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GENERAL PRACTICE

QUALITY IMPROVEMENT TOOLKIT

THE CERVICAL SCREENING TOOLKIT

A practical guide to increase uptake of cervical screening
(including self-collection) as a CQI activity.

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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.

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THE CERVICAL SCREENING TOOLKIT

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ABOUT THE CERVICAL SCREENING TOOLKIT

Cervical screening as a CQI activity aims to increase participation in cervical screening and, to reduce morbidity and mortality. Women and people with a cervix aged 25 to 74 years of age are eligible to have a Cervical Screening Test every 5 years.

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 (NCSP) at a National level in Australia is currently 62.4% with participation rates for the Gold Coast region currently at 63.5% ([AIHW, NCSP participation data, 2020/2021](#)).

This toolkit 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.

This toolkit has also been updated to include the enhancements which have been made to the NCSP to include self-collection as an option, making screening more accessible. Self-collection is an accurate, safe, and culturally appropriate method of testing for high-risk Human Papilloma Virus (HPV), encouraging those who have never screened or stopped screening to participate ([NCSP, 2022](#)).

AIM OF THE TOOLKIT

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

BENEFITS OF USING THE TOOLKIT

The toolkit provides a step-by-step approach to:

- Make best use of practice data to identify patients who are due or overdue for cervical screening and identify which patients would be most suitable to be offered self-collection as an option.
- Successfully implement cervical screening as a CQI activity.
- Document the implementation of a cervical screening 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.

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

- It is important at the beginning of any CQI activity to arrange a practice meeting to identify members of your QI team and agree, plan, and prepare for its implementation. This will also demonstrate that a team-based approach was used to meet your [PIP QI requirements](#).
- As a minimum, your meeting should 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. If it is not possible to have the whole team meet, each staff group should be represented and the best way to share information on your CQI activity with the wider practice team should be identified.
- Planned meetings on a regular basis to review progress towards your CQI goal/s is recommended, especially during and at the conclusion of the activity to reflect and review what is working well, how you are tracking towards your goal, and to include this information in your [QI Action Plan document](#).
- Practical considerations for your meetings:
 - o 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 Primary Sense or other practice data during meetings to inform your approach to planning and review of your CQI activity.
 - o Consider using a QI action plan during meetings to help guide the discussion and to document your plan, progress, and learning. There is also a [guide](#) to assist completing this.



Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity. [A Cervical Screening QI action plan can be found here.](#)

1.2 AGREE ON CQI ROLES AND RESPONSIBILITIES

- It is important to define and delegate specific roles and responsibilities in the CQI team to ensure every team member has a clear understanding of their role and responsibility to achieve a shared CQI goal. Potential roles for different team members are included in the 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 and training that may be required for each team member to fulfil their CQI role.
- Ensure all team members are aware who has responsibility for creating data reports and how data will inform QI actions.
- Remember to share your drafted QI action plan with the whole practice team to ensure that everyone is aware of the activity and their roles and responsibilities.



The [GCPHN/AGPAL eLearning Platform](#) provides fully funded CQI training for all general practice staff.

1.3 SET REALISTIC TIMELINES

- It is important to specify the key steps of your cervical screening CQI activity and estimate how long each one will take to complete. It is also important to agree timeline dates in advance when progress will be reviewed to ensure the team is on track to meeting the final goal within the agreed time frame.
- 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 Is there 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?
 - o How does your practice currently identify people who are eligible for cervical screening and/or self-collection?
- A CQI activity is simply a structured, focused, and coordinated approach to reduce or close the quality gap between your current performance and your future goal. 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.



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 SOURCES TO SUPPORT CERVICAL SCREENING CQI ACTIVITIES

Primary Sense is currently the data tool that is provided free of charge by GCPHN for Gold Coast practices. Primary Sense can support cervical screening CQI activities in the practice.

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:

- Identify specific groups of patients - also referred to as samples of patients - who may benefit from being included in CQI. The best data tools have the capability to generate lists with the names and information of all the patients in your sample.
- Track your progress towards your goal over the course of the CQI activity.
- Compare your performance with the performance of your peers (optional).
- Establish your performance baseline.
- The quality of your practice data, and whether the data is used to inform improvement, are more important considerations than which tool you use.
- Ensure the Primary Sense desktop application is installed on each workstation to allow all team members to access reports and to allow clinical team members to receive medication alerts and prompts for care action items.
- Primary Sense 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.

- Baseline data is your current performance. Baseline data for QI activities can be obtained from multiple sources e.g.:
 - Data analytic tools such as Primary Sense.
 - Practice management software, using the “search” function/patient registers.
 - External data sources - e.g., pathology companies, National Cancer Screening Register.
- For your baseline data percentage of eligible women who have an up-to-date cervical screen, you can access the PIP QI 10 Measures Report (% compliance). It helps track performance easily over time.

For Primary Sense users the following data reports may be relevant:

- 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).



