

A TEAM APPROACH TO IMPROVING CANCER SCREENING

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Successful Teams

Engaged and effective Health Service teams are the absolute foundation for achieving sustainable improvements. Experience has shown that building the team's engagement and commitment to quality improvement work is often overlooked, and it becomes a weakness that affects the ability for Health Services to achieve sustainable change.

If you want to change the cancer screening outcomes for your Health Service, you will need to change what you are doing. It's important not to assume that the benefits of these changes will be understood or accepted by everyone. Facts are usually not enough, you need to get the "hearts and minds" on-side for real engagement and enthusiasm.

Roles and Responsibilities of the Health Service Team

Consider how your Health Service team currently operates. Is your team working together effectively and efficiently? It's not unusual for Health Service teams to be working in silos, which can lead to gaps, errors, assumptions, duplication and other inefficiencies. To achieve sustainable improvement, you will likely need to do some work on achieving a whole of team approach to cancer screening.

There are a range of responsibilities for the effective management of cancer screening within a Health Service. Documented role clarity is of high importance to ensure efficiency and accountability. Below is an example of how responsibilities could be shared across the Health Service team. As there is a great deal of diversity between Health Services, consider what will work best for your team.

On the following pages we've listed examples of role based activities related to cancer screening. However, it is important that your team discusses the range of actions or tasks that are needed to make sure that your Health Service population receives appropriate cancer screening. Then, based on comparative advantage, which role(s) in the team is best placed to undertake which action(s).

General Practitioners (GP)

- Respond to recall/reminder systems and engage in opportunistic discussions to encourage participation with eligible patients
- Support eligible patients to participate in screening, including addressing potential barriers to screening (e.g. fear, embarrassment, lack of knowledge, access etc)
- Perform cervical screening tests and/or work with Practice Nurses to do so
- Assess and support patients with follow up care following a positive result. Additionally, for bowel cancer screening, assist by reporting referrals for further investigation back to the Register
- Work in accordance with clinical guidelines, including managing patients at increased risk of breast, bowel or cervical cancer:
 - NHMRC approved Guidelines
 - RACGP Standards for General Practice - Criterion GP2.2 - Follow up systems

Do you have the
right staff, doing
the right job,
at the
right
time?





Practice Nurses

- Work with reception staff to promote the screening programs within the Health Service
- Respond to recall/reminder systems and engage in opportunistic discussions to encourage participation with eligible patients
- Support eligible patients to participate in screening, including addressing potential barriers to screening (e.g. fear, embarrassment, lack of knowledge, access etc)
- Demonstrate to patients how to use the bowel screening test kit. Kits can be ordered by emailing NBCSP@health.gov.au
- Perform cervical screening tests
- Refer patients of any age with cancer symptoms or a family history to a GP for further investigation
- Enter any screening results received, and an appropriate re-screen reminder, into the clinical software
- Contact and provide support to patients following a positive result and arrange a GP appointment
- Follow up patients who did not attend GP and/or colonoscopy appointment(s), addressing potential barriers to participation (e.g. fear, embarrassment, lack of knowledge, access etc)



Practice Managers

- Maintain up to date cancer screening registers
- Undertake screening audits of Health Service records to identify eligible patients due for screening as well as targeting those never screened, under screened and/or specific vulnerable groups
- Establish and oversee recall/reminder systems
- Support GPs with the flow of information to and from the Program Register
- Manage payments such as the cervical screening Practice Incentive Program (if eligible) and payment for providing information to the Program Register i.e. colonoscopy (or other examination) referral/non-referral via the GP Assessment Form for bowel cancer screening
- Support/manage reception staff responsibilities
- Manage succession planning
- Document policy and procedures for cancer screening
- Monitor progress against cancer screening goals and measures



Reception Staff

- Promote the screening programs within the Health Service
- Order and maintain supplies of program resources
- Display brochures, flyers and posters
- Respond to recall/reminders opportunistically when a patient phones for an appointment and/or by handing relevant resources to patients in the waiting area
- Send GP signed recall/reminder letters (and/or text messages and phone calls) to eligible (or soon to be eligible) patients to encourage participation. Provide resources and support information in alternative languages as needed.



Work with your team

Educate the team on the value of population-based screening

- Does our team have a good understanding of the difference between population screening and risk-based screening?
- Does our team have a good understanding of cancer screening guidelines?*
- Does our team have a good understanding of our breast, bowel and cervical cancer screening systems?
- Does our Health Service have a good understanding of the target populations for each screening program?
- Does our Health Service have documented processes for breast and cervical cancer screening?

