Cervical Screening QI Activity Example

Part 1 - The thinking part – The three fundamental questions

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

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
2. Obtain list from data extraction tool of patients due for CST.	Practice Manager	20/05/24	Yes
3. 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
4. Communicate to whole team that data in clinical software has been updated	Practice Manager	30/05/24	Yes
5. Once data updated, obtain a new list from data extraction tool to confirm new measurement from completed activity	Practice Manager	30/05/24	Yes
6. 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	Baseline measurement:	What was the end of activity measurement?

and this activity's results:	___%	___%
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				