Videos on how to use Primary Sense and reports can be [found here](#).

2.3 SELECT A SAMPLE (OR GROUP) OF PATIENTS

- It is important to direct your improvement efforts at the patients who are most likely to benefit. 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 NCSP.
 - Patients 45-49 age group, to be included with the 45-49 Health Assessment.
 - Patients aged 70-74 years who are exiting the NCSP.
 - Patients who identify as Aboriginal and/or Torres Strait Islander as they are less likely to screen regularly or at all.



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.

- 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 invasive.
- GCPHN has developed prefilled templates, practical examples, and resources that explain how to use Primary Sense to select samples of patients for a cervical screening CQI activity and provide examples of which patients may be particularly suitable for inclusion.



*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

- Now that you have identified your sample of patients, it's time to decide what improvement actions or interventions will be required to reach your SMART 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 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.



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

3.2 EXAMPLES OF IMPROVEMENT ACTIONS IN A CERVICAL SCREENING CQI ACTIVITY

The following list of potential improvement actions is not exhaustive or mandatory and is provided as examples. As a practice team you should select and decide on your own improvement actions:

- Find a list of patients without cervical screening recorded (due for screening) using Primary Sense:
 - Patients missing PIP QI or accreditation measures OR
 - Patients booked in with missing PIP QI measures (with appointments in next two weeks).
- 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 National Cancer Screening Register (NCSR) - [click to find out more](#).)
 - [NCSR Healthcare Provider Portal](#) via PRODA.If required, refer to the Healthcare [Provider Portal User Guide](#)
- Staff to add a reminder in patients' record and flag eligible patients to maximise opportunistic cervical screening appointments.



Cervical screening CQI Tips:

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**

- 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.



Create a supportive and culturally safe environment and support priority communities.

- **Staff training on cultural safety including Asking the Question, cultural competency, and awareness, diversity, and inclusion.**
- **Offer translated resources and provide access to interpreting services. The Australian Government Department of Home Affairs has a free interpreting service for private medical practitioners: [TIS \(Translating and Interpreting Service\)](#).**

- 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.
- 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](#) for more ideas.



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](#) (including the resource library).

Promotion could be through:

- **Practice webpage and/or social media pages**
- **Phone out of hours and on hold messages**
- **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](#), which provides localised guidance for assessing and managing patients.
- Correctly enter patients' cervical screening test results in clinical software ([Best Practice and MedicalDirector](#)) and set reminders for the next cervical screen (if the patient tests negative for HPV, re-screen in 5 years (low risk)).



Practice staff to stay informed, for example through:

- **Education courses, such as the [NCSP online education course](#).**
- **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](#).**
- **The [National Cervical Screening Program Clinical Guidelines](#) have been updated to support the expansion of self-collection and will come into effect on 1 July 2022.**

- Routine antenatal and postnatal care should include a review of cervical screening history, and a cervical screening test if this is due or overdue. Consider scheduling a screening appointment or add a reminder into patient file.
- Upload Shared Health Summary to My Health Record when cervical screening completed.
- Monitor participation e.g. using an Excel spreadsheet and/or Primary Sense.

MBS items to support implementation

- [Health Assessments \(Items 701, 703, 705, 707\)](#)
- [Chronic Disease Management / Team Care Arrangement or contributions to plans \(Items 721 to 732\)](#)
- [Service provided to a person with a chronic disease by a practice nurse \(Item 10997\)](#)

STEP 4 REGULARLY REVIEW YOUR CQI ACTIVITY

During Step 1: planning and preparation, you would have identified the timelines and activity review points which should now be implemented as it is important to monitor your progress regularly.

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 12-week activity every fortnight.
- Use your practice data at each checkpoint (review) to determine your progress towards your goal.
- 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 within for example policy and procedure manuals 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.
- 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 the 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 PIP QI guidelines. Documentation is also a requirement for CPD purposes.
- GCPHN developed a Cervical Screening Action Plan to support this CQI activity and record your progress.
- Document this entire CQI activity using the [Cervical Screening Action Plan Template](#). This template is suitable for PIP QI and CPD purposes.

- Documentation must be kept for 6 years as evidence of PIP QI should your practice be audited by the Department of Health and Aged Care.
- It is also 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 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.



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.

- 1 Meeting documents - 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.
- 2 Data documents - This type of document could include reports from 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.
- 3 CQI documents - Document this entire CQI activity using the [Cervical Screening Action Plan Template](#). This template is suitable for PIP QI and CPD purposes.
- 4 Practice policies and procedure documents - Any changes can be saved as evidence for PIP QI.

ADDITIONAL SUPPORT AND INFORMATION

PIP QI

- The [GCPHN AGPAL eLearning Platform](#) is a fully funded CQI training opportunity for Gold Coast general practice staff to support their practical CQI skills.
- For your cervical screening CQI activity to be suitable for PIP QI purposes, you must ensure that all the requirements have been met.
 - o PIP QI requirements can be found on the [GCPHN webpage](#).
- The GCPHN QI team can provide virtual/face-to-face meetings or access to recorded webinars that will assist with your cervical screening CQI activity.