Involve the whole team

- Can we give the whole team opportunities to generate ideas for improving cancer screening systems during team meetings or in other ways?
- Do we have a clinical and non-clinical leader (e.g. our principal clinician and Practice Manager) driving this activity?
- Have we assigned roles, responsibilities and timeframes for carrying out tasks?
- Do our team members have the skills they need, or is more training required?

Ensure team members have protected time to complete tasks

- Does the way in which we assign roles make efficient use of our entire team?
- Have we assigned people realistic tasks in light of any resource or time constraints?
- Have team members been given "protected" time to regularly complete tasks?

Set realistic goals and use data to drive improvement

- Will our whole team be involved in setting our Health Service's goals for this work?
- Are our goals SMART: Specific, Measurable, Attainable, Realistic and Time-bound?
- Do we have tools to measure progress against our goals?
- Are we using data to frequently review progress against our goals?

As a team, regularly reflect, review and adjust what you are doing

- Is reviewing progress against our goals and generating new ideas part of our regular team meeting agenda?
- Are we regularly reviewing our progress and adjusting our goals and strategies?
- Are we rewarding and acknowledging success and working as a team to problem-solve any challenges?

In this section, where you see an asterisk *, please refer to '[Appendix 5: Useful Resources](#)' for more information. (page 75)





Develop a systematic approach to cancer screening



Consider to whom, how and when you will offer screening

- Does our Health Service have a clear idea of who talks with people about screening and when (for example: during health checks, as part of routine appointments, during specific information sessions, via written information)?
- Have we documented who will talk about screening and when?
- Do our team members have the skills they need to offer cervical screening to women with a history of sexual abuse, women with a disability, women whose comfort with screening is impacted by cultural sensitivity or language barriers?

Undertake awareness raising

- Does our Health Service display cancer screening materials? *
- Do we regularly review the health promotional materials available in relation to cancer screening and order the posters/pamphlets relevant to our Health Service?
- Is our team aware of the most up-to-date “key messages” for cancer screening?
- Does our Health Service use events such as Daffodil Day, Pink Ribbon Day and Australia’s Biggest Morning Tea to promote cancer screening initiatives?

Identify at risk individuals and provide them with additional support

- Has our Health Service reviewed our cancer screening registers to identify patterns in individuals who are under-screened or who have never screened? (e.g. by gender, age, cultural background, location, employment status, disability, etc.)
- Has our Health Service used the “Deliver person centred” checklist to identify actions that will strengthen engagement with individuals at-risk of under-screening?
- Does our Health Service offer the self-collection method of cervical cancer screening to eligible women who have previously refused screening?

Develop systems that support patient safety

- Does our Health Service have a near miss and adverse outcome register for cancer screening?

Support individuals who have a positive screening test

- Do we use appropriate pathways for people who require further investigation after a positive screening test or diagnosis?
- Does our Health Service have resources and a team to support individuals with a positive screen or subsequent diagnoses?
- Does our Health Service use HealthPathways and Optimal Care Pathways? *

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Deliver person centred care

Understand individual's perspectives, and design and deliver your services accordingly

- Has our team mapped the cancer screening pathway from the individual's point of view to understand which aspects of the "patient journey" may be difficult to access, inconvenient, unclear or psychologically distressing for our patients?
- Does our Health Service co-design service delivery with patients and incorporate their perspectives into our delivery of care?

Improve your organisation's health literacy

- Does our whole team understand the components of health literacy?
- Have our team members undertaken health literacy training?
- Does our Health Service display cancer screening materials designed for specific cohorts of patients?
- Do we ask and record all new patients about their language preferences, and offer and use appropriate language services? (Accreditation: RACGP Core Standard 1, criterion C1.1, C1.3, C1.4, C1.5)
- Has our Health Service developed, or do we use audio-visual materials to support patients with better understanding cancer screening e.g. "The Pap test has changed" video? *
- Do our team members have the counselling skills to support all individuals to make informed choices about screening? *
- Does our Health Service have a clear system for communicating screening results with individuals in a way that helps them make an informed decision on treatment?
- Do our team members understand this system? Can they explain it?

Use patient reported measures to drive improvement

- Does our Health Service request feedback from patients about their experience of care? (Accreditation: RACGP criterion Q1.2)
- Do patient reported measures form part of how we assess our Health Service's performance? *

Work in partnership to address environmental, cultural and other barriers to screening

- Does our Health Service partner with community organisations or leaders to better engage hard to reach groups and support referrals to screening services?
- Does our Health Service use interpreter services appropriately?
- Is our Health Service a safe place for Aboriginal or culturally diverse people?
- Have our staff members read the Australian Indigenous Doctors "Cultural Safety Factsheet"? *

HealthPathways

HealthPathways is a web-based information portal supporting primary care clinicians to plan patient care through primary, community and secondary health care systems within your local area. It is like a “care map”, so that all members of a health care team - whether they work in a hospital or the community - can be on the same page when it comes to looking after a particular person.

