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**PDSA Worksheet**

**Women’s Health (March 2025)**

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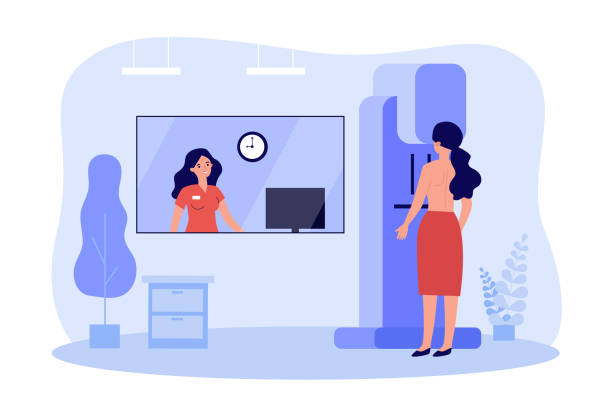
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# Women’s Health

## Breast and Cervical Screening

Women’s health is a key focus of this QI activity, specifically targeting the recall of patients who are ‘not recorded’ for both breast and cervical cancer screening at the general practice level. This initiative aims to improve screening rates by prioritising patients with no recorded screening for both tests.

* **Breast Cancer**: The most common cancer among Australian women. Women diagnosed through BreastScreen have a 42% lower risk of death compared to those who have never screened.
* **Cervical Cancer**: Screening has halved cervical cancer incidence and mortality, making it one of the most effective preventive measures available.



# QI Activity

## Outline Your QI Activity

|  |  |
| --- | --- |
| **QI Activity Name:** | Increase Breast and Cervical Cancer Screening Participation Rates for ages 50-74 years. |
| **Rationale:** | Breast and cervical cancers are among the most common cancers affecting Australian women, and early detection significantly reduces mortality.   * **Breast Cancer**: Women diagnosed through BreastScreen have a 42% lower risk of death than those who never screened. * **Cervical Cancer**: Regular screening has reduced cervical cancer incidence and mortality rates by 50%.   Monitoring screening participation rates enables practices to:   * Assess the need for targeted quality improvement activities. * Measure the impact of initiatives on screening participation.   **Note:** For practices previously receiving paper-based results for BreastScreen, full accuracy in breast cancer participation rates may take up to two years after transitioning to electronic results. However, tracking trends over time remains valuable. |
| **Target:** | The proportion of active female patients meeting the following criteria:   * **Breast Screening**: Aged 50–74 with no recorded mammogram at the practice * **Cervical Screening**: Aged 50–74, with no recorded cervical screening test (CST) at the practice.   **NOTE:** For the purposes of this QI activity, the cervical screening age range will match the breast screening age range. |
| **Recipe Limitations:** | 1. **Data Accuracy**: CAT4 cannot recognise paper-based results scanned to patient files.    * Practices with paper-based records should note potential inaccuracies until electronic data integration is complete. 2. **Ineligibility Codes**: Patients flagged as ‘ineligible’ are excluded based on standard diagnosis codes.    * Practices should periodically review ineligible patients to ensure appropriateness. |

# Pen CS

## CAT4 Recipe

**FILTER STEPS**

On the General tab enter age criteria (start age 50 and end age 74) and active status:

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You can select the Gender/Female, but the report will automatically show female patients as well as patients with no gender entered. This is the preferred approach, as it will include all patients potentially at risk including those without gender information entered.

Practices should review those patients for whom no gender is entered to ensure they are only sent appropriate cancer screening reminders.  Consideration should be given to keeping a register of transgender, gender diverse and intersex patients to support this process.

Now all filter criteria have been set, please click on 'Recalculate' to apply the filter:



To see the full report, first minimise the filter panel by clicking on the  A black and white text

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**REPORT STEPS**

1. Select the ‘Screening/Cervical Screening’ tab
2. Select the ‘Not Recorded’ slice of the graph

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1. Select the ‘Screening/Mammogram’ tab
2. Select the ‘Not Recorded’ slice of the graph

A screen shot of a graph

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**Important:** Make sure you can see a dot against each report that you are wanting to cross-tabulate. The dots indicate that you have selected that data be pulled from BOTH reports. If only one dot is present it means you have not selected data within one of the reports.



