**CERVICAL SCREENING (November 2024)**

Resources for GP’s and practice nurses

<https://www.health.gov.au/self-collection-for-the-cervical-screening-test>

<https://cancer.org.au/cervicalscreening/i-am-over-25/do-i-need-the-test/self-collection-and-the-cervical-screening-test>

<https://www.qld.gov.au/health/conditions/screening/cancer/cervical/self-collected-samples>

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**PIP QI**

[DoH - QIMs](https://www.health.gov.au/resources/publications/practice-incentives-program-quality-improvement-measures?language=en)

Quality improvement activities that aim to increase the proportion of patients with up-to-date cervical screening are in line with PIP QI quality improvement measure 9 (QIM 9).

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Possible QI activities

* Eligible patients who are overdue and/or not recorded for cervical screening.

**MBS Billing Opportunities**

[MBS Online - Cervical Screening](https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-NCSP-amended-items)

It is recommended that your practices utilise yourPDSA with your Pen CS clinical audit tools and the PHN Exchangeto enhance your QI outcomes and to meet the recording requirements of the PIP QI incentive.

**CAT4 Recipe**

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**Note:** You will not be required to add any additional patient filters for cervical screening as the Cervical Screening Report automatically filters for the eligible patient cohort.

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**Note:** If you have too many patients in your selected patient group and you would like to reduce the number, you may wish to alter your reporting figures. E.g., Recalling only those patients who are OVERDUE in the first instance. It is important that the numbers are manageable for clinic staff. Any changes to the recipe filters and reporting instructions will be at your practice’s discretion. Should you require any assistance ‘drilling down’ your reporting numbers please contact the PHN via practicesupport@ddwmphn.com.au

**Drill Down Tip** – You can tag on a 45-49 Health Assessment to this patient cohort. This will reduce your final number and will increase billing opportunities. Email practicesupport@ddwmphn.com.au for this recipe.

**Pen CS Topbar PIP QI App**

[https://help.pencs.com.au/display/TUG/PIP+QI+App](https://help.pencs.com.au/display/TUG/PIP%2BQI%2BApp)

The Topbar PIP QI app will notify your clinic at the point of engagement, should a patient enter the waiting room with any of the 10 quality improvement measures that require actioning. This will include cervical screening.





If your clinic would prefer a more specific notification for cervical screening ONLY, you can create a CAT Prompt.

**Pen CS CAT Prompts**

https://help.pencs.com.au/display/CP/Topbar

CAT Prompts are created in CAT4 (on the practice level). Prompts created in CAT4 in the practice are effective immediately and don't need any further activation in Topbar to be displayed.



If you would like some assistance creating a CAT Prompt for your Topbar notifications, please contact the PHN via practicesupport@ddwmphn.com.au

**PHN Exchange: GP Data Reports**

The PHN Exchange is your practices benchmark reporting tool. You will be able to view trends over a 12-month period via your ‘GP Hub’.



[PHN Exchange Login](file:///C%3A%5CUsers%5CAshleigh.Nelson%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CQMMRBTF1%5CPHN%20Exchange%20Login)

If you require assistance logging into your practice’s PHN Exchange, please email practicesupport@ddwmphn.com.au

**Correctly Coding Cancer Screening**

Please refer to the links on the ‘Train IT Medical’ website and click on the link that applies to your QI activity.

<https://trainitmedical.com.au/2017/03/21/cancer-screening-prevention-free-resources/>



**HOW TO USE THE INFORMATION**

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| **Step** | **Action** |
| **1. Benchmarking Performance** | Compare your practice’s percentage to the PHN average to see how well you are doing. Identify months where your practice is above or below the PHN average. |
| **2. Identifying Trends** | Look for patterns or trends, such as whether your practice’s percentage is increasing or decreasing over time. Use this data to inform your quality improvement activities. |
| **3. Setting Goals** | Set realistic goals for your practice based on the PHN average. Aim to meet or exceed the PHN average to improve patient care. |
| **4. Planning Interventions** | Use the data to identify when interventions might be needed to make an improvement. Monitor the effectiveness of any changes by observing subsequent data points. |

**NEXT STEP…**

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Eligible patients who are not recorded and/or overdue for cervical screening.



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| **Practice name:**  | **Date:**  |
| **Team member:**  |
| **Q1. What are we trying to accomplish? (Goal)** |
| *By answering this question, you will develop your GOAL for improvement* |
| Our goal is to:* Increase the proportion of eligible patients who are overdue and/or not recorded for cervical screening.

