



GENERAL PRACTICE

# QUALITY IMPROVEMENT TOOLKIT

## THE BOWEL SCREENING TOOLKIT

A practical guide to improve participation in Bowel Screening as a CQI activity  
and for PIP QI and CPD purposes

**phn**  
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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.***

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**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 BOWEL SCREENING TOOLKIT

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# ABOUT BOWEL SCREENING CQI TOOLKIT

Bowel Screening CQI activities aim to reduce morbidity and mortality by increasing participation of eligible patients in cancer screening programs.

Cancer screening is a cost-effective and valuable population health intervention. However, its full benefits are constrained because of relatively low patient participation rates. Almost 2.5 million of the 5.7 million (44%) people aged 50-74 who were invited to bowel screen in 2018-2019 participated ([AIHW, 2021](#)). Participation was higher among women (46% of all women invited) than men (42%). Participation rates in the Gold Coast region of 40.5% ([AIHW, 2021](#)) is below the national average.

This Toolkit provides a practical guide for general practice teams. It describes how to successfully increase Bowel 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 bowel screening.

## AIM OF THE TOOLKIT

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

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## 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 bowel screening
- Successfully implement bowel screening as a CQI activity.
- Document the increase of bowel screening participation implementation as a CQI activity
- 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 the Bowel Screening Toolkit 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 Primary Sense or other practice data during meetings to inform your discussions and to support your planning and review of your CQI activity.
  - o Consider using an [action plan example](#) 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.*

## 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 Primary Sense data tool allow 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 Primary Sense are available online.*

## 1.3 SET REALISTIC TIMELINES

- It is important to specify the specific CQI steps 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 – Bowel Cancer Awareness Month, Women's Health Week, Men's Health 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 coordinated 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 patients for bowel 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 patients for bowel 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 TOOL (PRIMARY SENSE)

- [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:
  - o Establish your performance baseline.
  - 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.
  - o Compare your performance with the performance of your peers (optional).
  - o 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.
- Baseline data is your current performance, baseline data for QI activities can be obtained from multiple sources e.g.:
  - o Data analytic tools- e.g., Primary Sense
  - o Clinical information systems using the “search” function/patient registers
  - o External data sources- e.g., pathology companies, National Cancer Screening Register



*Collecting, analysing and sharing aggregated practice data are **PIP QI requirements***

## 2.3 SELECT A SAMPLE OF PATIENTS

- 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.
- 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 bowel screening. Potential patient groups could be:
  - o Patients aged 49-50 years who are entering NBCSP.
  - o Patients aged 72-74 years who are exiting NBCSP.
  - o Patients overdue for bowel screening.
- 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.
- Selecting a suitable sample and picking the right sample size can be challenging decisions for many practice teams. Contact your GCPHN QI Team if you would like to discuss this further.
- GCPHN developed prefilled templates, practical examples and resources that explain how to use data tools to select samples of patients for a Bowel Screening CQI activity and provide examples of which patients may be particularly suitable for inclusion.



**Choose one distinct area to start:**

*Define bowel screening patient sample and have conversations regarding cervical and breast screen for eligible patients*



## 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:
  - o Primary focus on Bowel Screening
  - o Bowel Screening as well as opportunistic screening for Breast and Cervical Cancer (if eligible).
- 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.*



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

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

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:

- Use data to identify patients eligible for bowel screening.
- Develop and promote consumer information for bowel screening; you may consider posters in waiting room and the bathroom.
- Use your practice reminder system to 'flag' patients with missing or outstanding items of care. Whenever possible, reminders should also be added during patient appointments

For Primary Sense users the following report may be relevant:

- [Bowel and Breast Cancer Screening Report](#)

#### Data quality improvement:

- Consider implementing or reviewing current database management and cleaning 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 bowel screening data electronically.
- Access the [NCSR Hub through MedicalDirector](#) to view and manage patients screening history.
- Correctly enter patients’ bowel screening test results in clinical software ([Best Practice and MedicalDirector](#)).



- 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 bowel screening in the practice. For example, this could be created with the following target groups:
  - 49 year age group, entering the National Bowel Screening Program
  - 72-74 age group, exiting the National Bowel Screening Program
- Opportunistic conversations with eligible patients that present to GP/Practice Nurse for other health concerns.
- Advise patients to include their regular GP on pathology request forms if they complete the test at home, and that results are normally available approximately two weeks after samples have been submitted.
- Upload Shared Health Summaries to My Health Record when bowel screening results are received by the practice.
- Review bowel screening status during over 75 Health Assessment to ensure exit screen has been completed.
- Consider adding ‘date of last bowel screening’ to your new patient questionnaire, and recalls and reminders in the clinical software system.
- Practice Nurses have a potential role in demonstrating to patients how to use a bowel screening test kit and answer any questions patient may have; some team members may require additional training to fulfill this role.
- Consider implementing the alternative access to bowel screening kits model. This [training guide](#) covers key steps for practice staff and health professionals to implement and promote bowel cancer screening. Before you order or issue kits for the first time, both the person ordering kits AND the person issuing kits must read this short guide.

#### MBS items to support implementation:

- [GP Management Plan](#)
- [GPMP/TCA review](#)
- [45-49 year old health assessment](#)
- [Aboriginal and Torres Strait Islander people’s health assessment](#)



*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, while a three month activity requires shorter intervals (weekly).
- 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?
  - o 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)?



*Speak with GCPHN if you would like support to showcase your work and share with your Gold Coast peers.*

## 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.
- 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, Cervical Screening.
- Share your CQI activity, its successful outcomes and learning points with everyone in the practice team.



*Setting timepoints to review progress is important to ensure you remain 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 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 [QI action plan example](#) 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.
- 4 Documents about practice policies and procedures.** Practice policies and procedures- changes can be saved as evidence for PIP QI



*Consider how you would record results in your clinical software about the following scenarios:*

- Bowel Screening home test kit completed and samples sent to pathology
- Patient did not receive home test kit in the mail
- **Patient declined bowel screening**



# ADDITIONAL SUPPORT AND INFORMATION

## PIP QI

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

## CPD

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



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## BOWEL SCREENING RESOURCES

- [National Bowel Cancer Screening Program](#)
- [Clinical practice guidelines for the prevention, early detection and management of Colorectal Cancer](#)
- [Bowel Screening QI Action Plan template](#)

## 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

- Provide clinical oversight and governance of the activity

### Practice Nurses

- 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 (e.g. 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 support your CQI activities





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