providers/RegisterAccess/hcp-portal-user-guide.html#patient-results) * NCSR Hub through BP Premier – [Using the NCSR Hub in Bp Premier](https://kb.bpsoftware.net/bppremier/saffron/ThirdPartyInterfaces/NCSR/UsingNCSR.htm) * Contacting the NCSR via phone – [NCSR Contact Us](https://www.ncsr.gov.au/content/ncsr/en/contact-us.html#:~:text=Any%20information%20relating%20to%20future,centre%20on%201800%20627%20701.) * Promote Bowel Screening via SMS alerts, posters and pamphlets * Flag eligible patients with GP and RN to discuss and promote screening and show patients how to use iFOBT kit * Promote participation in program to patients aged 49 identified using CAT4 * All screening results entered into clinical software and reminders set for two years for next bowel screen |
| * Select | Combination of all five options was selected |
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| * **Implementation** | | * Implement | 1. *Whole team approach and define responsibilities for actions* 2. *Generate patient list from* [*CAT4 Recipe – Bowel Cancer Screening Participation Rate*](https://help.pencs.com.au/display/CR/Bowel+Cancer+Screening+Participation+Rate) 3. *View/access your eligible patients screening history through either of the following:*  * *The NCSR through the Healthcare Provider Portal in PRODA –* [*Healthcare Provider Portal User Guide*](https://www.ncsr.gov.au/content/ncsr/en/healthcare-providers/RegisterAccess/hcp-portal-user-guide.html#patient-results) * *NCSR Hub through Bp Premier –* [*Using the NCSR Hub in Bp Premier*](https://kb.bpsoftware.net/bppremier/saffron/ThirdPartyInterfaces/NCSR/UsingNCSR.htm) * *Contacting the NCSR via phone –* [*NCSR Contact Us*](https://www.ncsr.gov.au/content/ncsr/en/contact-us.html#:~:text=Any%20information%20relating%20to%20future,centre%20on%201800%20627%20701.)  1. *List provided to receptionist/RN to set reminders for RN’s and GP’s to discuss bowel screening* 2. *Enter patients Bowel Screening Test Result in clinical software (*[*Best Practice*](https://trainitmedical.com.au/wp-content/uploads/2017/03/Bp-Enter-Bowel-Screening-Result-Train-IT-Medical.pdf)*)* 3. *Monitor participation using excel spreadsheet and/or CAT4* |
| * Record, share | [*CQI Practice initial and final meeting minutes*](https://gcphn.org.au/wp-content/uploads/2020/02/CQI-Practice-Meeting-Template.docx) |
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| **Data Report 2**  **Comparison** | **Final CQI meeting** | **How much** did we change? | |
| * Performance | *Did you achieve your target?*  *If not, identify why not.* |
| * Worthwhile | *Was the effort to complete the improvement activity worth the outcome?*  *Did the team value the improvement activity?* |
| * Learn | *What lessons learnt could you use for other improvement activities?*  *What worked well, what could have been changed or improved?* |
|  | **What next?** | |
| * Sustain | *Implement new processes and systems into business as usual* |
| * Monitor | *Review CAT4 data report monthly/quarterly and initiate corrective measures as required* |