



GENERAL PRACTICE

# QUALITY IMPROVEMENT TOOLKIT

## THE CERVICAL SCREENING TOOLKIT

A practical guide to increase cervical screening participation as a CQI activity for PIP QI and CPD purposes.

**phn**  
GOLD COAST

An Australian Government Initiative



---

***Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.***

---

**Artwork: Narelle Urquhart. Wiradjuri woman.**

Artwork depicts a strong community, with good support for each other, day or night. One mob.

## Gold Coast Primary Health Network

ABN: 47 152 953 092

Level 1, 14 Edgewater Court, Robina 4226  
PO Box 3576 Robina Town Centre Qld 4230  
t 07 5635 2455 | f 07 5635 2466

[info@gcphn.com.au](mailto:info@gcphn.com.au) | [www.gcphn.org.au](http://www.gcphn.org.au)

# THE CERVICAL SCREENING TOOLKIT

## CONTENTS

About the Cervical Screening CQI Toolkit	3
Aim of the Toolkit	3
Benefits of the Toolkit	3
How to use the Toolkit	4
Step 1: Planning and preparation	4
Step 2: Use data to set goals and identify suitable patients	6
Step 3: Implement improvement actions	8
Step 4: Regularly review your CQI activity	10
Step 5: Sustain and maintain improvements	10
Step 6: Document your CQI activity	11
Additional support and information	12
Other GCPHN Toolkits	13
Appendix	13

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage arising from the use of or reliance on the information provided herein.

The information in this toolkit does not constitute medical advice and Gold Coast PHN accepts no responsibility for the way in which information in this toolkit is interpreted or used.

Unless otherwise indicated, material in this booklet is owned by Gold Coast PHN. You are free to copy and communicate the work in its current form, as long as you attribute Gold Coast PHN as the source of the copyright material.

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Gold Coast PHN if you have any feedback regarding the content of this document.



**Australian Government**

**phn**  
GOLD COAST

An Australian Government Initiative

# ABOUT THE CERVICAL SCREENING TOOLKIT

Cervical Screening as a CQI activity aims to increase participation of eligible female patients in cervical screening, to reduce morbidity and mortality.

Cancer screening is a cost-effective and valuable population health intervention. However, its full benefits are constrained because of relatively low patient participation rates. Participation rates for The National Cervical Screening Program at a National level in Australia is currently 46%, with participation rates for the Gold Coast region currently at 46% (Australian Institute of Health and Welfare, National Cancer Screening Programs participation data, 2018-19).

This Toolkit provides a practical guide for general practice teams. It describes how to successfully increase Cervical Screening in a practice as a CQI activity, and for PIP QI and CPD purposes. It provides educational and CQI resources, guides, and templates to support increased patient participation in screening

## AIM OF THE TOOLKIT

---

*To provide a simple and practical guide for general practices to increase cervical screening participation as a CQI activity.*

---

The Toolkit supports general practice teams to:

- Successfully implement cervical screening as a CQI activity.
- Make best use of practice data.
- Document the increase of cervical screening participation as a CQI activity.
- Use the CQI activity for PIP QI and CPD purposes.
- Make measurable and sustainable improvements in a feasible manner to patient care.
- Increase knowledge of CQI principles and practical application.

## BENEFITS OF USING THE TOOLKIT

The toolkit provides:

- A structured, easy and quick approach to implement quality improvement activities.
- A step by step guide.
- Suggestions to identify suitable patients using data extraction tools.
- Links to prefilled templates and resources.
- Flexibility: activities can be started at any time of the year, and practice teams decide whether to implement a single improvement intervention, or a bundle of interventions.
- This Toolkit is especially relevant to the Gold Coast context, because it was developed by GCPHN staff, in consultation with the Primary Health Care Improvement Committee.