**This is a good start, but how will you measure whether you 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 S.M.A.R.T. goal is to:** Increase the proportion of regular (active) eligible patients who are overdue and/or not recorded for cervical screening at the practice by 15% by the end of the PIP quarter.
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| **Q2. How will you know that a change is an improvement? (Measure)**  |
| *By answering this question, you will develop MEASURES to track the achievement of your goal.**E.g., Track baseline measurement and compare results at the end of the improvement.* |
| The measures we will use are: * Record the baseline percentage of active eligible patients who are overdue and/or not recorded for cervical screening.
* Compare results at the end of the PIP quarter.
* Aim to achieve our SMART goal target (refer to Q1.).

**Baseline Measurement:** [Insert Baseline]- Date: [Insert Date]**Results Measurement:** [Insert Results]- Date: [Insert Date]**Difference:** [Insert % Difference] **Was there an improvement?** Yes/No |
| **Q3. What changes could we make that will lead to an improvement? (List your IDEAS)** |
| *By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal.**You may wish to BRAINSTORM ideas with members of our Practice Team.* |
| Our ideas for change:1. Conduct a team meeting to ensure all relevant team members are aware of the PIP QI focus for the quarter and highlight the importance of increasing cervical screening participation.
2. Complete a CAT4 search for eligible patients and recall those who are overdue and/or not recorded for cervical screening.
3. Regularly use Pen CS CAT4 and/or Topbar to track and report the percentage of eligible patients in this cohort. Save and document these reports throughout the PIP quarter (ensure all staff are aware that a PDSA is to be completed and filed each quarter should your practice be audited).
4. Display Cervical Screening awareness materials in the clinic waiting room incl. Self-Collection materials.
5. Utilise Topbar PIP QI app or create own CAT Prompt that is cervical screening specific.
6. Use PHN Exchange to track cervical screening trends over time to see if we are continuing to improve.
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You will have noted your IDEAS for testing when you answered the third Fundamental Question in Step 1. You will use this sheet to test an idea.

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| PLAN | Describe the brainstorm idea you are planning to work on. (Idea)  |
| *Plan the test, including plan for collecting data* | *What exactly will you do? include what, who, when, where, predictions, and data to be collected* |
| A diagram of a plan  Description automatically generatedIdea: Increase % of patients by the end of the current PIP quarter [insert date]What: QI staff will navigate to the Pen CS CAT Recipe website and complete the instructions provided. Who: QI Staff - [List names of QI staff involved]When: Start [insert date] [insert PIP quarter]Where: Within the practicePrediction: The practice has not specifically focused on identifying cervical screening patients who are not up to date. As such, it is likely that the baseline percentage will be high. The campaign is expected to increase awareness and improve this percentage by the end of the improvement period. |
| DO | **Who is going to do what? (Action)**  |
| *Run the test on a small scale* | *How will you measure the outcome of your change?* |
| Data collection as outlined in Q2. Record the percentage of eligible patients who are overdue and/or not recorded for cervical screening at the beginning and end of the PIP QI quarter. This will establish the outcome of the QI activity, indicating whether it was successful. Run the awareness campaign on a small scale within the practice. QI staff will be responsible for communicating the importance increasing cervical screening participation to the practice staff.  |
| STUDY | **Does the data show a change? (Reflection)**  |
| *Analyse the results and compare them to your predictions* | *Was the plan executed successfully?* *Did you encounter any problems or difficulty?* |
| Date Completed: [Insert Date]Results: [Insert Baseline, Results, and Difference][List if plan was executed successful and any problems of difficulties encountered]Example: [Insert start date] Approx. 300 patients appeared in the CAT4 search. At the end of the QI activity [insert results date] there were 200. QI activity was successful with a 33% improvement overall. Some difficulties were that there were limited GPs available for the number of appointments required when we sent out our HotDoc Broadcast to 300 patients. Next time, we will send out the Broadcasts in increments over the course of the PIP quarter to make the activity more manageable.  |
| ACT | **Do you need to make changes to your original plan? (What next)****OR did everything go well?**  |
| Based on what you learned from the test, plan for your next step | *If this idea was successful, you may like to implement this change on a larger scale or try something new. If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance* |
| 1. Consider organising training sessions, possibly through clinical software vendor, to ensure staff are aware of correct clinical coding procedures and/or a training session with cancer screening educator to improve staff knowledge incl. self-collection methods.
2. Arrange a practice team meeting to reinforce the importance of increasing cervical screening participation.
3. When completing this QI activity in the future, ensure all HotDoc Broadcasts are sent in manageable numbers.
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