

## Continuous Quality Improvement (CQI) Identifying patients eligible for BreastScreen using CAT4

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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 breast screening in Gold Coast region compared to State and National averages |
| * Benefits
 | Population-based screening using mammography is the best early detection method available for reducing deaths from breast 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 breast cancer program aims to reduce morbidity and mortality by utilising screening mammography for early detection of unsuspected breast cancer in women [(AIHW, 2020).](https://www.aihw.gov.au/reports/cancer-screening/national-cancer-screening-programs-participation/contents/breastscreen-australia) Mammography is the best recommended screening tool for early detection of breast cancer [(Cancer Council, Breast Cancer Screening, 2020).](https://www.cancer.org.au/cancer-information/causes-and-prevention/early-detection-and-screening/breast-cancer-screening)Breast cancer is the most common cancer affecting women; however, it can also affect a small number of men each year. It is the second largest cause of death from cancer in Australian women after lung cancer [(Cancer Council, Breast Cancer Screening, 2020).](https://www.cancer.org.au/cancer-information/causes-and-prevention/early-detection-and-screening/breast-cancer-screening) BreastScreen Queensland recommends and actively encourages women aged between 50 and 74 years to have regular breast screens every two years. Women in their 40s and over 75 years are also eligible to have free breast screening if they choose, however, they are not actively encouraged to screen as evidence has shown benefits of screening to be less clear in those age groups [(BreastScreen Queensland, 2020).](https://www.breastscreen.qld.gov.au/who-is-eligible.asp)From 2012 to 2016, in the Gold Coast region Breast Cancer caused 353 deaths at a rate of 19.9 deaths per 100,000 females compared to the national rate of 20.1. It was the 6th leading cause of death for Gold Coast women [(GCPHN Cancer Needs Assessment, 2019)](https://gcphn.org.au/wp-content/uploads/2020/05/3.3-Cancer.pdf).The rate of women aged 50-74 years participating in BreastScreen Australia screening services in 2016-17 on the Gold Coast (53.5%) was lower than rates in Queensland (55.1%) and the national rate (54.5%). National and Gold Coast screening rates vary by age across the target age range of 50-74 years—rates are lowest in women aged 50-54 years (49.4%) and highest in 65-69 years (59.7%) [(GCPHN Cancer Needs Assessment, 2019)](https://gcphn.org.au/wp-content/uploads/2020/05/3.3-Cancer.pdf).BreastScreen services were temporarily suspended from 25 March 2020 to protect clients, staff and the community from the risk of COVID-19. The number of screening mammograms performed through BreastScreen Australia significantly declined as the COVID-19 pandemic worsened and tighter restrictions were put in place. While more than 70,000 screening mammograms were conducted in March 2020 by BreastScreen Australia, this had fallen to just over 1,100 in April [(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). It is estimated that Breast Cancer will become the most commonly diagnosed cancer in 2020 [(AIHW, 2020).](https://www.aihw.gov.au/reports/cancer-screening/national-cancer-screening-programs-participation/contents/breastscreen-australia)  |
| **What** do we want to change? |
| * Topic
 | The proportion of eligible patients offered breast cancer screening  |
| * Scope
 |  All women eligible for breast cancer screening  |
| **How much** do we want to change? |
| * Baseline
 | To be determined from [CAT4 Recipe – Breast Cancer Participation Rate](https://help.pencs.com.au/display/CR/Breast%2BCancer%2BParticipation%2BRate) |
| * Sample
 | All women eligible for recommended breast cancer screening  |
| * Target
 | Proportion of eligible women in practice population are offered appropriate cancer screening. Increased proportion of eligible women in practice population screened for breast 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 GPGPs/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)
* 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 Breast Screening via SMS alerts, posters and pamphlets
* Flag eligible patients and book with GP and RN
* Review current appointments for the week and consider opportunistic cancer screening with eligible patients.
* All screening results entered into clinical software and reminders set for two years for next breast screen
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| * 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 – Breast Cancer Participation Rate*](https://help.pencs.com.au/display/CR/Breast%2BCancer%2BParticipation%2BRate)
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)
* *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 to add a recall for patients and/or flag eligible patients to maximise opportunistic breast screen tests*
2. *Enter patients Breast Screening Test Result in clinical software (*[*Best Practice*](https://trainitmedical.com.au/wp-content/uploads/2017/03/Bp-Enter-Mammogram-Screening-Result-Train-IT-Medical-1.pdf)*) ([MedicalDirector](https://trainitmedical.com.au/wp-content/uploads/2017/03/MD-Enter-Mammogram-Screening-Result-Train-IT-Medical.pdf))*
3. *Monitor participation using excel spreadsheet and/or CAT4*
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| * 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* |