

# CANCER SCREENING QUALITY IMPROVEMENT TOOL KIT

QUICK GUIDE



2019

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# The Cancer Screening Quality Improvement Toolkit Quick Guide (the Quick Guide)

The Cancer Screening Quality Improvement Toolkit Quick Guide (the Quick Guide) has been developed as a supplementary aid to the Cancer Screening Quality Improvement Toolkit 2019 (the Toolkit). It is not meant to replace the Toolkit, but to offer individuals and health services the option to access a brief document relating to the Toolkit.

The Quick Guide contains pertinent information on the Toolkit and on activities that can be employed to begin the process of improving the rates of screening for breast, bowel and cervical cancers within the primary health care sector.

It contains the following sections:

- A brief overview of the Toolkit including a summary of the contents in each section,
- A Pen CAT guide to cancer screening data reports and data cleaning for bowel, breast and cervical cancers
- A checklist designed to enable general practice staff to review their current processes and systems in relation to best practice in cancer screening
- Strategies and enablers to increase participation in bowel, breast and cervical screening, including links to online resources.

NOTE: "Health Service" in this quick guide is a defined term and means any primary healthcare organisation that delivers services with a general practitioner, such as a general practice, Aboriginal Community Controlled Health Organisation, Aboriginal Medical Service or community health service.

NOTE:  
"Health  
Service"  
definition



# The Cancer Screening Quality Improvement Toolkit (the Toolkit)

The Toolkit has been developed as a resource to support the early detection of bowel, cervical and breast cancer by strengthening a team based approach to cancer screening within primary health care settings.

It is comprised of the following sections:

## 1. Introduction to Quality Improvement

An overview of the importance of continuous quality improvement in healthcare

## 2. Quality Improvement Planning

Instructions on how to develop a Quality Improvement Plan and on how a comprehensive approach to quality improvement can meet the indicators for quality improvement activities in the RACGP Standards for general practices - 5th Edition.

## 3. The Model for Improvement

The Model for Improvement is a framework for developing, testing and implementing change ideas. This section contains a detailed description of the Model for Improvement and how to use it.

## 4. Measuring Your Progress Through Data

Successful measurement and analysis of data is a cornerstone of quality improvement. This section details activities relating to data management including coding, data cleansing and data audits, as well as information on specific measures for bowel, breast and cervical cancer screening.

## 5. Cancer Screening in Australia

Information on the national bowel, breast and cervical screening programs, including national and regional screening rates, the National Cancer Screening Register and participant and health service barriers to screening.

## 6. How Can we Improve Participation in Cancer Screening?

An overview of a number of broad approaches to improve cancer screening in your health service.

## 7. A Team Approach to Improving Cancer Screening

Sustainable improvement requires a team based approach. This section includes a detailed breakdown of the roles and responsibilities of health service team members in improving participation in cancer screening and checklists on working as a team, developing a systematic approach to cancer screening and delivering person centred care. In addition, there are several case studies highlighting successful initiatives that have increased participation in cancer screening in primary care health services.

## 8. How Can we Improve Participation in Breast, Bowel and Cervical Cancer Screening?

Specific information on strategies and enablers to increase participation in bowel, breast and cervical screening, including links to online resources, as well as examples of cancer screening Models for Improvement that can be tailored for use in your health service.

## 9. Continuous Quality Improvement

Strategies to embed a culture of continuous quality improvement within your health service.

## 10. Appendices

These include a selection of sample GP reminder letters for cancer screening; information on MBS item numbers for cervical cancer screening and payment information for bowel cancer screening; a Quality Improvement Plan template and an extensive list of relevant resources.

Each section in the Toolkit can stand alone or the sections can be followed sequentially. It is recommended that the entire Toolkit be accessed to give you and your team a thorough understanding in ways to apply a quality improvement approach to improving the rates of participation in bowel, breast and cervical cancer screening.

The Toolkit can be used to develop and facilitate activities designed to improve cancer screening rates. Undertaking these activities can support meeting the following:

- Addressing barriers to cancer screening
- Adoption of the Quadruple Aim, a focus on improving the health of the population, increasing patient and provider satisfaction and lowering health costs
- RACGP Standards for general practices 5th edition Criterion QI 1.1 – Quality Improvement activities
- RACGP Standards for general practices 5th edition Criterion QI 1.3B – Using relevant patient and practice data to improve clinical care
- The Quality Improvement Practice Incentive Payment scheme.