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.
- Conducting and recording QI activities assists to meet *reviewing performance* and *measuring outcomes* requirements as part of CPD.
- GPs can also assess if a clinical audit can be included as a component of the QI activity.
- Certificates of completion are available for modules on the [GCPHN AGPAL eLearning Platform](#)



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You can now choose to collect your own Cervical Screening Test sample.

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Cervical Screening Resources

- [Clinical Guidelines to National Cervical Screening Program](#) - for the management of screen-detected abnormalities, screening in specific populations, and investigation of abnormal vaginal bleeding.
- [National Cervical Screening Program: Healthcare Provider Toolkit](#) - this toolkit helps healthcare providers engage under-screened and never-screened women in cervical screening and support them if they choose to participate.
- [Cervical Cancer Screening HealthPathways](#) - provides localised guidance for assessing and managing patients.
- Access your patients' cancer screening information and submit program forms to the NCSR using MedicalDirector or Best Practice clinical software. [Click here to find out more.](#)
- Understanding the NCSP Pathway - learn about the screening pathway that supports the NCSP and the guidance for pathology testing of cervical and vaginal samples.
- [Quick Reference Guide](#) - Self-collected vaginal sample - information about testing for HPV through the self-collected vaginal sample option, including possible test results and follow-up requirements.
- [Quick Reference Guide](#) - Clinician-collected Cervical Screening Tests - a guide about the clinician-collected cervical screening HPV testing option, including information on possible test results and follow-up requirements.
- [NPS Guide to understanding cervical screening test results](#) - a brochure explaining what the Cervical Screening Test is, what the possible test results mean, and what happens when a patient is referred to a specialist.
- [Queensland NCSP Asset Library | Queensland Health](#)
- [View the full range of national resources for both healthcare providers and participants.](#)

EDUCATION

- [GPEx: Cervical Screening, HPV, and Self-Collection](#) - Develop the knowledge and skills to offer HPV self-collection to eligible patients and increase cancer screening participation rates.
- [National Cervical Screening Program Education Course](#) - The updates to the course align with the NCSP Guidelines to help healthcare providers learn more about:
 - o Self-collected vaginal samples as an alternative screening option
 - o Support for patients in making the choice
 - o How to increase cancer screening participation rates, especially in under-screened groups



Self-collection Tips:

- 1. Use resources to demonstrate how to collect the sample, for example, [ACPCC](#).*
- 2. Ensure they understand where they need to take the swab.*
- 3. Gently ask if they had any difficulty taking the swab.*
- 4. Ideally, the sample should be collected whilst the patient is at the health service, either the bathroom or behind the screen in the consulting room are ideal.*
- 5. A home-based self-collection model is also available, supported by Telehealth.*

OTHER GCPHN CQI TOOLKITS

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

YOUR FEEDBACK

We would like to hear what you think to help inform the next edition of this QI Toolkit. We value your input so please share your ideas and suggestions via the link or QR Code. Thank you.

[QI Resource Feedback](#)



APPENDIX

POTENTIAL CQI ROLES AND RESPONSIBILITIES OF PRACTICE TEAM MEMBERS

General Practitioners

- Facilitate the Cervical Screening Test.
- Education around the NCSP to the patient and provides the two options for cervical screening.
- Answer any questions that might arise as part of taking the test and offer any extra support or assistance if needed.
- Complete the pathology request form for tests.
- Provide clinical oversight and governance of the activity.

Practice Nurses

- PN trained to perform cervical screening (nurse cervical screeners).
- Practice nurses can be instrumental in supporting patients to engage in cancer screening, such as, education around the NCSP and options for screening. This may occur during health assessments, CDM plans, or opportunistically.
- Support the implementation of the activity.
- Provide support to generate data reports.
- Identify patients to provide opportunistic interventions.
- Provide support to generate data reports
- Access the Healthcare Provider Portal as a delegate of the GP so that they can search for patient information on behalf of the GP. Nurse cervical screeners can also access NCSR by obtaining a Registered Identifier Number (RIN).
- Nurse practitioners can sign the pathology request for tests under current MBS rules.

Practice Manager

- Maintain up to date patient registers.
- Analyse practice data.
- Identify and support implementation of training for the CQI and practice team. Access the Healthcare Provider Portal as a delegate of the GP so that they can search for patient information on behalf of the GP.

Reception Staff

- Order and maintain supplies of resources (e.g. patient information).
- Display brochures and posters in high visibility areas within the practice that target a range of different under screened communities.
- Add flags or clinician reminders for due or overdue patients.
- Support the implementation of the activity.
- Provide support to generate data reports.
- 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 support your CQI activities.



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