# HOW TO USE THE TOOLKIT

There are six steps to implement Cervical Screening as a CQI activity

STEP 1 Planning and preparation

STEP 2 Use data to set goals and identify suitable patient

STEP 3 Implement improvement actions

STEP 4 Regularly review your CQI activity

STEP 5 Sustain and maintain improvements

STEP 6 Document your CQI activity



## STEP 1 PLANNING AND PREPARATION

### 1.1 TEAM MEETINGS

- To meet [PIP QI requirements](#), you must demonstrate that you have undertaken your CQI activity as a team.
- It is important at the beginning of the CQI activity to arrange a practice meeting to agree, plan and prepare for its implementation. If it is not possible to have the whole team meet, each staff group should be represented. As a minimum, this would include a GP, the practice manager, a member of the administrative team and a practice nurse. In smaller practices, the same individual may have more than one role.
- You should continue to meet regularly to plan and review your CQI activities. It is especially important to meet at the conclusion of the activity and finalize the documentation.
- Meetings can be virtual or in person and can be scheduled at any time that suits the team, i.e. during or outside normal working hours.
- Practical considerations for your meetings:
  - o You could add CQI as a standing agenda item on your usual team meetings; or you could set up specific meetings for this purpose.
  - o Schedule meetings with advance notice to ensure key team members can attend
  - o Examples of practice meetings and templates are available [online](#).
  - o Ensure that you have access to CAT4 or other practice data during meetings to inform your discussions and to support your planning and review of your CQI activity.
  - o Consider using a [CQI activity template](#) during meetings to help guide the discussion and to document your plan, progress and learning. There is also a [guide](#) to assist completing this.



*TIP - Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity.*

## 1.2 AGREE CQI ROLES AND RESPONSIBILITIES

- It is important to define and delegate specific roles and responsibilities in the team. Potential roles or different team members are included as an Appendix.
- Consider in your team who has the skills and ability to complete each task. You could ask staff to gauge their confidence out of 10 to complete an allocated task- this can help identify learning needs.
- Ensure all team members have access to the PenCS suite and the CAT Plus data tool to allow development of prompts for care action items.
- Identify and meet the training and education requirements of team members to fulfil their CQI role.
- Remember to share your CQI plan (template) with the whole practice team to ensure that everyone is aware of the activity and their roles and responsibilities.



*Training resources for CAT Plus are available online*

- [PenCS CATPlus For New Users](#)
- [PenCS Stand up to Cancer Toolkit](#)
- [Identifying eligible female patients for cervical screening](#)

## 1.3 SET REALISTIC TIMELINES

- It is important to specify the specific steps of your Cervical Screening CQI Activity and estimate how long each one will take to complete. It is also important to agree dates in advance when progress will be reviewed.
- Allow some flexibility with the timelines and expect and plan for delays. Some of the factors to consider when you set your timelines include:
  - o Where you are in the cycle of accreditation
  - o Staff leave and capacity
  - o Seasonal priorities and anticipated workload, i.e. the winter period tends to be particularly busy



***Internal factors you control:***  
*Develop a calendar of known periods of specific activity to align with CQI focus to support proactive planning.*  
*Example – Women’s Health Week, Cervical Cancer Awareness week.*

***External factors and factors outside your control:***  
*Ensure disaster management plans and business continuity plans are up to date and all staff are aware of their roles and responsibilities*

# STEP 2 USE DATA TO SET GOALS AND IDENTIFY SUITABLE PATIENTS

## 2.1 CURRENT PERFORMANCE AND FUTURE GOALS

- Ask the following questions to assess current and future performance using your practice data:
  - o What is the current level of performance in the practice?
  - o If there is an opportunity to improve performance? If so, by how much? Express your goal or target as a number or percentage.
  - o Is your target realistic? It is seldom possible to achieve 100% performance; most practice teams can achieve a 25 to 50% improvement in performance or reduce the gap between their current and desired performance by 25 to 50% with concerted effort.
  - o How long will it take to achieve this goal?
- A CQI activity is simply a structured, focused and co-ordinated attempt to close the quality gap between your current, baseline performance and a desired outcome or level of performance in the future.
- Practice teams that set SMART goals are more likely to be successful. The acronym SMART describes some of the desired characteristics of a goal: specific, measurable, achievable, relevant and timed.
- Two examples are provided to illustrate the difference between SMART and non-SMART goals.



### *SMART goal example*

*Practice A decides to increase the participation rates of eligible female patients for cervical screening from 40% (current performance) to 50% (goal) over a 12-week period. They calculate that they will need to screen 50 patients to achieve their goal. They will achieve this goal by screening 5 patients a week. This provides them with a small buffer of time. They also agree to review their progress every four weeks.*



### *Non-SMART goal example*

*Practice B decides to increase the participation rates of eligible female patients for cervical screening. They agree that their GPs and practice nurse will identify patients during their routine work and see how they go in a few weeks.*

## 2.2 DATA EXTRACTION AND ANALYSIS TOOLS (CAT PLUS)

- The data tool available in the Gold Coast that will support cervical screening CQI activities is CAT Plus. GCPHN subsidises the licence for Gold Coast general practices to access the CAT Plus data tool at no cost to the practice.
- The quality of your practice data, and whether the data is used to inform improvement, are more important considerations than which tool you use.
- Using a data extraction and analysis tool helps you to use your practice data in a meaningful manner. The main applications of data tools in CQI activities are to:
  - o Establish your performance baseline.
  - o Compare your performance with the performance of your peers (optional).
  - o Identify specific groups of patients – also referred to as samples of patients – who may benefit from being included in a CQI. The best data tools have the capability to generate lists with the names and information of all the patients in your sample.
  - o Track your progress towards your goal over the course of the CQI activity.



