



# QUALITY IMPROVEMENT: GOAL SETTING

**Ask the three questions:**

## 1. What are we trying to accomplish?

By answering this question, you will develop your goal for improvement.

Increase female participation in BreastScreen NSW screening services who's routine screening was affected by COVID-19 service restrictions.

## 2. How will we know that a change is an improvement?

By answering this question, you will develop measures to track the achievement of your goal.

CAT 4 will be used to extract the relevant data required to review if activities undertaken has improved breast screening participation.

Data extract will be: all females aged 50 – 74 years who have attended the practice ( via face to face, phone or video conference consultation) between March – August 2020.

## 3. What changes can we make that can lead to an improvement?

**List your ideas for change.**

By answering this question, you will develop the ideas you would like to test towards achieving your goal. Use the SMART approach when developing ideas (specific, measurable, attainable, realistic, timebound). E.g. By March 2020, complete 100% of HbA1c tests for all eligible (have not had a test in the past 6 months) active patients.

### Idea 1.

Encourage person centred care by display BreastScreen promotional material in the waiting room, online appointment system and or social media platforms encouraging women to start the discussion with their GP.

### Idea 2.

Whole of General Practice approach to breast screening by utilising TopBar as a prompt to initiate conversations with patients who are overdue for breast screening. (This can be achieved via telehealth or face to face consultations)

### Idea 3.




Create a reminder letter to send to all women who have not been screened between March 2020 – August 2020 noting the location of the local BreastScreen bus and importance of screening.



<b>Idea 4.</b>	Establish an interim breast screening register to target women who's routine screening was effected by COVID-19 preventative health restrictions.
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## QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<b>Idea being tested:</b>  <i>From page 1: Idea 1,2,3 or 4</i>	Establish an interim breast screening register to target women who's routine screening was effected by COVID-19 preventative health restrictions.
	<p><b>Plan</b>      <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <p>Who? Practice Nurse When? 1 October Where? General Practice</p> <p>Data to be collected: Baseline data from CAT 4 (All female patients aged 50 – 74 years, who have attended the practice between March – August 2020 who do not have a breast screening result recorded)</p> <p>Data predictions: Approximately 90% of eligible patients will not have a breast screening result recorded.</p>
	<p><b>Do</b>      <i>Was the plan executed? Any unexpected events or problems? Record data.</i></p> <p>Yes, plan executed without problems arising.</p> <ul style="list-style-type: none"><li>• CAT 4 data extracted performed by Practice Nurse correctly</li><li>• Data was exported and saved as an excel register and share with relevant staff members. In conjunction with patients EMR, this register will be utilised to record communication and screening progress.</li></ul>
	<p><b>Study</b>      <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p> <p>Data prediction reviewed: 92% of eligible females had not been screened during March – August 2020.</p> <p>Data further confirmed, attention is required to inform women who have not been screening during this period that BreastScreening NSW has returned to normal screening procedures.</p>



**Act**

*What will we take forward; what is the next step or cycle?*

- Upon reviewing CAT 4 data, focus will move initially to *Idea 3*; creating an appropriate reminder letter to send to all women who have not been screened during March – August 2020.
- Arrange clinical meetings to discuss implementing health promotion activities and methods of engage including linking cancer screening reminders with Health Assessment and GP Management Plans.
- Ongoing CAT 4 data extractions (as above) to review the number of women requiring screening ensuring activities undertaken are successful.