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?
*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.*	
Our team will aim to improve cervical screening participation from 55% to 70% (15%) for eligible patients by May 2025	

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.* *Tip: Use a Run Chart to plot trends.*	
% of active eligible patients screened for cervical cancer.	

Baseline:	**55% of eligible patients are up to date with their cervical screening test, with 45% of eligible patients due or overdue**	**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.* *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	Enhance patient awareness and education, including self-collection as a screening option through a 3-month communications campaign
Idea 2	Increasing patient participation through opportunistic screening using primary sense
Idea 3	Identifying opportunistic screening in priority patient populations
Idea 4	Have a female nurse available once a week to supervise patients to do a self-collected sample
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
#	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 1.1	Practice manager to source educational resources for patients including the following: • A self-collection information video available on the waiting room TV • Resources to support priority populations such as patients with disability, Aboriginal and Torres Strait Islander patients, culturally and linguistically diverse patient, and patients who are LGBTQIA+ Practice manager to make all staff aware of the campaign	It is predicted that during the campaign period of 3 months, we will see an increase in the number of CST's being a mix of self – collection and clinician collected	The practice manager arranged resources after contacting the PHN to support messaging in the practice. A campaign ran over 3 months promoting in the clinic with a video on the waiting room TV and information flyers. Patients provided ad hoc comments relating to the campaign and satisfaction, although this was not recorded.	During the campaign period, 40 CST were completed. 23 of these were self-collected, and 17 clinician collected. This shows promising results for patients utilising the self-collection options. It would have been beneficial to collect qualitative data (patient comments / satisfaction) to understand and gauge any barriers to screening via the self-collection method.	**ADAPT:** The campaign was successful however we will look at tying this in with Cervical Cancer Awareness Week in November.

	at an all-staff meeting. Clinical staff will be supplied a spreadsheet to track de-identified data over a period of 3-months (date, CST method) **When: 17th December 2024**				
Change Idea 2.1	Practice Manager to extract a list of patients using the Primary Sense report *PIP QI – Patients booked in (the next 2 weeks) with missing PIP QI or accreditation measures.* Filter by: • Cervical screening record missing Practice Manager to extract this list and provide to relevant clinical staff daily to ensure appointment list is up to date. Continue to extract this list for a period of 3 months. GPs and nurses to offer CST (including self-collection) during consultation. When: **3rd February 2025 – May 2025.**	Expect that the CST % will increase from 55% to 70% within 3 months through opportunistic screening appointments.	Baseline data was collected using *PIP QI – Patients missing PIP QI or accreditation measures* report. Cervical screening completion rates were 55%. The Practice Manager extracted a list using the *PIP QI – Patients booked in (the next 2 weeks) with missing PIP QI or accreditation measures* and exported to excel. Filter by: • Cervical screening record missing • Date CST was offered opportunistically during consultation to all eligible patients who were identified as due or overdue.	The report *PIP QI – Patients missing PIP QI or accreditation measures.* Filter by: • Cervical screening record missing was extracted again in May. It was found that the cervical screening rate increased from 55% to 65%. GP's and practice nurse noticed an increase in patients requesting self-collection.	**ADOPT.** This activity will be adopted. The practice manager will continue to extract a list once yearly and the team will participate in this exercise, as it was found to be worthwhile to increase rates of cervical screening and self-collection. Now we can **Increase workforce capability and screening rates through training and inclusive care**

	Collect baseline data using ***Patients missing PIP QI or accreditation measures*** Filter by: • Cervical screening record missing (%)		GPs and practice nurse documented CST completion on Clinical Information System (CIS) and NCSR. GPs and practice nurse also set reminders in CIS for patients who declined screening on the day and provided take-home patient resources.		
Summary of Results	This was a worthwhile activity of increasing patient participation through awareness campaigns and offering CST by identifying patients due or overdue with the PIP QI reports. ***Increasing patient participation through opportunistic screening using primary sense*** yielded the most effective result, as it was relatively low effort with a large effect, resulting in a significant increase in patients who have completed their CST.				

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