

Increasing First Nations' Patient Participation in Cervical Cancer Screening

Practice name:	Oasis Springs Health Hub	Date:	16 June
QI team:	Pearl (Practice Manager), Emily (RN), Betty (RN) & Dr Brindle Bay (GP)		
Problem:	<p><i>Describe why this work is strategically important. What problem is the team addressing? What does our data indicate about it, and what are the causes?</i></p> <p>Cervical cancer remains largely preventable, yet under-screening continues to be the greatest risk factor, with over 70% of cases diagnosed in people who are never-screened or overdue. HPV self-collection is now a widely available, safe, accurate, and acceptable option that can help address this gap. However, screening participation is lower among Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, people with disability, LGBTQIA+ people, and those in rural and remote areas. Data shows Aboriginal and Torres Strait Islander women face more than double the incidence and nearly four times the mortality from cervical cancer compared to non-Indigenous women. These inequities are driven by cultural and historical barriers, stigma and discrimination in healthcare, and limited access to appropriate services.</p>		
Problem Statement:	<p><i>Document your succinct problem statement here</i></p> <p>While overall cervical screening rates are relatively high at Oasis Springs Health Hub, screening rates among our First Nations patients are significantly lower at only 30%. This gap indicates that current processes and systems of care are not effectively supporting timely and culturally safe participation in screening, which may lead to missed opportunities for early detection and prevention of cervical cancer.</p>		

This document guides practice staff through the **Model for Improvement** (the Thinking Part) and the **Plan-Do-Study-Act** (PDSA) cycle (the Doing Part), a framework for planning, testing, and reviewing changes.

For guidance and support on conducting quality improvement in your primary healthcare services, please contact your local Primary Health Network (PHN).

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?	
<p>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.</p>			
<p>Our team will aim to improve cervical screening participation from 30% to 70% (40%) for eligible First Nations patients by end of December.</p>			
MEASURE(S)		2. How will we know that a change is an improvement?	
<p>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.</p>			
<p>We will measure the number of active eligible First Nations patients screened for cervical cancer. To do this, we will initially run the Primary Sense <i>Patients missing PIP QI or accreditation Measures</i> to establish our baseline (no. active eligible First Nations patients who are due/overdue). We will then run the Primary Sense report at the end of each month and record our increases to track improvements.</p>			
Baseline:	45 (30%) of eligible First Nations patients are up to date with their cervical screening test, with 105 (70%) of 150 eligible patients due or overdue.	Baseline date:	18 June
CHANGE IDEAS		3. What changes can we make that will result in improvement?	
<p>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.</p>			
Idea 1	Enhance First Nations patient awareness and education, including self-collection as a screening option through a 3-month 'Own It!' Cervical Screening communications campaign		
Idea 2	Increasing First Nations patient participation through opportunistic screening using primary sense		
Idea 3	Identify eligible First Nation patients with opportunities to conduct Cervical Screening during annual 715 Health Check		
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
	<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	<p>Pearl (PM) to source educational resources available from NACCHO and the Own It! Cervical Screening campaign for First Nations patients including the following:</p> <ul style="list-style-type: none"> A self-collection information video available on the waiting room TV Resources to support and inform Aboriginal and Torres Strait Islander patients. <p>Pearl to make all staff aware of the campaign at an all-staff meeting. Clinical staff will be supplied a spreadsheet to track de-</p>	<p>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.</p>	<p>Pearl arranged resources after contacting the PHN to support messaging in the practice.</p> <p>A campaign ran over 3 months promoting in the clinic with a video on the waiting room TV and information flyers specific to First Nations patients from the Own It campaign.</p> <p>First Nations patients provided ad hoc comments relating to the campaign and satisfaction, although this was not recorded.</p>	<p>During the campaign period, 35 CST were completed. 20 of these were self-collected, and 15 clinician collected.</p> <p>This shows promising results for patients utilising the self-collection options.</p> <p>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.</p>	<p>ADAPT: The campaign was successful and we will look at tying this in with Cervical Cancer Awareness Week in November and Women's Health Week (first week of September).</p>

	<p>identified data over a period of 3-months (date, CST method)</p> <p>When: June – August</p>				
<p>Change idea 2</p>	<p>Pearl to identify a list of First Nation patients due for cervical screening using the Primary Sense report <i>Patients missing PIP QI or accreditation measures/ patients booked in with missing PIP QI measures</i>. Filter by:</p> <ul style="list-style-type: none"> • Cervical screening record missing • Aboriginal and Torres Strait Islander status (Y) <p>Pearl to extract this list and provide to relevant clinical staff weekly to ensure appointment list is up to date. Continue to extract this list for a period of 3 months.</p> <p>Emily (RN), Betty (RN) & Dr Brindle Bay (GP) to offer CST (including self-collection) during consultation.</p> <p>When: September - November</p> <p>Manually count baseline “number” (data) using Primary Sense report <i>Patients missing PIP QI</i></p>	<p>Expect that the CST % will increase from 30% to 50% within 3 months through opportunistic screening appointments.</p>	<p>Baseline data was collected using the Primary Sense <i>Patients missing PIP QI or accreditation measures</i> report. Cervical screening completion rates in First Nation patients were 30%.</p> <p>Pearl identified a list of First Nations patients using the Primary Sense <i>Patients booked in with missing PIP QI measures and the patients missing PIP QI or accreditation measures reports</i> and exported to excel. Filter by:</p> <ul style="list-style-type: none"> • Cervical screening record missing • Aboriginal and Torres Strait Islander status (Y) • Date <p>CST was offered opportunistically during consultation to all eligible First Nations patients who were identified as due or overdue.</p> <p>Emily (RN), Betty (RN) & Dr Brindle Bay (GP) documented CST</p>	<p>The Primary Sense <i>Patients booked in with missing PIP QI measures and the patients missing PIP QI or accreditation measures reports</i> Filter by:</p> <ul style="list-style-type: none"> • Cervical screening record missing <p>was extracted again each month.</p> <p>It was found that the cervical screening rate increased from 30% to 65%. Emily (RN), Betty (RN) & Dr Brindle Bay (GP) noticed an increase in First Nation patients requesting self-collection.</p>	<p>ADOPT. This activity will be adopted. Pearl will continue to extract a list once yearly and the clinical team will participate in this exercise, as it was found to be worthwhile to increase rates of cervical screening and self-collection.</p> <p>Now we can increase workforce capability and screening rates through training and inclusive care.</p>

	<p><i>Measures, Filter by:</i></p> <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Status Cervical screening record missing 		<p>completion on Clinical Information System (CIS) and NCSR.</p> <p>Emily (RN), Betty (RN) & Dr Brindle Bay (GP) also set reminders in CIS for patients who declined screening on the day and provided take-home patient resources.</p>		
<p>Summary of Results</p>	<p>This was a worthwhile activity of increasing patient participation through awareness campaigns and offering CST by identifying First Nations patients due or overdue with the PIP QI reports. Increasing First Nation patient participation through opportunistic screening using primary sense yielded the most effective result, as it was relatively low effort with a large effect. By implementing both change ideas we have seen a significant increase in First Nation patients who have completed their CST from 30% to 75%.</p>				