*TIP - collecting, analysing and sharing aggregated practice data are **PIP QI requirements***

## 2.3 SELECT A SAMPLE OF PATIENTS

- CAT Plus will provide you with an overview of your practice performance and the characteristics of your practice population. It also enables you to select and focus on a specific group or sample of patients.
- It is important to direct your improvement efforts at those patients who are most likely to benefit from them. The next step is therefore to identify a suitable group (sample) of patients eligible for cervical screening. Potential patient groups could be:
  - Patients aged 25 -26 years who have recently entered the National Cervical Screening Program.
  - Patients aged 70-74 years who are exiting the National Cervical Screening Program.
  - Patients overdue for cervical screening.
- Selecting a suitable sample and picking the right sample size can be challenging decisions for many practice teams. Contact your PHN Primary Care Improvement Team if you would like to discuss this further.
- Feasible samples are typically between 50 and 100 patients. Larger and more ambitious practice teams may opt to increase the size of their sample further. Smaller sample sizes are acceptable if the practice is implementing bundles of interventions, and interventions are particularly intensive.
- GCPHN have developed prefilled [templates](#), practical examples and resources that explain how to use CAT Plus to select samples of patients for a Cervical Screening CQI activity and provide examples of which patients may be particularly suitable for inclusion.

For Cat Plus users the following CAT4 recipes may be relevant

- [Identifying eligible female patients for cervical screening](#)
- [Patients 27 and older with a previously recorded Pap/CST who are due to return to cervical screening in the next three months](#)
- [Quality Improvement Measure – Cervical Screening](#)
- [Cervical Cancer Participation Rate](#)



***TIP - sample and sample size** are the number of patients you select for a CQI activity.  
**Sampling** is the process of selecting suitable patients.  
**Sampling strategy** is how you choose patients; this is your decision*



## STEP 3 IMPLEMENT IMPROVEMENT ACTIONS

### 3.1. AGREE SPECIFIC IMPROVEMENT ACTIONS

- It is important to set a SMART goal and identify a sample of patients. It is equally important to decide what improvement actions or interventions will be required to reach your goal. In other words, what is it that needs to be done for every patient in your sample?
- Decide whether your CQI activity requires a single intervention or multiple interventions. Your CQI activity focus:
  - Primary focus on Cervical Screening
  - Cervical Screening as well as opportunistic screening for Breast and Bowel Cancer.
- Consider creating [Top Bar](#) prompts to automatically flag patients in the sample.
- Consider patient engagement/experience and activation (communication and feedback). A practical example of this is to add questions to your accreditation survey and offer survey participation to the patients in the CQI sample.



*TIP - A **care bundle** is a set or number of interventions that, when used together, synergistically improve patient outcomes.*



*TIP - Choose one distinct area to start: Define cervical screening patient sample and have conversations regarding bowel and breast screen for eligible patients*

### 3.2 EXAMPLES OF IMPROVEMENT ACTIONS IN A CERVICAL SCREENING CQI ACTIVITY

Examples of improvement actions in a Cervical Screening CQI activity

- Use data to identify female patients eligible for cervical screening.
- Develop and promote consumer information for cervical screening, you may consider posters in waiting room and ladies bathroom.
  - Jean Hailes Fact Sheet - [Cervical Screening Test](#)
  - Queensland Health Poster - [Over 50? Cancer Screening is for you!](#)
- Use your practice reminder system to ‘flag’ patients with missing cancer screening items of care. Whenever possible, reminders should also be added during patient appointments.
- CQI activity examples for CAT4 users:
  - [Identifying patients eligible for Cervical Screening](#)
  - [Additional resources available for breast and bowel screening](#)

#### Examples of potential Cervical Screening improvement actions

The following list of potential improvement actions is not exhaustive or mandatory and are provided as examples. Every practice team should select their own improvement actions and decide which they would like to include:

