




# QUALITY IMPROVEMENT: GOAL SETTING

**Ask the three questions:**

<b>1. What are we trying to accomplish?</b> By answering this question, you will develop your goal for improvement.	
<p>Increase the accurate recording of cervical cancer screening participation rates within the General Practice.</p>	
<b>2. How will we know that a change is an improvement?</b> By answering this question, you will develop measures to track the achievement of your goal.	
<p>Use CAT 4 extracted data one month prior to the activity being implemented as a baseline and comparing this data against the same extraction at completion of the activity.</p>	
<b>3. What changes can we make that can lead to an improvement?</b> 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.	
<b>Idea 1.</b>	<p>Establish an accurate cervical screening register and monitor ongoing participation rates. Use CAT 4 to identify and extract patients overdue and underscreened patients and requesting patient pathology screening results through National Cancer Screening Register.</p>
<b>Idea 2.</b>	<p>Remind patients who turned 25 in the last three months they should have received a letter to participate in cervical screening, and the practice has designated female staff to who can do this at the practice.</p>
<b>Idea 3.</b>	<p>Whole of General Practice approach to cervical screening by utilising TopBar as a prompt to initiate conversations with patients who are overdue for cervical screening.</p>
<b>Idea 4.</b>	<p>Extract data from CAT 4 focusing on increasing participation screening rates of Aboriginal and Torres Strait Islander and culturally and linguistically diverse patients between 25 and 74 years of age.</p>

# QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<p><b>Idea being tested:</b></p> <p><i>From page 1: Idea 1,2,3 or 4</i></p>	<p>Idea 1. Establish an accurate cervical screening register and monitor ongoing participation rates. Use CAT 4 to identify and extract patients overdue and under screened patients and requesting patient pathology screening results through National Cancer Screening Register by 30 September 2020.</p>
	<p><b>Plan</b> <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <p>Who? Practice Nurse</p> <p>When? 1 July 2020</p> <p>Where? In Practice Nurse room</p> <p>Data to be collected: Baseline data, listing the number and details of patients eligible to participate in cervical screening</p> <p>Data predictions: Approximately 80% of eligible patients will have had cervical screening 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>• Data extracted from CAT 4 by Practice Nurse of overdue and under screened women</li> <li>• Pathology result request (in groups of 20) sent to National Cancer Screening Register to review list of overdue and under screened women.</li> </ul>
	<p><b>Study</b> <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p> <p>Data predictions: 64% of eligible patients had an accurate cervical screening history recorded.</p> <ul style="list-style-type: none"> <li>• Patient pathology results received from National Cancer Screening Register were clinically reviewed and correctly entered into the patient records.</li> <li>• Baseline participation rates were recalculated in CAT 4 once pathology results from National Cancer Screening Register were received and entered into patient records. The accurate recording of cervical screening rates had increased by 27% within the three-month period.</li> <li>• 18% of patients screened either within a Community Health facility or Family Planning NSW.</li> </ul>



**Act**

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

- Upon reviewing CAT 4 data, focus will move to *Idea 4* and aim to increase participation screening rates of Aboriginal and Torres Strait Islander and culturally and linguistically diverse patients by 10% over a three-month period commencing 1 September 2020.
- Arrange clinical meetings to discuss learnings and how to implement screening systems with overdue patients and other national screening programs.
- Review recall and reminder system