## Cancer Screening Data Reports and Data Cleaning

Pen CAT provides bowel, breast and cervical screening reports and these can be found under the "Screening" tab.

In the first instance, please set and save each report for your Health Service Population as discussed in the "Measuring Your Progress Through Data". Make sure you "Clear Filters" in the top right and then set filters as appropriate, such as post codes you may want to include or exclude. Once you have set the appropriate filter(s), click on "Recalculate" in the top left and then save your search by clicking on "Saved Filters" On the top menu bar and then "Save New Filter". Enter a name for your search and click "OK".

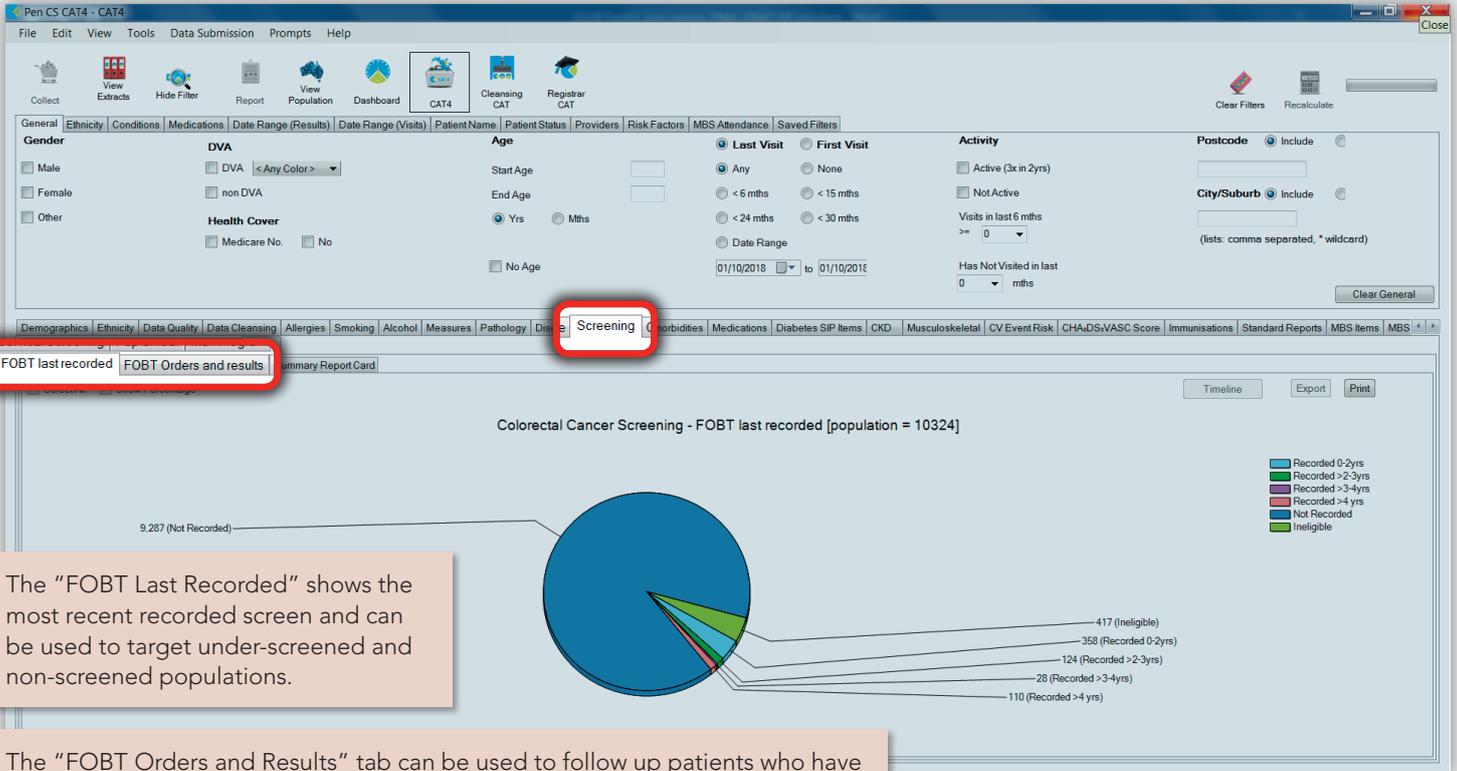
Once you've saved a search for bowel, breast and cervical cancer screening, you will be able to use these searches over time to monitor your progress in each area.