- Data quality improvement:
  - Consider implementing or reviewing current database management and cleansing processes to maintain your clinical software with an “active” database (RACGP reference 3 visits in 2 years) or using the active patient filter
  - Contacting the National Cancer Screening Register (NCSR) via phone to access patient screening history
  - Accessing the [NCSR through the Healthcare Provider Portal](#) to enable providers to access and submit cervical screening data electronically.
  - [Access the NCSR via compatible clinical systems \(Best Practice/Medical Director\).](#)

- o Enter cervical screening result in clinical software systems to ensure the outcome of an accurate and cervical screening clinical record. ([MedicalDirector](#)) ([Best Practice](#))
- Create a feasible sample of patients, typically between 50 and 100 patients. Creating manageable sample of patients initially allows you to create a business as usual process for cervical screening in the practice. For example, this could be created with the following target groups:
  - o 25 year age group, entering the National Cervical Screening Program
  - o 45-49 age group, to be included with the 45-49 Health Assessment
  - o 70-74 age group, exiting the National Cervical Screening Program
- Opportunistic conversations with eligible patients that present to GP/Practice Nurse for other health concerns
- Following up cervical screening status when new mothers present to GP/Practice Nurse for post-natal visits and scheduling screening appointment and/or adding potential recall
- Patient education on including their regular GP on pathology form if cervical screening is completed elsewhere.
- Upload Shared Health Summary to My Health Record when cervical screening completed
- Review cervical screening status with over 75 Health Assessment to ensure exit screen has been completed
- Incorporate cervical screening into the 45-49-year-old health assessment
- Adding date of last cervical screening to new patient questionnaire and adding recall and reminders into clinical software system

### MBS items to support implementation

- GP management plan
- Team Care Arrangements
- GPMP/TCA review
- 45-49 Health Assessment
- Aboriginal and Torres Strait Islander people's Health assessment

***TIP** - GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.*



## STEP 4 REGULARLY REVIEW YOUR CQI ACTIVITY

- It is important to monitor your progress regularly.
- During the planning and preparation step you would have identified the timelines and activity review points which should now be implemented.

### Practical considerations:

- Set the frequency of CQI progress reviews according to the timeline of your activity. For example, it would be reasonable to check the progress of a 6-month activity every 1-2 months. Use your practice data at each checkpoint (review) to determine your progress towards your goal. Remember to check that the data corresponds with the period being review. Some data extraction tools have a lag between current and past performance.
- Use your practice data at each checkpoint (review) to determine your progress towards your goal. Remember to check that the data corresponds with the period being review. Some data extraction tools have a lag between current and past performance.
- Identify the barriers or challenges (if any) to your progress during the reviews. Consider whether and what corrective actions to take.
- The following questions may be helpful to work through during your CQI activity reviews:
  - o Successes- what has worked well so far?
  - o What were the challenges and barriers?
  - o Were you able to overcome the challenges and barriers?  
If not, what do you need to do next?
  - o If you were able to overcome challenges or barriers, what did you learn, and how can you use that in future?
- During the final review meeting, when you conclude your CQI activity, it is important to consider and document:
  - o What worked well?
  - o What could have worked better?
  - o What were your learning points, learning needs and were learning needs met?
  - o What changes did you make to your practice policies and procedures or systems because of this CQI activity (if any)?

## STEP 5 SUSTAIN AND MAINTAIN IMPROVEMENTS

- Once performance has been improved, it usually requires regular reviews to maintain the gains.
- It is therefore important to establish a reliable procedure to ensure your improved performance is sustained.
- New processes that are developed need to be documented and communicated to the wider team to ensure ongoing implementation is achieved.
- Agree the intervals at which you will review your performance relating to this activity, decide who will be responsible for the review, and the actions that will be taken if performance falls short of your new standard. Policy and procedure manuals should be updated to reflect system change and improvement and shared with the practice team.
- Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective e.g. Breast Screening, Bowel Screening.
- Share your CQI activity, its successful outcomes and learning points with everyone in the practice team.