HealthPathways are designed to be used at the point of care, primarily for GPs, but is also available to hospital specialists, nurses, allied health practitioners and other health professionals within the region.

Please note that you need a username and password to access your local HealthPathways. If you do not have access, please contact your local HealthPathways team to request this:



- Murray PHN:
<https://murray.healthpathways.org.au/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- North Western Melbourne PHN:
<https://melbourne.healthpathways.org.au/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Western Victoria PHN
<https://westvic.healthpathways.org.au/LoginFiles/Logon.aspx?ReturnUrl=%2f>
email: healthpathways@westvicphn.com.au

Case Study 1: Working with the team to improve cancer screening



Robinson Street Medical Centre decided to join the Cancer Screening Collaborative because they saw it as an ideal opportunity to improve the rate of cervical cancer screening and to learn more about the renewal of the cervical screening program. Participation in the Collaborative enabled the team to undertake a review of their current cervical screening processes; identify women who were under-screened; update promotional materials and patient education systems and contact women individually to discuss the importance of cervical cancer screening.

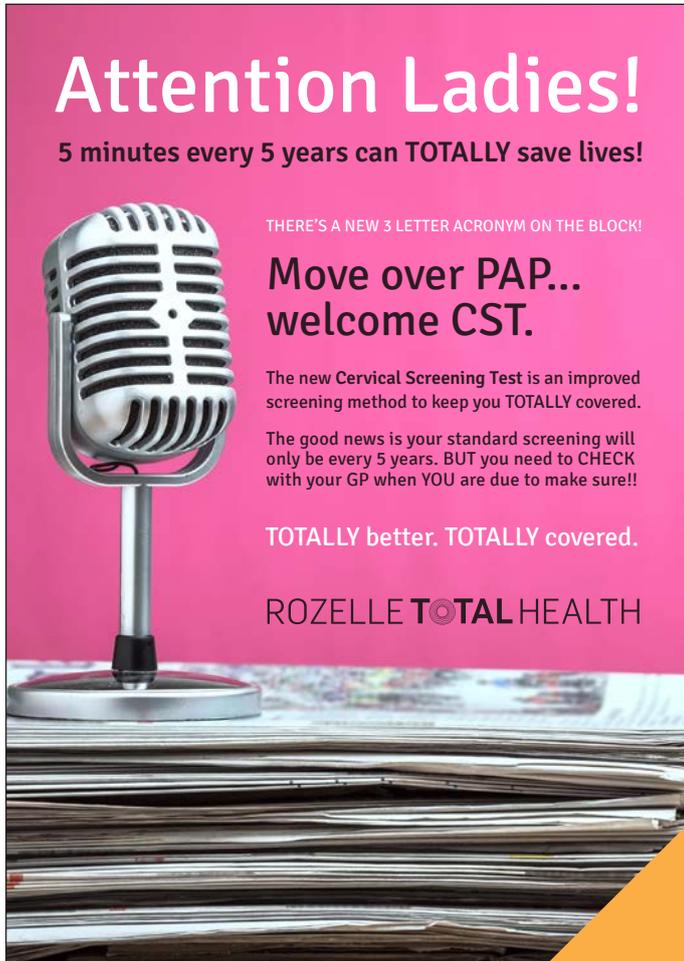
*Photo courtesy of
Western Victorian PHN*

"It worked really well - we had a 10% increase in just six months and we're continuing to build on that," Beth Royal, PN, said.

The success of their involvement in the program was acknowledged when Beth was awarded the Western Victoria Primary Health Network's Primary Health Care Nurse Excellence Award in November 2018.

Robinson Street Medical Centre, Camperdown, Vic

Case Study 2:



Attention Ladies!
5 minutes every 5 years can **TOTALLY** save lives!

THERE'S A NEW 3 LETTER ACRONYM ON THE BLOCK!

**Move over PAP...
welcome CST.**

The new Cervical Screening Test is an improved screening method to keep you **TOTALLY** covered.

The good news is your standard screening will only be every 5 years. **BUT** you need to **CHECK** with your GP when **YOU** are due to make sure!!

TOTALLY better. **TOTALLY** covered.

ROZELLE **TOTAL** HEALTH



**CALLING ALL
LADIES
BETWEEN 25 & 75!**

Here's the deal; 5 minutes every 5 years*
for **TOTAL** peace of mind. Sounds fair?!

Goodbye PAP smears, welcome CST!
THE NEW AND IMPROVED CERVICAL SCREENING TEST HAS ARRIVED!

*check in with your GP today when yours is
due and make sure you're **TOTALLY** covered!

