



Step 1: Thinking Part - Three Fundamental Questions

Complete the Model for Improvement (MFI) as a whole team.

Model for Improvement

AIM			
1. What are we trying to accomplish?			
<i>By answering this question, you will develop your GOAL for improvement. It is important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.</i>			
Ensure 90% of active patients who have completed their Cervical Screening Test (CST) have this accurately recorded in their clinical record within three months.			
MEASURE(S)		2. How will we know that a change is an improvement?	
<i>By answering this question, you will develop the MEASURE(S) you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison. Tip: Use a Run Chart to plot trends.</i>			
Number of active eligible patients screened for cervical cancer.			
Baseline:	500 active eligible patients with 370 eligible patients identified as due/overdue for cervical screening	Baseline date:	December 2024
CHANGE IDEAS			
3. What changes can we make that will result in improvement?			
<i>By answering this question, you will develop IDEAS for change. Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.</i>			
Idea 1	Develop an accurate list of patients due/overdue for cervical cancer screening.		
Idea 2	Train clinical staff on best practices for recording of cervical cancer screening.		
Idea 3	Update the new patient information form to include asking when last CST was and a prompt for checking National Cancer Screening Register (NCSR)		
Next steps:	<i>Each idea may involve multiple short and small PDSA cycles.</i>		

PDSA (Plan-Do-Study-Act)

Step 2: Doing Part - Plan-Do-Study-Act

Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	<i>How will we run this test? Who will do it and when? What will we measure?</i>	<i>Prediction or hypothesis on what will happen.</i>	<i>Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.</i>	<i>Analyse results, compare them to predictions, and reflect on what you learned.</i>	<i>Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?</i>
Change idea 1.1	Practice Manager to extract a list of patients due / overdue for cervical cancer screening using Primary Sense report. When: 2nd Dec 2024	There will be a large number of patients on this report, however some patients may be up to date with their screening.	Ran the Primary Sense – Patients Missing PIP QI or Accreditation Measures report and identified patients who are due / overdue for cervical screening and exported to excel. There were 370 patients identified on this report.	The prediction was correct, there were 370 patients on the list reported as due/overdue for cervical screening. This result indicates there are patients who don't have updated CST field of their patient record.	ADOPT. We will adopt this practice but unsure as to frequency yet. Use this to inform the next change ideas.
Change idea 1.2	Practice Manager to ensure the NCSR is integrated with the Clinical Information System (CIS). Practice Nurse to cross check patients identified on the Primary Sense report with the NCSR. If screening has been completed, patient screening status in	Expect to find many patients on the NCSR who have a completed CST that is not recorded in their clinical record.	Cross-checked list of patients extracted from Primary Sense report with their NCSR record. The activity took 2 weeks, longer than expected as the list of eligible patients due for CST was large.	Demonstrates the value of using the NCSR for the clinical team to locate accurate screening information.	ADOPT. Our practice will adopt with change with nurse to run PS report quarterly and cross check with NCSR. This list will be used to update our patient reminders also.

	<p>CST field of clinical record to be updated.</p> <p>Once data is updated, obtain a new list of patients due/overdue via Primary Sense report to confirm new measurement.</p> <p>When: 2-6th Dec 2024</p>		<p>This required more protected time of the practice nurse to cross check against the NCSR and consult with the GP on updating patient record. In total there were 30 patients who didn't have their CST field updated in the CIS.</p>	<p>The new list of due/overdue patients is now smaller and accurate.</p>	<p>There is a need to educate/remind the GP's of entering information into the patient record.</p>
Change idea 2.1	<p>Practice Manager to communicate to whole team that data in clinical software has been updated.</p> <p>Practice Manager to conduct a clinical meeting and educate/remind clinicians on how to accurately update CST field in clinical software.</p> <p>When: 23rd Dec 2024</p>	<p>Predict the communication will run smoothly and practice will adopt this new approach on a regular basis as agreed.</p>	<p>Meeting held with all clinicians:</p> <ul style="list-style-type: none"> - Provided the data on previous activity. - Education on updating CST field in patient record. - Education on use of NCSR 	<p>Minutes taken from the meeting.</p> <p>Important that all clinical staff aware of updating cervical screening data in the CST field in clinical software and use the NCSR information in patient record as ongoing activity to keep records up to date.</p>	<p>ADOPT: Nurse A delegated to monitor the agreed actions and monitor the updating of CST field.</p> <p>Now we have an accurate list of overdue/due patients with accurate reminders set, we can begin our new PDSA on Increase access to cervical screening</p>
Summary of Results	<p>This was a worthwhile activity of updating existing patient records to develop an accurate register of patients. Our cervical screening tests due/overdue decreased from 370 to 340 due to accuracy of data. We can easily identify now which patients are overdue or never screened and we can target our approach based on patient needs/barriers to screening.</p>				