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

**Breast Screening QI Activity**

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| **Ask-Do-Describe**  |
| **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 Screen 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 [(Breast Screen Queensland, 2020).](https://www.breastscreen.qld.gov.au/who-is-eligible.asp) |
| **What** do we want to change?  |
| **Topic** | Increased breast 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/patient registers.*
* *External data sources- e.g.,* Radiology providers, Breast Screen QLD.

**Example:*** *\*XX of female patients eligible for breast cancer screening. obtained from Primary Sense – Bowel and Breast Cancer Screening Report (number of patients eligible can be identified in exported Excel spreadsheet).*
* *Current baseline performance is 420 patients with breast cancer screening not recorded.*
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| **Target***Your target is the planned % result of the improvement. Target is the number of breast screenings to be completed to meet your goal.* | **Example:** *Our practice aims to increase the number of women screened for cervical cancer to**\*XX %.**Or initial target is to reduce the number of patients with missing screening to 320.* |
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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– Bowel and Breast Cancer Screening Report.**Tip (if the list is large) - consider narrowing down your sample size by focusing on:** 50-year age group – entering Breast Screen program
* 70-74 age group – exiting Breast Screen program

Primary Sense Users Tip (consider narrowing down by):* Existing appointment to allow discussion and referral (if required) at booked appointment
* Alcohol /smoking status – those with high risk

**Example:***This activity will begin with \*XX patients who have not had a breast screen 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:** * *Number of patients due for a breast screen has decreased from baseline XX to XX.*
* *This was an \*increase/decrease\* from our baseline data.*
* *Our breast 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 breast 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 breast 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.*
* *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:*** *Nurses/Doctors will continue to add in reminders for patients due for a breast screen.*
* *New patient forms will ask patients for breast 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
* Staff to add a reminder for patients and/or flag eligible patients to maximise opportunistic [breast screen referrals.](https://www.breastscreen.qld.gov.au/health-professionals/promoting-breast-screening)
* Identify high risk patients with appointments booked and highlight overdue screening.
* Co-ordinate women’s health check clinic/days for patients. Consider your practice demographic and plan clinics accordingly (e.g., before/after school/ lunchtime/after work/weekends/designated clinics for vulnerable patients)
* 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)[*(Medical Director)*](https://trainitmedical.com.au/wp-content/uploads/2017/03/MD-Enter-Mammogram-Screening-Result-Train-IT-Medical.pdf) and reminders set for two years for next breast screen.
* Educate patients around the importance of advising BreastScreen QLD who their regular GPs are to ensure results are sent to the practice.
* Potential ways to promote breast 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
* Monitor participation using excel spreadsheet and/or Primary Sense.
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