Data can be further filtered, if required, to target specific patient groups to support measurement you may want to use in MFI and/or PDSA work.

The general data for each of the screening types are shown next.

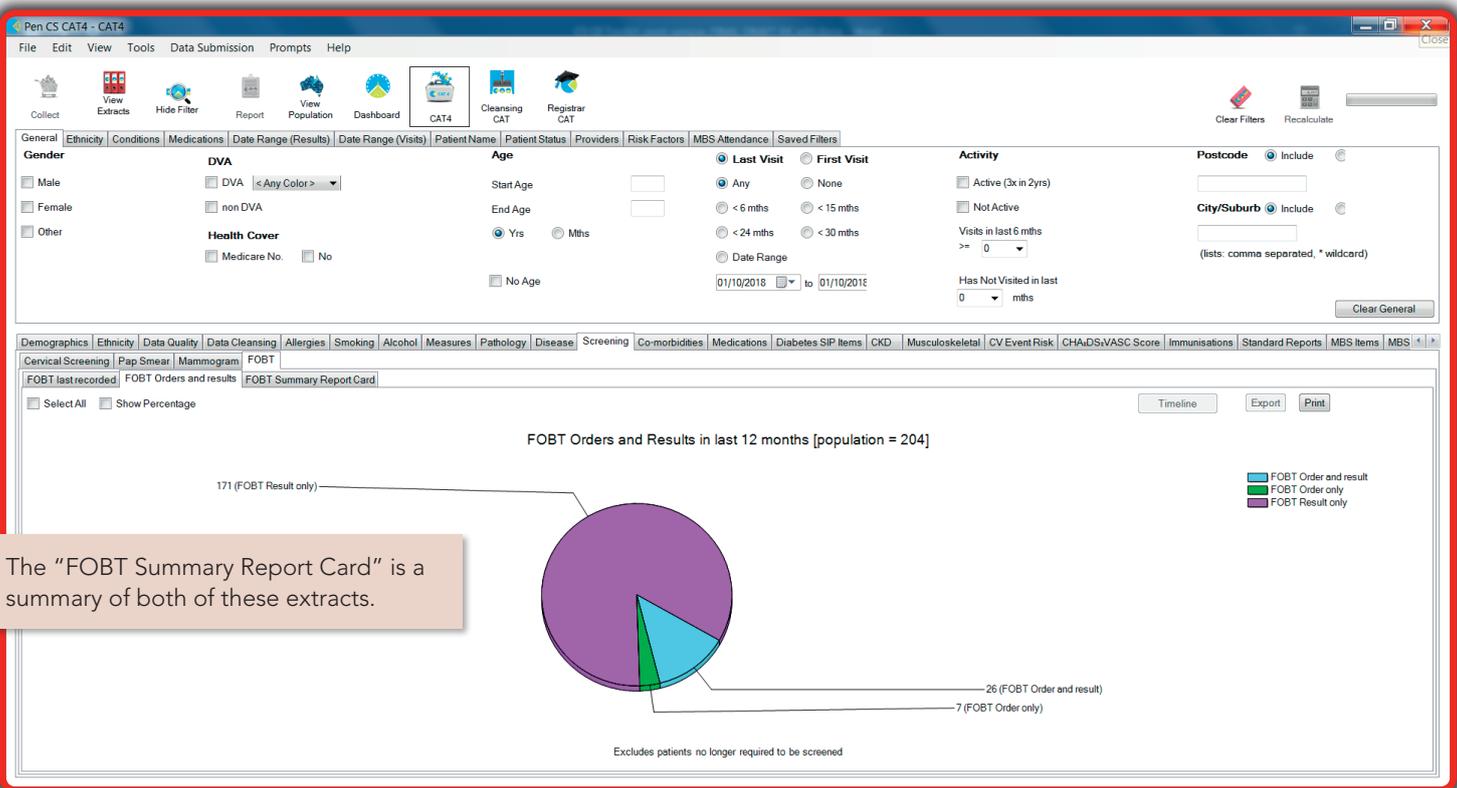
## Bowel Cancer

Three different extracts are available for bowel screening.