*Ensure to continue to review progress throughout activity. Setting timepoints to review progress is important to see that you are on track to reach your target.*

## STEP 6 DOCUMENT YOUR CQI ACTIVITY

- Ensure you document your CQI activity to meet the PIP QI guidelines. Documentation is also a requirement for CPD purposes.
- Documentation must be kept for 6 years for evidence of PIP QI.
- It is especially important to document your baseline and improved performance, and list improvement actions and learning points.
- If your CQI activity has resulted in changes to your policies and procedures, they can be included in the documentation as attachments and evidence for accreditation purposes.
- There is no single 'right way' to document a CQI activity. The types of documents and templates we provide in this Toolkit are intended as examples. Practice teams can modify them to suit their own needs.
- There are three main types of documents that are required for a CQI activity. The fourth type of document is desirable but not essential. All documents are 'living' in the sense that they can be updated throughout the CQI process. The four types are:

- 1 Documents about meetings. A CQI activity requires at least two team meetings – one at the beginning and one at its conclusion. It is strongly recommended to also record your review meetings or 'check points'.
- 2 Documents about data. This type of documents could include reports from Pen CS or Primary Sense with aggregated performance data. It can also include lists of patient names that were sampled. These documents are not routinely shared and should be managed according to data privacy and governance procedures.
- 3 Documents about the CQI activity. GCPHN developed a [CQI activity template](#) that enables practice teams to document any CQI activity from beginning through to its conclusion. The template is suitable for PIP QI and CPD purposes. The template can be found here under "resources")
- 4 Documents about practice policies and procedures. Practice policies and procedures- changes can be saved as evidence for PIP QI

### **CAT4 users: Tip:**

*Consider how you would capture the information from the following scenarios on your patient list:*

- Cervical screening completed elsewhere
- Patient declined screening
- Screening appointment booked (follow up if appointment cancelled)
- Those who have been invited and have been screened and marking those patients as ineligible when appropriate



# ADDITIONAL SUPPORT AND INFORMATION

## PIP QI

- For your Cervical Screening CQI activity to be suitable for PIP QI purposes, you must ensure that all the requirements have been met.
  - See details of the PIP QI requirements on [GCPHN webpage](#)
- GCPHN Primary Care Improvement Team can provide virtual/face to face meetings or access to recorded webinars that will provide:
  - Resources or training on the use of data extraction tools to assist with identification of a patient sample.
  - Worked examples of CQI action plans to support implementation and meet PIP QI requirements.
  - Tips to support CQI implementation.

## CPD

- If general practitioners would like to be eligible for CPD points for participating in the Cervical Screening CQI activity, further information can be found on [RACGP](#) and [ACRRM](#) webpages



Email [practicesupport@gcphn.com.au](mailto:practicesupport@gcphn.com.au)



or phone (07) 5612 5408

## CERVICAL SCREENING RESOURCES

- [National Cervical Screening Program Clinical Guideline Pathway](#)
- [PenCS stand up to cancer toolkit](#)
- [Cervical Screening CQI activity template](#)
- [NCRS Clinical Information System Integration](#)



# OTHER GCPHN CQI TOOLKITS

GCPHN has developed a range of toolkits which are available on the [GCPHN website](#).

## APPENDIX

### POTENTIAL CQI ROLES AND RESPONSIBILITIES OF PRACTICE TEAM MEMBERS

#### General Practitioners

- Provide clinical oversight and governance of the activity

#### Practice Nurses

- PN trained to perform cervical screening
- Support the implementation of the activity
- Provide support to generate data reports
- Identify patients to provide opportunistic interventions

#### Practice Manager

- Maintain up to date patient registers
- Analyse practice data
- Identify and support implementation of training for the CQI and practice team
- Establish and oversee recall/reminder systems
- Monitor progress against CQI activity
- Review and update new systems to ensure sustainable change
- Document policy and procedures and support implementation across the team

#### Reception Staff

- Order and maintain supplies of resources (eg patient information)
- Add flags or clinician reminders for patients in the activity
- Support the practice team to identify patients eligible for relevant reminders and contact patients either via letter, text message, phone call etc

#### Medical and Nursing students (if relevant)

- Consider tasks that medical or nursing students could implement during clinical placements to

**Managed by:**  
Project Officer  
(Primary Health Care)

**Approved by:**  
Program Manager

**Version:**  
003

---

**Next Review Date:** May 2022 **Date Approved:** 25/05/2021

**Status:** Final



An Australian Government Initiative

Level 1, 14 Edgewater Court Robina QLD 4226 | PO Box 3576, Robina Town Centre QLD 4230  
P 07 5635 2455 | E [info@gcphn.com.au](mailto:info@gcphn.com.au) | W [www.gcphn.org.au](http://www.gcphn.org.au)

Copyright 2020. Primary Care Gold Coast Limited (ABN 47 152 953 092), trading as Gold Coast Primary Health Network.  
All rights reserved. Content is correct at time of publication.

Gold Coast Primary Health Network (GCPHN) gratefully acknowledges the financial and other support from the Australian Government Department of Health. While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.