HOW CAN WE IMPROVE PARTICIPATION IN BREAST, BOWEL AND CERVICAL CANCER SCREENING?
How do we improve participation in bowel cancer screening?

- Tailor and/or update resources on bowel cancer screening and display materials such as posters in the waiting room
- Work with a small cohort of your patients to review and/or co-design promotional materials
- Consider incorporating bowel cancer screening as a discussion point in the 45-49 year old health assessment

Strategies for improving screening rates for under-screened individuals

1. For Aboriginal and Torres Strait Islander people, access information, advice and resources here: https://www.indigenousbowelscreen.com.au/health-professionals/

2. For individuals from low SES areas, consider a follow-up telephone call after a consultation and/or a reminder letter has been sent.\(^{15}\)

3. Provide specific, clear information to those with lower health literacy.\(^{16}\)

Enablers for under-screened groups

- Culturally and linguistically appropriate information
- Opportunistic reminders
- Planned follow-up to assess if individuals have undertaken the FOBT

Enablers for health services

- GP recommendation
- Information on the effectiveness of routine screening programs, including the proportion of false negatives and false positives, in order to effectively promote screening
- Special clinics that focus on preventative activities or involve Practice Nurses in screening activities
- Ask patients to complete a bowel cancer screening self-assessment
- Provide screening information in an appropriate format e.g. easy English, different languages, videos
- Provide demonstrations of FOBT
- Allow time to discuss and address their concerns


Resources

- For health care provider information about your role in the NBCSP:
- For Cancer Australia clinical practice guidelines and care pathways for bowel cancer:
- To access a multitude of resources from Cancer Council Victoria, please use this link:
- For national bowel cancer screening resources for consumers:
- For RACGP clinical guidelines on bowel cancer screening:
How do we improve participation in breast cancer screening?

- Tailor and update resources on breast cancer screening and display materials such as posters in the waiting room
- Work with a small cohort of your female patients to review and/or co-design promotional materials
- Develop and provide information to women that promotes the importance of updating personal contact details held by the BreastScreen program

Strategies for improving screening rates for under-screened women

1. For older women, consider following up reminder letters with phone calls
2. For migrants and refugees, liaise with relevant community groups, offer language-specific education sessions and assist with transport requirements
3. For Aboriginal women, liaise with your local ACCHO or Aboriginal medical service. Establish connections with female Aboriginal Health Workers and hold specific “yarning” sessions.
4. For CALD women, hold language specific information sessions; liaise with BreastScreen Victoria to send written invitations

Enablers for under-screened groups

- Local interpreter services
- Accessible, appropriate information and resources about breast screening
- Information on the BreastScreen bus timetable or location
- Localised health services guide for women

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Enablers for health services

- GP recommendation
- Access to female GP or nurse if required
- Shared consultations with female GP or nurse
- Access to current health services guide for women, including details of women’s health centres
- Provide screening information in an appropriate format e.g. easy English, different languages, videos
- Demystify breast cancer screening and the screening process and allow time to discuss their concerns

Resources

- For Cancer Australia breast cancer guidelines, guides and resources: https://breast-cancer.canceraustralia.gov.au/health-professionals
- To access a multitude of resources from Cancer Council Victoria, please use this link: https://screeningresources.cancervic.org.au/search/
How do we improve participation in cervical cancer screening?

- Offer the self-collection method to relevant women
- Implement a Health Service disability policy and processes to ensure appropriate access and equipment is available
- Liaise with local women’s health centres to promote access
- Work with others to provide community-based promotion campaigns

Strategies for improving screening rates for under-screened women

1. For Aboriginal women, send regular invitations to screen; ensure accessible and culturally appropriate services are available\(^21\)
2. For CALD women, engaging with non-medical and family networks to encourage screening; holding education sessions that address specific fears\(^22\)
3. For people who identify as LGBTIQ, ensure all staff use inclusive language and demonstrate non-judgement attitudes; discuss sexual orientation and gender identity\(^23\)
4. For women with a history of sexual assault, support the woman to attend with a relative or friend; elevate the pelvis with a cushion; offer the women the choice to insert the speculum\(^24\)
5. For women who have undergone female genital circumcision, support the woman to attend with a relative or friend; encourage calming and deep breathing techniques to help support relaxation\(^25\)
6. For women with a disability, book longer consultations; offer assistance with undressing, dressing and positioning\(^26\)