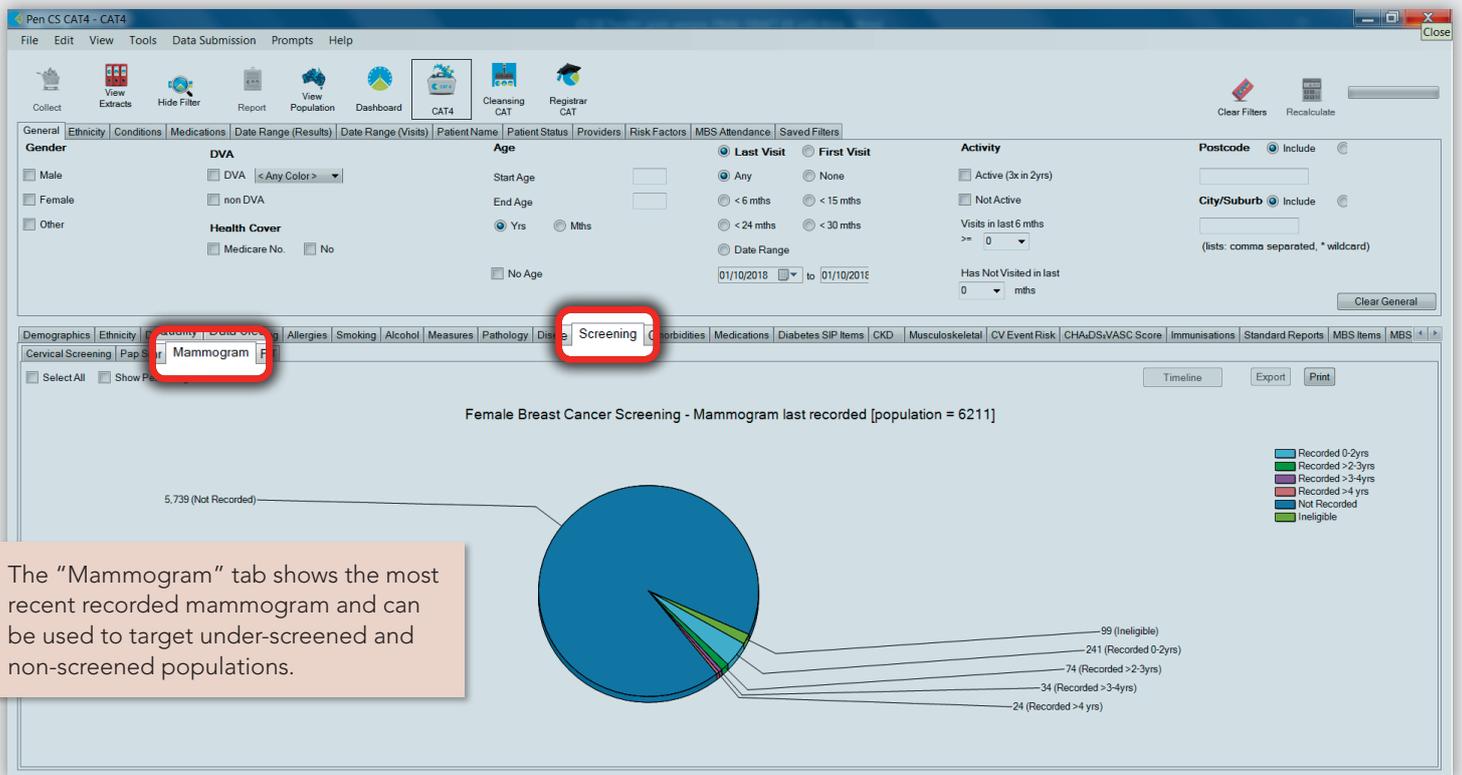
The "FOBT Last Recorded" shows the most recent recorded screen and can be used to target under-screened and non-screened populations.

