# Model for Improvement

**Step 1: Thinking Part - Three Fundamental Questions**
*Complete the Model for Improvement (MFI) as a whole team.*

| **AIM** | **1. What are we trying to accomplish?** | | |
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| *By answering this question, you will develop your **GOAL** for improvement. It 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.* | | | |
| Increase completion rate of Cervical Screening Test (CST), including self-collection among eligible patients by 20% within 6 months by implementing a screening status check procedure, enhancing reminder systems and integrating CST with health assessments | | | |
| **MEASURE(S)** | **2. How will we know that a change is an improvement?** | | |
| *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.*<br>*Tip: Use a Run Chart to plot trends.* | | | |
| Number of active eligible patients due or overdue for cervical screening | | | |
| **Baseline:** | 500 active eligible patients, with 200 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?** | | |
| *By answering this question, you will develop **IDEAS** for change.*<br>*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.* | | | |
| **Idea 1** | Develop a procedure for checking cervical screening status | | |
| **Idea 2** | Review and refine reminder systems | | |
| **Idea 3** | Combine screening appointments with health assessments | | |
| **Next steps:** | *Each idea may involve multiple short and small PDSA cycles.* | | |

# 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 |
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| **#** | **Plan the test** | **Prediction** | **Do the test on small scale** | **Analyse the results** | **Make a plan for next step** |
| | ***How** will we run this test? **Who** will do it and **when**? **What** will we measure?* | ***Prediction** or hypothesis on what will happen.* | *Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.* | *Analyse results, compare them to predictions, and reflect on what you learned.* | *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?* |
| ***Change idea 2.1*** | Practice manager will organise an all-practice team meeting on setting up patient recall and reminders. Discuss what will work at your practice and develop a procedure for setting reminders in patient files. | The practice manager will lead the development of a feasible procedure to accurately set reminders in patient files. This procedure will be tested for a period 4 weeks by reception, and the practice manager also provided training f to ensure competency. | The practice manager completed the training session within 4 weeks and communicated this to all staff through a staff meeting. There was a training session that was completed by all staff. | All staff felt more competent in accurately setting reminders in patient files e.g., pt declined CST (XXX reason). | **Adopt.** This was a worthwhile activity as all staff increased their confidence in setting patient reminders. |
| **Change idea 3.1** | Practice Manager to export list of patients with health assessment appointments coming up on a weekly basis, for the | Expect to find 50% of eligible patients completing a health assessment in the next week are also due or overdue for CST. | This plan was initially tested for a week for feasibility. There were 10 eligible patients booked in for health assessments | Although it was labour intensive for the practice manager to manually identify patients who were due or overdue for screening coming in for | **Adapt.** CST will now be discussed and offered as a standard health assessment item, inbuilt into the assessment templates. Identifying |

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| | following MBS item numbers:<br>• 701, 703, 705, 707<br>• 715<br>• 721 to 723<br>• 10997<br>The report will be provided to clinical staff (GP's and Nurses) at the start of the week for patients booked in for health assessments. | | who were due or overdue for CST. | health assessments, it was a worthwhile activity. It was identified that 10/15 eligible patients coming in for health assessment were due or overdue for CST. | these patients ad hoc was too time consuming for the PM. |
| **Change Idea 3.2** | GP's and Nurses to offer cervical screening test (CST) to patients identified as due or overdue and eligible who are also completing a health assessment. | Expect to have 50% of patients accept CST whilst completing their health assessment. | The results were recorded on a de-identified spreadsheet (date, CST completed Y/N). 8/10 patients who were due or overdue completed their CST on the day. | 8/10 completed their CST on the day. 2 patients identified they were apprehensive to complete the test and would like to think about their testing options and book in an appointment in future. These patients had a reminder set in 3 months to follow up, and will be offered an appointment via telephone call if not completed. | **Adapt:** This was a worthwhile activity as it yielded successful results (80%) completion rate. However, it was identified that staff require more training on discussing options of self vs. clinician collection.<br>Staff will complete training within 2 months to ensure competency and increase confidence on offering patients' alternative options.<br>Now that CST are embedded into health assessments, lets **increase** |

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| | | | | | **patient participation in cervical screening.** |
| **Summary of Results** | This was a worthwhile activity of refining reminder systems and combining health assessments with Cervical Screening Tests (CST). Through reviewing and refining the previous reminder system, and developing a new process, staff felt more comfortable accurately setting reminders. Additionally, combining CST with health assessments yielded positive results (80% completion rate). Patients who declined had a reminder accurately set for 3 months time, reinforcing that this process is an effective approach to increase access to cervical screening for patients. | | | | |