Enablers for under-screened groups

- Access to a female GP and/or PN
- National Interpreter services - 13 14 50 (TTY 13 36 77)
- Local transport options

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21 Cancer Council, Cancer Council Guidelines: 12. Screening in Aboriginal and Torres Strait Islander Women
Enablers for services

- GP recommendation
- Formalised reminders and opportunistic prompts
- Provide screening information in an appropriate format
- Allow time to discuss the screening process and discuss their concerns
- Liaison with women’s health centres
- Liaison with community groups to promote screening to specific groups, e.g. CALD women

Resources

- For health care provider information about your role in the NCSP: http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/healthcare-providers
- To access a multitude of resources from Cancer Council Victoria, please see: https://screeningresources.cancervic.org.au/search/
Cancer Screening Model for Improvement Examples

MFI Example for Bowel Cancer Screening

A Health Service reviews their cancer screening data and decides to focus their initial efforts on improving the rates of bowel cancer screening for eligible patients in their Health Service population.

As a team, in early February 2019, they plan and undertake their first Model for Improvement. To begin, they answer the three Fundamental Questions.

**Question 1: What are we trying to accomplish?**

Our goal is to:

Increase the number of people who undertake bowel cancer screening

This is a good start, but how will they measure whether they have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit.

So, for this example, a better goal statement would be:

Our goal is to:

Increase the proportion of our Health Service Population patients aged 50 (first timers) that participate in bowel cancer screening by 15% by 31 May 2019

**Question 2: How will we know that a change is an improvement?**

Next the team selects measures to track progress against meeting their goal.

We will measure the percentage of eligible regular patients aged 50 who have a FOBT result recorded:

- A - The number of Health Service Population patients on our clinical database aged 50 years (denominator)
- B - The number of Health Service Population patients on our clinical database aged 50 with a recorded FOBT result (numerator)
- B divided by A produces the percentage of Health Service Population patients aged 50 who have a FOBT result recorded

This is a good measure, however, please note that as you measure this over time, some people who were included in earlier results (say February 2019) will have turned 51 (in say March 2019) and will not be included in the results measured in March. In later measurement, people who have just turned 50 will be included where they would have been excluded in earlier counts. Therefore, for this particular measure, if the team focusses on those people who have just turned 50 and who would have just received their FOBT test, it’s likely that the results will show greater improvement when compared with focussing on people who are about to turn 51.
Question 3: What changes can we make that will result in improvement?

Then the whole team is asked for ideas to reach the goal.

Our ideas for change:

1. Audit patients aged 49 and send letters encouraging participation in the NBCSP
2. Audit patients aged 50 years and 2 months and send letters to those who have not yet had an FOBT result recorded
3. Create an ongoing system for sending a letter to people aged 49 to encourage their participation in the screening program
4. Clinicians to discuss and encourage opportunistic screening
5. Add bowel cancer screening to templates for chronic disease management and 45-49 year old health assessments
6. Source and provide endorsed patient education resources (in waiting rooms, toilets, distributed) and demo kits
7. Run an awareness campaign for bowel cancer awareness month

Finally, the team selects one idea to begin testing with a PDSA cycle.