The "FOBT Orders and Results" tab can be used to follow up patients who have an ordered FOBT tests but have no results. The number of results is likely to be much greater than the number of tests ordered due to the various ways FOBT tests can be undertaken (for example, GP-ordered or government-issued tests).

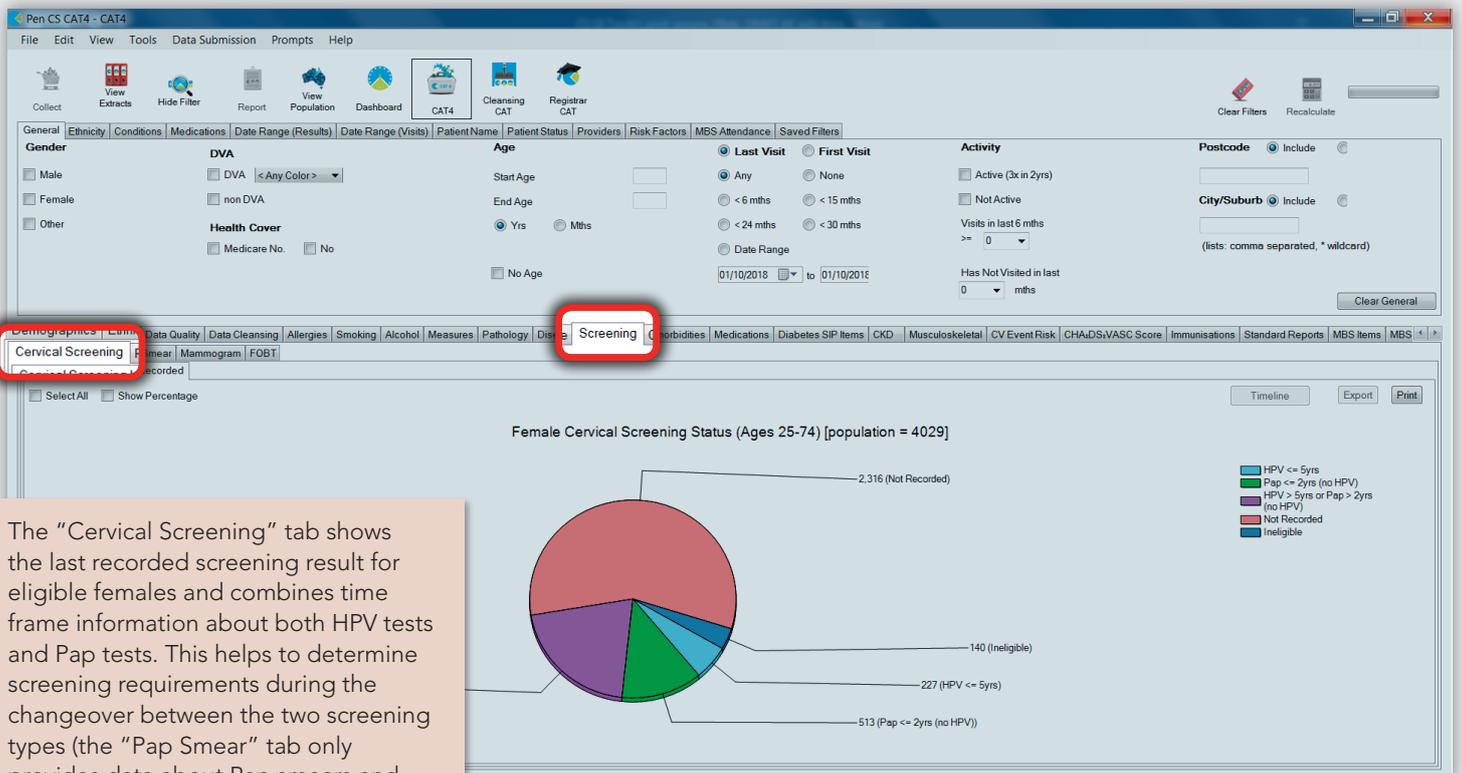


The "FOBT Summary Report Card" is a summary of both of these extracts.

