### Cervical Screening QI Activity Example

#### Part 1 - The thinking part – The three fundamental questions

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| Practice Name: | | | PIP QI Quarter/s: | | Date: |
| Team Members/lead: | | | | | |
| **GOAL**  **Q1: What is the overall goal you wish to achieve?** | | | | | |
| By answering this question, you will develop your GOAL for improvement. It important to use a S.M.A.R.T (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime bound) goal that clearly states what you are trying to achieve. | | | | | |
| Our team will aim to improve cervical cancer screening rates from 55% to 70% for eligible women or people with a cervix aged 25-74 by September 2024. | | | | | |
| **MEASURE**  **Q2: How will you measure the change for this activity?** | | | | | |
| By answering this question, you will determine what you need to measure in order to monitor the achievement of your goal. Include how you will collect your data (e.g. clinical software, data extraction tool, patient surveys etc). Record and track your baseline measurement to allow for later comparison. | | | | | |
| **Outcome Measure:** % eligible patients screened for cervical cancer  **Tool**: POLAR PIP QI Resort – Quality Improvement Measure 9  **Frequency:** Monthly  Numerator: # patients who:   * RACGP Active * Females or person with a cervix aged 25 to under 75 * Have not had a hysterectomy * have had a HPV screening test within the past 5 years   Denominator: Total # patients who:   * RACGP Active * Females or person with a cervix aged 25 to under 75 * Have not had a hysterectomy | | | | | |
| **Baseline Measurement:** | | 55% | | **Date:** | March 2024 |
| **Ideas**  **Q3: What changes can we make that will result in improvement?** | | | | | |
| **List activities separately below that lead to achieving the stated GOAL above by testing using a PDSA cycle***. There can be as few or as many as the practice decides and can be as big or small as your practice can manage.* | | | | | |
| IDEA 1: | Develop an accurate list identifying people who are overdue for screening | | | | |
| IDEA 2: | Use marketing to promote Cervical Screening Test with focus on self-collection | | | | |
| IDEA 3: | Implement processes to support opportunistic CST if overdue person is in for another reason | | | | |
| IDEA 4: | Address barriers for screening for vulnerable (priority) populations | | | | |

#### Example: Part 2 - The doing part – Plan Do Study Act (PDSA) Cycle

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **IDEA**  Record the change idea you are testing | | | | | | | |
| From your ideas (activities) your team has listed (in MFI thinking part Q3) which idea are you going to test using a PDSA? | | | | | | | |
| Idea 1: Develop an accurate list identifying people who are overdue for screening | | | | | | | |
| **PLAN**  Briefly describe what exactly you will do to test your idea | | | | | | | |
| Record **who** will do what; **when** they will do it (day, time etc) and for **how** long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and **predictions** about the outcome. | | | | | | | |
| Practice team to action steps below across a 2-week period. If overdue list is too long, start with patients of 1 or 2 GPs on list and repeat steps 1-3 below until up to date  **Prediction:** Expect to find many patients on National Cancer Screening Register (NCSR) that have had a completed Cervical Screening Test (CST) that is not recorded in their clinical record. This will require the clinical team time to update patient records | | | | | | | |
| List the steps necessary to complete this activity | | | | Person responsible | | When  (due date) | Was this step completed? |
| 1. Complete steps to integrate clinical software with NCSR and update staff on how to find information in patient record | | | | Practice owner/clinical lead | | 20/05/24 | Yes |
| 1. Obtain list from data extraction tool of patients due for CST. | | | | Practice Manager | | 20/05/24 | Yes |
| 1. Cross check eligibility list with NCSR. Update screening status if completed in patient file in CST field | | | | Practice Nurse with GP | | 20/05/24 – 27/05/24 | Yes |
| 1. Communicate to whole team that data in clinical software has been updated | | | | Practice Manager | | 30/05/24 | Yes |
| 1. Once data updated, obtain a new list from data extraction tool to confirm new measurement from completed activity | | | | Practice Manager | | 30/05/24 | Yes |
| 1. Educate clinical team on how to accurately update CST field in clinical software | | | | Practice Manager | | 02/06/24 | Yes |
| **DO**  Was the activity carried out as planned? Yes  No, if not why? Document observations. | | | | | | | |
| The activity took 4 weeks, longer than expected as the list of eligible patients due for CST was large. This required more protected time of the practice nurse to cross check against the NCSR and consult with the GP on updating patient files | | | | | | | |
| **STUDY**  Record, analyse and reflect on results. Did the results match your predictions? | | | | | | | |
| Detail any **barriers** that your clinic encountered and list your key findings | | | | | | | |
| This was a worthwhile activity to update existing patient records to develop an accurate register of patients as our cervical screening rate data rose from 55% to 67%. We can easily identify now which patients are overdue or never screened and we can target our approach based on patient needs/barriers to screening. Demonstrates the value of using the NCSR for clinical team to locate accurate screening information and update patient records using the CST field as an ongoing activity. | | | | | | | |
| **Reflect on the Activity:** detail the differences between your baseline data and this activity’s results: | | Baseline measurement: | | | What was the end of activity measurement? | | |
| 55% cervical screening rate | | | 67% cervical screening rate | | |
| Communicate the results of your activity with your whole team. Celebrate any achievements, big or small | | | | | | | |
| **ACT**  Did this activity meet your stated goal? In the table below, select either Adopt, Adapt or Abandon | | | | | | | |
| Tick one | Description | | Details | | | | |
| Adopt | Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability. | | Sustainability action: Important that all clinical staff aware of updating cervical screening data in CST field in clinical software and use the NCSR information in patient record as ongoing activity to keep records up to date. | | | | |
| Adapt | Improve the change and continue testing plan.  What will be next PDSA cycle? | |  | | | | |
| Abandon | Discard this change idea and try a different one. | |  | | | | |

