**QI Action Plan- \*add practice name\*
Bowel Screening QI Activity**

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| **Ask-Do-Describe**  |
| **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. 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. Since July 2024, the Australian government has lowered the eligible screening aged for the National Bowel Cancer Screening program from 50 to 45 (Cancer Council, 2024). |
| **What** do we want to change?  |
| **Topic** | Increased bowel screening rates for regular patients of \*practice name\* |
| **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.*
* *Clinical information systems using the “search” function.*
* *External data sources- e.g.,* pathology companies, National Cancer Screening Register.

**Example:*** *Baseline data can be obtained from Primary Sense – Bowel and Breast Cancer Screening Report (number of patients eligible can be identified in exported Excel spreadsheet).*
* *\*XX patients with bowel cancer screening not recorded.*
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| **Target***Target is the number of bowel screenings to be completed to meet your goal.* | **Example:** *Initial target is to reduce the number of patients with missing bowel screening to \*XX.* |
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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 the Primary Sense report– Bowel and Breast Cancer Screening Report.****Example:****This activity will begin with \*XX patients who have not had a bowel screen in \*chosen age group.* *Further patients will be identified as activity progresses.**Tip (if the list is large) - consider narrowing down your sample size by focusing on:** *45-50-year age group – entering Bowel Screen program*
* *70-74 age group – exiting Bowel Screen program*
* *Existing appointment to allow discussion and referral (if required) at booked appointment*
* *Alcohol /smoking status – those with high risk*
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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:** * *Number of patients due for a bowel screen has decreased from baseline XX to XX.*
* *This was an \*increase/decrease\* from our baseline data.*
* *Our bowel 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 decreased the number of patients due for a bowel screen.*

***OR**** *We believe this activity* ***was not worth*** *the effort required, as we did not significantly reduce the number of patients due for a bowel screen.*
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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.* |
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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:*** *Nurses/Doctors will continue to add in reminders for patients due for a bowel screen.*
* *New patient forms will ask patients for bowel screening history and have procedures in place to check history 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 - Bowel and Breast Cancer Screening Report 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.**** Identify eligible patients. For example, using Primary Sense - Bowel and Breast Cancer Screening Report. Consider expanding QI focus by also focusing on breast cancer screening.
* Check the patient’s bowel 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 Porta](https://www.ncsr.gov.au/information-for-healthcare-providers/accessing-the-ncsr/#hcpportal)l via PRODA.
	+ The patients My Health Record.
* Identify high risk patients with GP and nurse to discuss and promote screening and show patients how to use iFOBT kit
* Enter patients bowel screening test result in clinical software correctly [(Best Practice and Medical Director)](https://trainitmedical.com.au/resources-and-support/cancer-screening-2/)and reminders set for two years for next bowel screen
* Potential ways to promote bowel screening for patients with their usual GP may include:
	+ practice webpage, newsletter, and social media pages
	+ [posters and pamphlets](https://www.health.gov.au/resources/publications?f%5B0%5D=field_related_health_topics%3A5905&f%5B1%5D=field_audience%3A451&page=1)
	+ during health assessment, care plan and review appointments
	+ phone out of hours and on hold messages
	+ SMS alerts
	+ online booking system messaging
* Consider promoting in June for Bowel Cancer Awareness month to coincide with Bowel Cancer Australia public education initiative.
* Review the [Bowel Cancer Screening HealthPathways.](https://goldcoast.communityhealthpathways.org/17273.htm)
* Review the [GCPHN Bowel Cancer Screening QI Toolkit](https://gcphn.org.au/practice-support/support-for-general-practice/quality-improvement/qi-toolkits/#prevention) for further ideas.
* Monitor participation using excel spreadsheet and/or Primary Sense.
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