Idea 2: Cycle 1:
Audit patients aged 50 years and 2 months and send letters to those who have not yet had an FOBT result recorded

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<thead>
<tr>
<th>PLAN</th>
<th>DO</th>
<th>STUDY</th>
<th>ACT 1 - POSSIBLE NEXT PLAN</th>
<th>ACT 2 - ALTERNATIVE NEXT PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>What: John to use Sue’s office to conduct audit using Pen CAT and identify regular patients aged 50 years and 2 months who have not had an FOBT result recorded</td>
<td>Done - completed 17 March While the test went smoothly, the Practice Manager needed to contact the PHN for support with Pen CAT</td>
<td>Total 152 patients aged 50yrs and 2 months / 36 have had an FOBT ~ 24%, lower than predicted.</td>
<td>Send a letter to patients aged between 50yrs-50yrs and 2 months to encourage participation</td>
<td>Audit and identify patients aged 49 years, 11 months and send letter to encourage participation</td>
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<tr>
<td>Who: Practice Manager</td>
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<tr>
<td>When: 17 March</td>
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<td>Where: At the Health Service</td>
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<tr>
<td>Prediction: 30% of these patients will have an FOBT result recorded</td>
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<tr>
<td>Data to be collected: Number of regular patients aged 50 years and 2 months and the status of their FOBT result. This can be achieved by using Pen CAT and then exporting the search to Excel. In Excel the date of birth can be used to identify those that are 50 years and 2 months old and also their FOBT result status.</td>
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</table>
Following on from the first PDSA cycle, the team select the first Act (Act 1) to trial in their next PDSA cycle.

### Idea 2: Cycle 2:
Audit patients aged 50 years and 2 months and send letters to those who have not yet had an FOBT result recorded

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<th>PLAN</th>
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<th>ACT - NEXT PLAN</th>
<th>ACT - NEXT MFI</th>
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<tr>
<td><strong>What:</strong> Sue to draft a letter template &amp; John to post letters to patients aged 50yrs-50yrs and 2 months who have not had an FOBT result recorded&lt;br&gt;&lt;br&gt;<strong>Who:</strong> Practice Nurse and Practice Manager&lt;br&gt;&lt;br&gt;<strong>When:</strong> Sue - by 20 March 20, John - by 27 March&lt;br&gt;&lt;br&gt;<strong>Where:</strong> At the Health Service&lt;br&gt;&lt;br&gt;<strong>Prediction:</strong> There will be an increase in participation noticeable within one month and by the end of May 2019, 35% will have an FOBT result recorded&lt;br&gt;&lt;br&gt;<strong>Data Collected:</strong> Number of patients aged 50yrs-50yrs and 2 months who have had an FOBT result recorded</td>
<td>Done - completed by 27 March</td>
<td>38 letters sent. Using the same data collection method as in the earlier test, it was noted that within three weeks, 8 of the 38 had a recorded FOBT result.</td>
<td><strong>Idea 1:</strong> Audit and identify patients aged 49 years and 11 months and send letters to encourage participation.</td>
<td>Consider same/similar/different approach for other eligible ages</td>
</tr>
</tbody>
</table>

The team is continuing to work towards their goal to ‘Increase participation in bowel cancer screening by 15% for patients aged 50 (first timers) by 31 May 2019’. To do so, they decide to test another idea from their original list of change ideas (in response to the third fundamental question) and will start a new PDSA cycle.

An example PDSA cycle for this new idea is shown below:

### Idea 1: Cycle 1:
Audit and identify patients aged 49 years, 11 months and send letters to encourage participation

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<tr>
<th>PLAN</th>
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<th>ACT - NEXT MFI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What:</strong> John to identify regular patients aged 49 years, 11 months, download the NBCSP letter template, customise and post to identified patients&lt;br&gt;&lt;br&gt;<strong>Who:</strong> Practice Manager&lt;br&gt;&lt;br&gt;<strong>When:</strong> By April 10&lt;br&gt;&lt;br&gt;<strong>Where:</strong> At the Health Service&lt;br&gt;&lt;br&gt;<strong>Prediction:</strong> 50% of these patients will have an FOBT result recorded at 50 years and 2 months.&lt;br&gt;&lt;br&gt;<strong>Data to be collected:</strong> Number of regular patients aged 49 years, 11 months who will become eligible for a FOBT in one month.</td>
<td>Done - completed 8 April</td>
<td>12 letters sent</td>
<td>Identify how many of these people had an FOBT and ascertain whether the response rate was as expected, higher, or lower than predicted</td>
<td>Consider same/similar/different approach to establish an ongoing system to encourage first time participation</td>
</tr>
</tbody>
</table>
MFI Example for Breast Cancer Screening

Question 1: What are we trying to accomplish? (Goal)

Our goal is to:
Increase the percentage of Aboriginal or Torres Strait Islander women, aged between 50 and 74, who’ve had a breast screen mammogram in the last two years by 30% by May 2019.