Note: Once PDSA cycle completed for idea 1, move onto your next idea to test

### Appendix: MFI and PDSA template

#### Part 1: The thinking part – The three fundamental questions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practice Name: | | | | Date: | |
| Team Members: | | | | | |
| **GOAL**  Q1: What are we trying to accomplish? | | | | | |
| By answering this question, you will develop your GOAL for improvement. It important to use a S.M.A.R.T (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime bound) goal that clearly states what you are trying to achieve. | | | | | |
|  | | | | | |
| **MEASURE**  Q2:How will we know that a change is an improvement? | | | | | |
| By answering this question, you will determine what you need to measure in order to monitor the achievement of your goal. Include how you will collect your data (e.g. clinical software, data extraction tool, patient surveys etc). Record and track your baseline measurement to allow for later comparison. | | | | | |
|  | | | | | |
| **Baseline Measurement:** | |  | **Date:** | |  |
| **Ideas**  Q3: What changes can we make that will result in improvement? | | | | | |
| By answering this question, you will generate a list of **IDEAS** for possible changes you could implement to assist in achieving your S.M.A.R.T. goal. You will test these ideas using part 2 of this template, the Plan, Do, Study, Act (PDSA) cycle. | | | | | |
| IDEA: |  | | | | |
| IDEA: |  | | | | |
| IDEA: |  | | | | |
| IDEA: |  | | | | |

#### Part 2: The doing part – Plan Do Study Act (PDSA) – sample

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **IDEA**  Record the change idea you are testing | | | | | | | |
| From your ideas (activities) your team has listed (in MFI thinking part Q3) which idea are you going to test using a PDSA? | | | | | | | |
| Idea Number: | | | | | | | |
| **PLAN**  Briefly describe what exactly you will do to test your idea | | | | | | | |
| Record **who** will do what; **when** they will do it (day, time etc) and for **how** long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and **predictions** about the outcome. | | | | | | | |
| **Predictions:** | | | | | | | |
| List the steps necessary to complete this activity | | | | Person responsible | | When  (due date) | Was this step completed? |
| 1. | | | |  | |  |  |
| 2. | | | |  | |  |  |
| 3. | | | |  | |  |  |
| 4. | | | |  | |  |  |
| 5. | | | |  | |  |  |
| **DO**  Was the activity carried out as planned? Yes  No, if not why? Document observations. | | | | | | | |
|  | | | | | | | |
| **STUDY**  Record, analyse and reflect on results. Did the results match your predictions? | | | | | | | |
| Detail any **barriers** that your clinic encountered and list your key findings | | | | | | | |
|  | | | | | | | |
| **Reflect on the Activity:** detail the differences between your baseline data and this activity’s results: | | Baseline measurement: | | | What was the end of activity measurement? | | |
| \_\_\_% | | | \_\_\_% | | |
| Communicate the results of your activity with your whole team. Celebrate any achievements, big or small. | | | | | | | |
| **ACT**  Did this activity meet your stated goal? In the table below, select either Adopt, Adapt or Abandon | | | | | | | |
| Tick one | Description | | Details | | | | |
| Adopt | Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability. | |  | | | | |
| Adapt | Improve the change and continue testing plan.  What will be next PDSA cycle? | |  | | | | |
| Abandon | Discard this change idea and try a different one. | |  | | | | |

#### Part 2: The doing part – Plan Do Study Act (PDSA) – sample 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** | | | | | |
| **Plan** | | | **Do** | **Study** | **Act** |
| Idea No. | PDSA Cycle No. | Plan the test | Do the test | Analyse the results | Make a plan for next step |
| List idea number | List PDSA number | **How** will we run this test? **Who** will do it and when? **What** will we measure? | Was the plan completed? Document any barriers | Compare results to predictions made and reflect on what you have learnt. | Adopt  Adapt  Abandon |
| 1 | 1 |  |  |  |  |
|  | 2 |  |  |  |  |
| 2 | 1 |  |  |  |  |
| 3 | 1 |  |  |  |  |
|  | 2 |  |  |  |  |
| 4 | 1 |  |  |  |  |
| Other findings: | What other findings came from testing these ideas? | | | | |
| Summary: | What was your overall summary and reflections | | | | |