There is a different process to view a cross-tabulated report. Instead of selecting the Export or Print button you will need to navigate to the top left of the CAT4 screen and select the ‘Report’ button.

A screenshot of a computer

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Please be mindful of your ‘Patient Count’. Make sure the numbers are manageable based on staff capacity. It is better to drill-down and have a more selective approach that staff can complete without it significantly impacting business as usual. If you require assistance reducing numbers, please contact your PHNs Primary Care Liaison Officer or email [practicesupport@ddwmphn.com.au](mailto:practicesupport@ddwmphn.com.au)

Click on the drop-down arrow next to the Floppy Disc ‘Save’ Icon. This is where you will select how you would like to save the file. Alternatively, you can select the ‘Print’ icon to print a hardcopy.

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**Note:** Please ensure your PDSA reflects the filters and reports you select so that it accurately identifies your patient cohort. It is also worth noting, if your cohort is MBS claim related, that CAT4 will only consider MBS items claimed/not claimed at your practice. You may find that some patients have had the item billed at another clinic. However, as we have filtered for ‘active’ regular patients, these sorts of assessments should, ideally, be completed at your clinic.

# PHN Exchange

PHN Exchange is an innovative, web-based quality improvement tool that benchmarks your practice data against the PHN catchment average, offering valuable insights to identify areas for improvement. By supporting your practice in influencing and enhancing health outcomes, PHN Exchange aids in data-driven decision-making. Practices sharing data with us can access PHN Exchange via [PHN Exchange Portal](https://phnexchange.com.au/home.html?phn=304). Use benchmarking reports to track progress, align with PIP QI activities, and strategically plan for proactive practice management.

## GP (General Practice) Data Reports

Your practice can view trends over a 12-month period via your ‘GP Hub’.

A screenshot of a computer screen

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**NOTE:** The Cervical Screening Report is available in the PHN Exchange. However, bear in mind that it will show the standard 25-74 age range.

**How to use this information**

|  |  |
| --- | --- |
| **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. |

If you require assistance logging into your practice’s PHN Exchange, please email [practicesupport@ddwmphn.com.au](mailto:practicesupport@ddwmphn.com.au)

**NEXT STEP…**

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Increase Breast and Cervical Cancer Screening Participation Rates for ages 50-74 years.

**NOTE:** This is an example of how you may wish to complete your PDSA template. Please update to align with your goals, findings, and reflections.



|  |  |
| --- | --- |
| **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 active female patients aged 50–74 who have no recorded breast cancer screening (mammogram) or cervical cancer screening (CST) by the end of the current PIP QI quarter.   **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.**  *Example - Our S.M.A.R.T. goal is to:*   * By the end of the PIP QI quarter, achieve a [insert percentage] % increase in active female patients aged 50–74 who have participated in breast cancer screening and/or cervical cancer screening, as recorded in the practice database. | |
| **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:**   1. **Baseline Measurement:** Record the baseline number and percentage of active female patients aged 50–74 with no recorded mammogram or CST at the practice.    * **Date:** [Insert Baseline Date] 2. **Results Measurement:** Compare results at the end of the improvement period (PIP QI quarter).    * **Date:** [Insert Results Date] 3. Track progress using Pen CS CAT4 reports, monitoring trends in breast and cervical cancer screening participation throughout the improvement period.   **Data to Collect:**   * Number of active female patients aged 50–74. * Number and percentage of patients who have completed mammograms or CST. * Improvement difference: Baseline vs. Results (record percent/s)   **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. Engage the Team: Conduct a team meeting to ensure all practice staff are aware of the importance of increasing screening participation rates. 2. Run CAT4 Searches: Use Pen CS CAT4 to identify active female patients aged 50–74 with no recorded mammogram or CST. 3. Patient Outreach: Implement health promotion campaigns targeting patients through SMS, letters, and phone calls to encourage participation in screenings. 4. In-Practice Reminders: Create CAT4 prompts or Topbar notifications to alert clinicians during consultations to discuss overdue screenings. 5. Educational Materials: Display patient-friendly educational materials in the clinic to raise awareness of breast and cervical cancer screenings. 6. Data Review: Periodically review flagged ‘ineligible’ patients to ensure the data is accurate and up to date. | |