Question 2: How will we know that a change is an improvement? (Measures)

We will measure the percentage of Aboriginal or Torres Strait Islander women aged 50 to 74 on our clinical database with an active status who are recorded with a mammogram performed within the last two years:

- A - The number of Aboriginal or Torres Strait Islander women aged 50 to 74 on our clinical database with an active status
- B - The number of Aboriginal or Torres Strait Islander women aged 50 to 74 on our clinical database with an active status who are recorded with a mammogram performed within the last two years
- B divided by A produces the percentage of Aboriginal or Torres Strait Islander women aged 50 to 74 on our clinical database who are recorded with a mammogram performed within the last two years.

Question 3: What changes can we make that will result in improvement? (Ideas)

Our ideas for change:

8. Ensure all women who identify as Aboriginal or Torres Strait Islander have their status recorded in the correct field in the software.
9. Liaise with private radiography providers to request a list of your Indigenous female patients who’ve had a mammogram.
10. Check free text fields and results to identify Aboriginal or Torres Strait Islander women who have had a mammogram recently and are not coded correctly in the system.
11. Ask Aboriginal or Torres Strait Islander women whether they have had a mammogram, when they had the screen and where.
12. Promote mammography services using culturally appropriate resources.
13. Discuss mammography services with Aboriginal or Torres Strait Islander women when they attend the Health Service.
14. Source and provide endorsed patient education resources (in waiting rooms, toilets, distributed).
15. Run an awareness campaign for breast cancer awareness month.
### Idea 1: Cycle 1:
Ensure all women who identify as Aboriginal and/or Torres Strait Islander have their status recorded in the correct field in the software

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>What:</strong> Run a search in Pen CAT to identify all women currently coded as being of Aboriginal and/or Torres Strait Islander descent</td>
<td>This was a quicker process than we expected; only taking 20 minutes.</td>
<td>8 women have been recorded as Aboriginal and/or Torres Strait Islander. This is a little more than expected, however it is well below the relative number of Aboriginal and/or Torres Strait Islander women expected for this area.</td>
<td>Identify the current error rate in recording of ethnicity by asking all patients that attend through the course of one week and review results.</td>
<td>We will check free text fields and results to identify Aboriginal women that have had a mammogram recently and are not coded correctly in the system.</td>
</tr>
<tr>
<td><strong>Who:</strong> Practice Manager&lt;br&gt; <strong>When:</strong> Friday 17th March&lt;br&gt; <strong>Where:</strong> At the Health Service&lt;br&gt; <strong>Prediction:</strong> We will have a small number of women who are coded as being of Aboriginal and/or Torres Strait Islander descent; only about 6</td>
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<tr>
<td><strong>Data to be collected:</strong> Number of women coded as being of Aboriginal and/or Torres Strait Islander descent.</td>
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### Idea 1: Cycle 2:
Ensure all women who identify as Aboriginal or Torres Strait Islander have their status recorded in the correct field in the software

