



GENERAL PRACTICE

QUALITY IMPROVEMENT TOOLKIT

THE BREAST SCREENING TOOLKIT

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

phn
GOLD COAST

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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.

Gold Coast Primary Health Network

ABN: 47 152 953 092

Level 1, 14 Edgewater Court, Robina 4226
PO Box 3576 Robina Town Centre Qld 4230
t 07 5635 2455 | f 07 5635 2466

info@gcphn.com.au | www.gcphn.org.au

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ABOUT BREAST SCREENING CQI TOOLKIT

Cancer screening is a cost-effective and valuable population health intervention. Breast screening aims to increase patient participation which results in reduced morbidity and mortality from the disease. However, its full benefits are constrained because of relatively low patient participation rates. Participation rates for BreastScreen Australia at a National level is currently 55%, with participation rates for the Gold Coast region currently at 51.9% (Australian Institute of Health and Welfare, National Cancer Screening Programs participation data, 2018-19).

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

AIM OF THE TOOLKIT

To provide a simple and practical guide for general practices to increase breast 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 eligible for breast screening.
- Successfully implement a breast screening CQI activity.
- Implement and document an activity to increase breast screening awareness and participation as a CQI activity (including 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 the Breast 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 - Women's Health Week, Breast Cancer Awareness Month

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 breast 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 offering screening to 5 patients a week. This provides them with a small buffer of time. They also agree to review their progress every three weeks.



Non-SMART goal example

Practice B decides to increase the participation rates of eligible patients for breast 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:
 - 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.
 - 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.
- Baseline data is your current performance, 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



*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 breast screening. Potential patient groups could be:
 - Patients turning 50 in the next three months who are entering the BreastScreen Program
 - Patients overdue for BreastScreen
 - Patients never screened for breast cancer
- 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 intensive.
- Selecting a suitable sample and picking the right sample size can be challenging decisions for many practice teams. Contact your GPHN QI Team if you would like to discuss this further.
- GCPHN have developed prefilled templates, practical examples and resources that explain how to use Primary Sense to select samples of patients for your breast screen CQI activities 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

- 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 breast screening
 - o Breast screening as well as opportunistic screening for bowel and cervical cancer for those 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

e.g. Define breast cancer screening patient sample and check cancer screening status for other diseases including providing information on how to access them. Is this how to access screening for other areas?

3.2 EXAMPLES OF IMPROVEMENT ACTIONS IN A BREAST 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 breast screening and consider data quality
- Primary Sense report available:
 - [Bowel and Breast Screening Report](#)
- 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.
 - 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.
 - Enter breast screening result in clinical software systems to ensure the outcome of an accurate and breast screening clinical record. ([MedicalDirector](#)) ([Best Practice](#))
 - Create a feasible sample of patients, typically between 50 and 100 patients. Creating a manageable sample of patients initially allows you to create a business as usual process for breast 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 eg GPMP/TCA/vaccinations.
 - Upload Shared Health Summary to My Health Record when breast screening completed
 - Review breast screening status with over 75 Health Assessment to ensure exit screen has been completed.
 - Adding date of last breast screening to new patient questionnaire and adding recall and reminders into clinical software system.
- Implement ways to promote breast screening, this could be through:
 - Practice webpage and/or social media pages.
 - Phone out of hours and on hold messages.
 - SMS alerts/online booking system messaging.
 - Practice posters in waiting room and patient bathroom.
- Consider educating patients around receiving results. Patients:
 - To understand the importance of advising BreastScreen QLD who their regular GP is.
 - Can access their [online account with BreastScreen QLD](#) to access their results through the secure online portal.

MBS items to support implementation:

- [GP management plans & Team Care Arrangements](#)
- [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 12-week activity every fortnight or a 6 month activity, every 1-2 months.
- 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?
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.

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 capture information from the following scenarios in your clinical software:

- Breast Screen already completed
- Patient declined screening
- Screening appointment booked (follow up if appointment cancelled)
- Marking patients as ineligible when appropriate

ADDITIONAL SUPPORT AND INFORMATION

PIP QI

- For your breast screening CQI activity to be suitable for PIP QI purposes, you must ensure that all the requirements have been met.
 - 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:
 - Resources or training on the use of data extraction tools to assist with identification of a patient sample
 - Worked examples of CQI action plans to support implementation and meet PIP QI requirements
 - Tips to support CQI implementation

CPD

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



Email practicesupport@gcphn.com.au



or phone (07) 5612 5408

BREAST SCREENING RESOURCES

- [BreastScreen Queensland Resources](#)
- [Breast Screening CQI 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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Level 1, 14 Edgewater Court Robina QLD 4226 | PO Box 3576, Robina Town Centre QLD 4230
P 07 5635 2455 | E info@gcphn.com.au | W www.gcphn.org.au

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