**QI Action Plan- \*add practice name\***

**Cervical Screening QI Activity**

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| **Ask-Do-Describe**  |
| **Why do we want to change?**  |
| **Gap** | Our practice’s participation rates for cervical screening (QIM 9), are lower than the Gold Coast region average or have reduced compared to our rates from last year. |
| **Benefits** | * Improved patient health outcomes - reduces illness and death from cervical cancer.
* Supports with meeting PIP QI requirements - improvement of PIP QI measure 9.
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| **Evidence** | In Queensland, around 200 women are diagnosed with cervical cancer each year. Routine cervical screening is the best protection against cervical cancer, which is one of the most preventable cancers. Screening reduces the risk of death from cervical cancer by 87%. Over 70% of cervical cancers occur in those who are overdue for screening or have never screened [(AIHW, 2021)](https://www.aihw.gov.au/getmedia/2a26ae22-2f84-4d75-a656-23c329e476bb/aihw-can-141.pdf.aspx?inline=true). The Cervical Screening Test involves a simple procedure to check the health of the cervix and look for the presence of the human papillomavirus (HPV) - a common infection that causes abnormal cell changes and almost all cervical cancers.Enhancements to the National Cancer Screening Program (NCSP) now include self-collection as an option, making screening more accessible. Self-collection is accurate, safe, and culturally appropriate, encouraging those who have never screened or stopped screening to participate [(NCSP, 2022)](https://www.health.gov.au/our-work/national-cervical-screening-program/providing-cervical-screening/the-role-of-health-professionals-in-the-national-cervical-screening-program).  |
| **What** do we want to change?  |
| **Topic** | Increasing the proportion of regular patients of \*practice name\* with an up-to-date cervical screening including offering self-collection (where eligible) |
| **How much** do we want to change?  |
| **Baseline***Baseline data is the % of* *your current performance.**Add your practice performance percentage.* | *Baseline data for QI activities can be obtained from multiple sources e.g.:** *Data analytic tools- e.g., Primary Sense. The PIP QI report – 10 measures can provide practices with their baseline data for cervical screening and can be used to monitor for improvements.*
* *Clinical information systems using the “search” function/patient registers.*
* *External data sources- e.g., National Cancer Screening Register (NCSR).*

**Example:** *\*XX% of eligible women have an up-to-date cervical screen, obtained from the PIP QI report – 10 measures.* |
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| **Target***Your target is the planned % result of the improvement.*  | **Example:** *Our practice aims to increase the number of women screened for cervical cancer to**\*XX %.**Our practice aims to screen an extra 2 patients per week over 25 weeks = 50 patients.* *To calculate a realistic goal (or target) you will need to know your numerator and denominator, these numbers can be found in the* ***PIP QI report – 10 measures.****If your numerator was currently 200 (patients with an up-to-date cervical screen) and the denominator was 700 (total number of eligible patients), it would equate to 28% (of eligible women who have an up-to-date cervical screen).**Add 50 patients (goal)= 250. 205/700, so goal would be 35% of eligible women to have an up-to-date cervical screen in 25 weeks.* |
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| **Sample***Sample is the number of patients that require a cervical screening test to meet your target.**Add your practice sample.* | *This number could be determined from a Primary Sense report:** *Patients booked in with missing PIP QI measures (with appointments in next two weeks) OR*
* *Patients missing PIP QI or accreditation measures (all patients missing measures).*

*Tip (if the list is large) - consider narrowing down your sample size by focusing on:** *25-year age group (entering the NCSP)*
* *45-49 age group (could be included with the 45-49 health assessment)*
* *70-74 age group (exiting the NCSP)*

**Example:***This activity will begin with \*XX patients in \*chosen age group.* *Further patients will be identified as activity progresses.* |
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| **Who** is involved in the change?  |
| **Contributors***Add names of the practice team involved* | **Practice Manager:** **GPs:** **Practice Nurses:** **Receptionists:** **GCPHN QI Project Officer:**  |
| **When** are we making the change?  |
| **Deadlines***Add key dates here for this activity.*  | **Baseline data report generated:****Implementation between (from/to):****Review meeting/s:** **Final evaluation meeting:**  |
| **How** are we going to change?  |
| **Implement***List some improvement strategies in order of implementation* ***(see Appendix 1 for suggestions).*** | **1.****2.****3.** |
| **STOP: The next section is to be completed after implementation has already commenced.** |
| **Monitor***A minimum of one QI* *activity review /touchpoint is required.**You can include multiple reviews/touchpoints – list by date.*  | **Review 1 - Date:***What is working/not working?**Has there been a change in your performance? If not, why not?* |
| **STOP: The next section is to be completed at the end/closure of activity.**  |
| **How much** did we change?  |
| **Performance***Question: Did you* *achieve your target?* *If not, reflect on why not* | **Example:** * *Cervical screening rates in our practice changed from \*XX% to \*XX% in \*XX\* months.*
* *This was an \*increase/decrease\* from our baseline data.*
* *Our cervical screening**\*increased/decreased\* due to \*XX\**
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| **Worthwhile***Was the effort to complete the improvement activity worth the outcome?**Did the team value the improvement activity?* | **Example:*** *We believe the effort to complete the activity* ***was worthwhile*** *as we increased our cervical screening rates and bowel screening rates incidentally increased, once the NCSR was integrated.*