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<thead>
<tr>
<th>PLAN</th>
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<th>ACT</th>
<th>ACT - NEXT MFI</th>
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<tbody>
<tr>
<td><strong>What:</strong> For one week we will ask every patient whether they identify being of Aboriginal and/or Torres Strait Islander descent and also confirm their recorded ethnicity. We will provide resources, training and support for reception staff on how to ask this question in an appropriate way.</td>
<td>We found quite a few resources online related to asking the question and we also put up a poster at reception. Every patient was asked and there were a couple of instances where people wanted to know why, and some people were not comfortable when asked. The Practice Manager needed to provide support on 2 instances through the week.</td>
<td>2 Aboriginal and/or Torres Strait Islander people identified where their record was coded incorrectly. On 16 other cases, ethnicity was either corrected or completed. 18 records had ethnicity up-dated of 455 unique patients seen that week, a 3.96% error rate. While not a material percentage, an important part of the record is either missing or contains an historical error.</td>
<td>Work with reception staff to identify whether any improvements can be made to the process and re-test for another week in three weeks’ time.</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Who:</strong> Practice Manager and Reception Staff&lt;br&gt; <strong>When:</strong> Week commencing 21 March 2019&lt;br&gt; <strong>Where:</strong> At the Health Service&lt;br&gt; <strong>Prediction:</strong> We will find some errors; however, we believe these will be immaterial in number</td>
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<tr>
<td><strong>Data Collected:</strong> When the staff identify a recorded error, or update missing information, they will mark it down on a tally sheet, collected by ethnicity.</td>
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</table>
Our goal is to: Increase awareness of the importance of cervical cancer screening in under and never screened women to improve screening rates by 10% by 30 April 2019.

We will measure the proportion of eligible women on the clinical database, with an active status, with a cervical screening result within the required time frame:

1. A - The number of eligible women recorded on the clinical database with an active status
2. B - The number of eligible women recorded on the clinical database, with an active status, with a cervical screening result within the required time frame
3. B divided by A will produce the proportion of eligible women on the clinical database with a cervical screening result within the required time frame

The results of this measure can be recorded at baseline and over time. The results recorded at baseline can be compared with the results at the end of April 2019 to see whether the goal has been achieved.

Undertake awareness raising by:
1. putting up new cervical screening poster and brochures in waiting room
2. Hold an awareness week campaign, including cervical screening clinics with female GPs or women’s health nurse practitioner
3. Add information to our waiting room tv regarding changes to cervical screening

Two of the ideas generated for this MFI were relatively straightforward (1 & 3) and therefore the team chose to act on these and not use a PDSA. It was expected they would contribute to achieving the goal and this could be measured over time. Idea number 2 was considered a good idea, but represented a number of challenges. The team decided to proceed with the idea and include this in the QIP to action over time. However, in the first instance the team chose to test operating a cervical screening clinic on a small scale.
What changes can we make that will lead to an improvement? (Ideas)

Our ideas for change:

1. Undertake awareness raising by:
   - putting up new cervical screening poster and brochures in waiting room
   - Hold an awareness week campaign, including cervical screening clinics with female GPs or women’s health nurse practitioner
   - Add information to our waiting room tv regarding changes to cervical screening

Idea 2: Cycle 2:

Hold a cervical screening clinic with a female GP

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<tr>
<th>PLAN</th>
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<tr>
<td><strong>What:</strong> On Wednesday 13 March, in the morning session, hold a cervical screening clinic with Dr Jones. The Practice Manager will identify 30 women who have not been screened using Pen CAT and send invitations to attend. On the morning, the team will also offer opportunistic screening to any eligible women who attend the Health Service.</td>
<td>Generally things went smoothly but there was a slight waiting time which caused 2 walk outs.</td>
<td>Of the 30 women invited for a cervical screen, 8 responded and made an appointment.</td>
<td>It was decided to repeat the test and make the change suggested to workflow.</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Who:</strong> Dr Jones, Practice Manager and Reception Staff</td>
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<td>Of the 8 attending, 2 walked out due to a slight wait. 2 women who were attending for other reasons were opportunistically screened.</td>
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<tr>
<td><strong>When:</strong> Wednesday morning, 13 March 2019</td>
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<td>A change to improve workflow through better preparation was suggested by the nurse.</td>
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<td><strong>Where:</strong> At the Health Service</td>
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<tr>
<td><strong>Prediction:</strong> The morning will be booked out but there will be a few no shows.</td>
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<tr>
<td><strong>Data Collected:</strong> Number of women invited, number of women who respond and make an appointment and the number of opportunistic cervical screens that were completed.</td>
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