



# 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 the number of women who identify as Aboriginal and or Torres Strait Islander women aged between 50 and 74 who have do not have a current breast screening result recorded by 20% by XX/XX/2021

## 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.

Via PEN CS we will be able to identify:

- the number of active patients
- who identify as Aboriginal and or Torres Strait Islander
- aged 50 to 74 years
- who do not have a current breast screening test result recorded.

## 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.

Engage with BreastScreen NSW and request breast screening results for patients who do not have a current screening result in their medical record.

### Idea 2.

Display culturally appropriate 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 3.

Ensure all women who identify as Aboriginal and or Torres Strait Islander have their status accurately recorded in the patients medical record.





<b>Idea 4.</b>	Include breast cancer screening and other preventative health measures to 715 health assessment and GP Management Plan templates.
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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>	Engage with BreastScreen NSW and request breast screening results for patients who do not have a current screening result in their medical record.
	<p><b>Plan</b>      <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <p>Who: Practice Nurse/Practice Manager When: xx/xx/2021 Where: General Practice</p> <p>Data to be collected: Potentially, breast screening results for patients who do not have a screening record in the patients file at the General Practice.</p> <p>Data predictions: Approximately 30% of patients will have a current breast screening result recorded with BreastScreen NSW.</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>• The patient screening results was accessed and where possible, patients medical records were updated to reflect current breast screening results.</li></ul>
	<p><b>Study</b>      <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p>



	XX% of patients now have an up to date breast screening history recorded in their medical record.
	<p><b>Act</b>      <i>What will we take forward; what is the next step or cycle?</i></p> <p>Patients who do not have an accurate breast screening results will be contacted either via mail or phone to discuss the importance of breast screening, information regarding the closest fix or mobile BreastScreen NSW site and consultation with their GP to discuss further.</p>