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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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* | |
| Idea: Increase participation rates for breast and cervical cancer screenings for active eligible female patients (with neither screening recorded) aged 50-74 by [insert percentage] % by the end of the PIP QI quarter.  A diagram of a plan  Description automatically generatedWhat: QI staff will run CAT4 searches for active female patients aged 50–74 with no recorded mammograms and CST. Outreach efforts will be conducted via SMS campaigns and phone calls to encourage participation. Clinicians will discuss overdue screenings during consultations.  Who: QI Staff: [Insert names]  When:   * Start: [Insert Start Date] * End: [Insert End Date of PIP QI quarter]   Where: Within the practice.  Prediction: *Example - Current screening participation rates for the target group are expected to be low. Proactive outreach and clinician involvement will significantly increase participation by the end of the PIP QI quarter.* | | | | |
| 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.   1. QI staff will complete baseline CAT4 searches to identify eligible patients. 2. Conduct SMS and phone call campaigns. 3. Clinicians to discuss overdue screenings with eligible patients during appointments.   Data Collection:   * Record the percentage of patients with completed mammograms and CST at baseline and end of the PIP QI quarter. | | | | |
| 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 Completion Date]  Results:   * Baseline: [Insert Baseline Data] * End Results: [Insert Final Data] * Improvement Difference: [Insert Difference]   Reflection Example: *At baseline, approximately 200 patients were identified with no recorded mammograms or CST. By the end of the QI activity, this number was reduced to 160, indicating a 20% improvement. Challenges included difficulty contacting some patients, which required additional efforts, such as SMS reminders and clinician advocacy.* | | | | |
| 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* |
| If this idea was successful:   1. Scale up the change to involve additional patient age groups. 2. Continue proactive patient outreach and enhance recall systems.   If the idea did not meet its overall goal:   1. Reassess and improve patient contact methods, such as increasing clinician engagement or adding community-focused health promotion events. 2. Review and refine CAT4 searches to ensure accuracy and completeness of data. | | | | |

# Digital Health

**Digital Health Tools to Assist with QI**

**HealthPathways**

A local online portal for GPs and health professionals, providing clinical assessment, management information, and referral pathways to local services. Developed by experienced local GPs, HealthPathways is intended as the primary tool for consultations and decision-making. DDWMPHN supports two portals: Darling Downs and West Moreton.

* Access: [DDWM HealthPathways](https://www.ddwmhealthpathways.com.au/)

**Smart Referrals**

Smart Referrals streamlines the creation and management of referrals to Queensland specialist outpatient services, enhancing patient journey management, safety, and reducing wait times. GPs can submit electronic referrals via practice software.

* Learn more: [Queensland Health](https://www.health.qld.gov.au/clinical-practice/innovation/smart-referrals)
* Installation and additional resources: [Smart Referrals](file:///C:\Users\Ashleigh.Nelson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F2137QJX\Smart%20Referrals)

**The Viewer (Queensland Health)**

The Health Provider Portal (HPP) offers read-only access to Queensland Health’s “The Viewer” system, allowing GPs to see public hospital records such as appointments, radiology results, and discharge summaries.

* Access: [The Viewer](https://www.health.qld.gov.au/clinical-practice/database-tools/health-provider-portal/gps-resources/support)
* Support: [connectingqld@health.qld.gov.au](mailto:connectingqld@health.qld.gov.au)

**My Health Record**

Uploading a Shared Health Summary (SHS) for chronic/complex patients ensures continuity of care and meets ePIP requirements.