ROZELLE **TOTAL** HEALTH

Raising awareness of the changes to cervical cancer screening

Images courtesy of
Rozelle Total Health

Rozelle Total Health realised that in order to encourage more women to undertake cervical cancer screening, they needed to do something different.

"We used a sandwich board that sat outside the practice with posters either side promoting the change to the PAP/CST screening. This worked really well and stirred up women's interest, especially when the message included information that the test would be every 5 years.

We would definitely use the sandwich board for future campaigns as it had the desired effect for gaining women's attention that then converted into CST screening in the doctors' consults", Lis Akhust, PN, said.

Rozelle Total Health, Sydney, NSW

Case Study 3: Working in partnership to deliver person centred care



Coffs Harbour Women's Health Centre provides cancer screening services to a broad range of women. They found they needed a pro-active partnership approach to meet the diverse needs of their patients.

"We have found that we need more than our recall and reminder service to meet the needs of our more vulnerable patients. We try to be very person centred in the way we deliver our screening service for vulnerable women. We work with a number of partners to build the support and linkages we need to deliver appropriate services.

For example, we have an informal arrangement with the Local Health District's Refugee Clinic and they refer to us. Clearly, language is a barrier (amongst a myriad of physical, emotional and social problems), but we use the interpreting service well and work closely with other resettlement services.

We have electronically controlled examination couches to support the needs of women with impaired mobility and have, on occasion, delivered cervical screening outside the centre for women whose physical needs make it difficult for them to access our service.

Previously we've worked with the Local Health District's Drug & Alcohol service to deliver a couple of cervical screening clinics a year on their premises. We also provide five outreach clinics per year to Dorrigo, Bellingen and Woolgoolga to support women who find access difficult due to transport disadvantage. These clinics are in demand and always filled.

Generally speaking, vulnerable women are significantly under screened. We found taking the service to a place they visit had merit. This helped the women to be comfortable and to minimise "no show" rates."

Bronwyn Chalmers, CEO, Coffs Harbour Women's Health Centre, NSW

Health Literacy

Health literacy is about how well people understand information about health and health care, and how well they are able to apply that information to their lives, use it to make decisions and act on it. Health literacy also involves the ability of health services to “make it easier for people to navigate, understand, and use information and services to take care of their health”¹³

Research has shown that limited health literacy is associated with lower levels of cancer screening and later stage cancer diagnoses.¹⁴ Health literacy is therefore an important area for us to address if we want to improve screening rates.

Health literacy for clinicians

60%
OF PEOPLE



LOW
HEALTH LITERACY

Having low health literacy means your patients don't have the knowledge they need to find, understand and use information about their health and health care. You can help change this.

Know your patients



Consider how you present information



Ensure understanding



Improve your health service



How can I help my patients understand their health better?

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

www.safetyandquality.gov.au

¹³ Brach C, Keller D, Hernandez L, Baur C, Parker R, Dreyer B, Schyve P, Lemerise AJ & Schillinger D, 2012, Ten attributes of health literate health care organisations, Washington, DC: Institute of Medicine, The National Academies Press, <https://www.jointcommission.org/assets/1/6/10attributes.pdf>

¹⁴ Friedman DB and Hoffman-Goetz L, 2008, Literacy and health literacy as defined in cancer education research: A systematic review, Health Education Journal, December 2008 vol. 67 no. 4 285-304



So, what can you do?

- Develop a list of ideas for action from the “Deliver person centred care” checklist and use the Model for Improvement to test your ideas.
- Review your current patient information resources to ensure they are appropriate, e.g. they use plain language.
- To access more information on health literacy, please use this link: <https://www.safetyandquality.gov.au/publications/health-literacy-a-summary-for-clinicians/>
- To access a guide on creating plain language resources, please use this link: <https://www.ipchealth.com.au/wp-content/uploads/Health-literacy-guide-for-client-resources-Final-2017.pdf>



How can we involve our patients?

- Ask specific cohorts of patients, their families or carers to review your information resources
- Consider asking a group of individuals to form a Health Literacy Advisory Group

For more information, tools and resources from ACSQHC, please visit: <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/tools-and-resources-for-health-service-organisations/>

Readability Tools

There are a range of readability tools that can be used to assess the complexity of your information. Both SA Health and Department of Health and Human Services Tasmania recommend using the SMOG Tool.

https://www.dhhs.tas.gov.au/publichealth/about_us/health_literacy/health_literacy_toolkit/assessing_readability

<https://www.sahealth.sa.gov.au/wps/wcm/connect/fcb907004e455125ab8eaf8ba24f3db9/HLT-AssessingReability-T7-PHCS-SQ20130118.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-fcb907004e455125ab8eaf8ba24f3db9-IG4ZGVM>