***OR**** *We believe this activity* ***was not worth*** *the effort required, as we did not significantly increase cervical screening rates efficiently.*
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| **Learn***What lessons learnt* *could you use for other improvement activities?**What worked well, what could have been changed or improved?* | **Example:*** *Sending SMS reminders resulted in higher bookings than phone calls.*
* *Some staff have a lack of confidence in discussing screening with people from diverse backgrounds. Increased education will occur to support underscreening within this cohort.*
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| **What next?**  |
| **Sustain***Implement new processes and systems into business as usual - which parts of this activity, if any, will you incorporate into business as usual at your practice?* | **Example:*** *GPs will continue to check NCSR via widget in clinical software and update/import results accordingly if screening occurred elsewhere or invite patient to be screened.*
* *Reminders for 5 years will be added to the patients' file after each screening has been completed.*
* *New patient forms will ask patients for cervical screening history and have procedures in place to check NCSR for each new patient and set reminders when due.*
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| **Monitor***Review target measure quarterly and initiate corrective measures as required.* | **Example:** *Review Primary Sense – PIP QI Report 10 Measures (% compliance), once a month to track performance over time.* |
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| **Appendix 1 – Potential solutions** |
| ***Review suggested implementation strategies listed below. You do not have to implement all options that are brainstormed/listed.**** Find a list of patients without cervical screening recorded (due for screening) using Primary Sense reports listed above.
* Check the patient’s cervical screening history from:
	+ The patient’s file (practices using Best Practice and MedicalDirector can integrate their clinical software with the NCSR- [Click here to find out more.](https://www.ncsr.gov.au/information-for-healthcare-providers/accessing-the-ncsr/#clinicalsoftware)
	+ [NCSR Healthcare Provider Portal](https://www.ncsr.gov.au/information-for-healthcare-providers/accessing-the-ncsr/#hcpportal) via PRODA.
* Add a reminder in patients’ record and flag eligible patients to maximise opportunistic cervical screening appointments.
* Decide how staff will invite patients in to offer a cervical screening test. For example:
	+ SMS, phone, letter and,
	+ opportunistically in booked appointments e.g, health assessment, care plan and review appointments.
* Ensure new patient forms ask patients for cervical screening history (and/ or have procedure in place to check NCSR for each new patient) and set reminders when due.
* Practice staff to stay informed, for example through:
	+ Education courses, such as the [NCSP online education course.](https://learn.nps.org.au/mod/page/view.php?id=7804)
	+ Talking to your local pathology providers to confirm if and how they can process self-collected vaginal samples, as this will vary by pathology laboratory. [For more information click here.](https://www.health.gov.au/our-work/national-cervical-screening-program/providing-cervical-screening/the-role-of-health-professionals-in-the-national-cervical-screening-program#processing-of-selfcollection-samples)
	+ The [National Cervical Screening Program Clinical Guidelines](https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening) have been updated to support the expansion of self-collection and will come into effect on 1 July 2022.
* Implement ways to promote cervical screening (and self-collection) for your patients, and consider how your practice may engage with under/never screened patients using the [NCSP Healthcare provider toolkit](https://www.health.gov.au/our-work/NCSP-healthcare-provider-toolkit). Promotion could be through:
	+ Practice webpage and/ or social media pages.
	+ SMS alerts/ online booking system messaging.
* Consider how your practice will explain the sample collection options to patients and ensure staff are aware of which option would be most appropriate for each patient using the [Cervical Cancer Screening HealthPathways](https://goldcoast.communityhealthpathways.org/20461.htm).
* Consider how self-collection will work in your practice workflow, for example: samples could be completed behind the curtain in your consulting room, treatment room or in your clinic bathroom. Review [updated NCSP resources](https://www.health.gov.au/our-work/national-cervical-screening-program/providing-cervical-screening/the-role-of-health-professionals-in-the-national-cervical-screening-program) for more ideas.
* Correctly enter patients cervical screening test result in clinical software[(Best Practice and MedicalDirector)](https://trainitmedical.com.au/resources-and-support/cancer-screening-2/) and set reminders for the next cervical screen (if the patient tests negative for HPV, re‑screen in 5 years (low‑risk)).
* Monitor participation e.g using an excel spreadsheet and/or Primary Sense.
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