* Learn More: [Digital Health Agency](https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record)
* How to upload SHS videos: [Best Practice](https://www.youtube.com/watch?v=CO0TW3P9DRU) | [Medical Director](https://www.youtube.com/watch?v=RlcjR9EBD1w)
* RACGP info: [My Health Record Resources](file:///C:\Users\Ashleigh.Nelson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F2137QJX\My%20Health%20Record%20Resources)
* Register for My Health Record: [Registration Overview](http://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/registration-overview)

**Electronic Prescriptions**

Electronic prescriptions enhance medicine safety and provide patients with convenient, digital alternatives to paper PBS prescriptions. They allow for the prescribing, dispensing, and claiming of medicines electronically, while maintaining the option for paper prescriptions. Patients can choose their pharmacy and decide between paper or electronic prescriptions, with no change to existing processes.

* Learn more: [Digital Health Agency](https://www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions/for-prescribers)



# Resources

## Resources for Clinicans

**Pen CS and PHN Exchange**

Pen CS [Vimeo Training Videos](https://vimeo.com/pencs)

Pen CS Support: Email: [support@pencs.com.au](mailto:support@pencs.com.au)

Phone: 1800 762 993

Live Support (Available via website) <https://www.pencs.com.au/support/>

Pen CS [GP Resources Portal](https://www.pencs.com.au/gp-resources-portal/)

Pen CS [CAT4 Recipes](https://help.pencs.com.au/display/CR)

Pen CS [Topbar User Guide](https://help.pencs.com.au/display/TUG/TOPBAR+GENERAL+USER+GUIDE)

Pen CS [CAT Plus User Guide](file:///C:\Users\Ashleigh.Nelson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F2137QJX\CAT%20Plus%20User%20Guide)

Pen CS [Webinars](https://www.pencs.com.au/support/webinars/)

PHN Exchange [Login Portal](file:///C:\Users\Ashleigh.Nelson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F2137QJX\Login%20Portal)

Requesting PenCS and PHN Exchange Training: [practicesupport@ddwmphn.com.au](mailto:practicesupport@ddwmphn.com.au)

**PIP**

QI PDSAs: [practicesupport@ddwmphn.com.au](mailto:practicesupport@ddwmphn.com.au)

PRODA (Direct Contact): Phone: 1800 700 199

Services Australia (PIP): Email: [pip@servicesaustralia.gov.au](mailto:pip@servicesaustralia.gov.au)

Phone: 1800 222 032

Website: <https://www.servicesaustralia.gov.au/practice-incentives-program>

**General**

* [Govt BreastScreen Australia Program](https://www.health.gov.au/our-work/breastscreen-australia-program)
* [Cancer Council Downloadable Resources](https://www.cancer.org.au/cancer-information/downloadable-resources)
* [QLD Health Cervical Screening Info for Health Professionals](https://www.health.qld.gov.au/public-health/cancer-screening/cervical/healthcare-professionals)

## Resources for Patients

**General**

* [BreastScreen QLD](https://www.breastscreen.qld.gov.au/)
* [National Breast Cancer Foundation](https://nbcf.org.au/about-breast-cancer/detection-and-awareness/mammograms/)
* [QLD Govt Cervical Screening](https://www.qld.gov.au/health/conditions/screening/cancer/cervical/screening)

# Acknowledgements

We would like to acknowledge that some material contained in this PDSA Worksheet has been extracted from organisations including, but not limited to, the Institute of Healthcare Improvement, the Australian Government Department of Health, and Pen CS.

The information in this PDSA Worksheet does not constitute medical advice and Darling Downs and West Moreton PHN accept no responsibility for how information in this PDSA Worksheet is interpreted or used.

Should the document require updating or if any errors are identified please contact your PHN Primary Care Liaison Officer or email [practicesupport@ddwmphn.com.au](mailto:practicesupport@ddwmphn.com.au)



