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 cervical cancer screening in our underscreened or never screened population 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 aged 25 to 74 years who do not have a current cervical 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.	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.
Idea 2.	Access the National Cancer Screening Register to ensure General Practice cervical screening participation rates are correct.
Idea 3.	Promote services provided by clinicians such as Well Women consultations, display posters and brochures in the waiting room to encourage the uptake of screening.

Idea 4.	Include cervical cancer screening and other preventative health measures to health assessment and GP Management Plan templates.

QUALITY IMPROVEMENT:
PLAN, DO, STUDY, ACT CYCLE

Idea being tested: *From page 1: Idea 1,2,3 or 4*	Access the National Cancer Screening Register to ensure General Practice cervical screening participation rates are correct.

	Plan	*Who? When? Where? Data predictions? Data to be collected.*
	Who: Practice Nurse/Practice Manager When: xx/xx/2021 Where: General Practice Data to be collected: Potentially, cervical screening results for patients who do not have a screening record in the patients file at the General Practice. Data predictions: Approximately 30% of patients will have a current cervical screening result recorded in the National Cancer Screening Register.	

	Do	*Was the plan executed? Any unexpected events or problems? Record data.*
	Yes, plan executed without problems arising: • The National Cancer Screening Register was accessed and where possible, patients current cervical screening results were exported from the Register and recorded correctly in the patients electronic medical record.	

	Study	*Analysis of actions and data. Reflection on the results. Compare to predictions.*
	XX% of patients now have an up to date cervical screening history recorded in their medical record.	

	Act	*What will we take forward; what is the next step or cycle?*
	The National Cancer Screening Register will be accessed on a regular basis to ensure patient medical records are up to date and prior to sending cervical screening test reminders to patient	