## Breast Cancer



## Cervical Cancer



## Pen CAT Cancer Screening Searches

Pen CAT provides detailed instructions on how to identify patients who are eligible for cancer screening but have no results recorded. Please use the links below to access these instructions.

### Bowel Cancer

<http://help.pencs.com.au/display/CR/Find+patients+who+do+not+have+an+FOBT+recorded>

### Breast Cancer

<http://help.pencs.com.au/display/CR/Find+patients+who+have+not+had+a+mammogram+recorded>

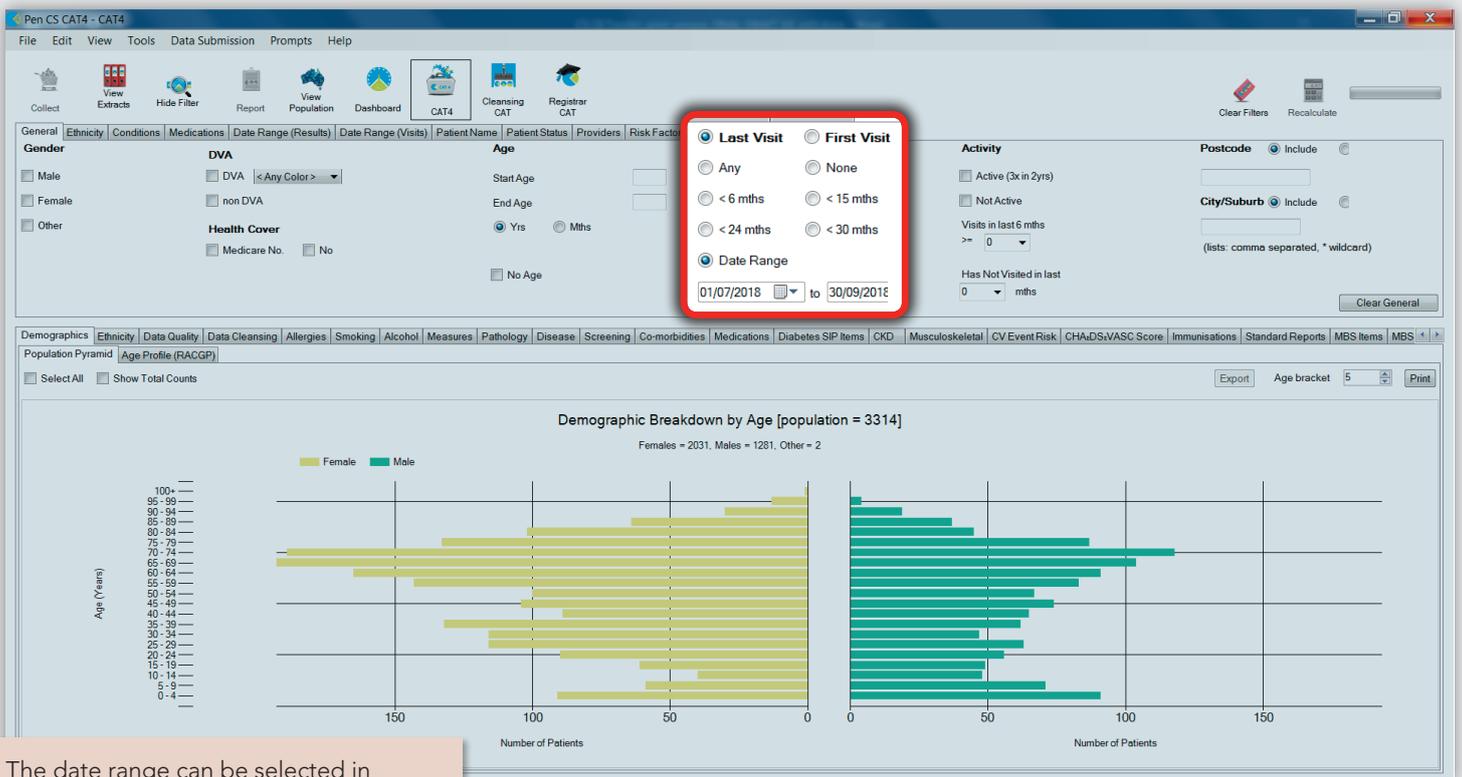
### Cervical Cancer

<http://help.pencs.com.au/display/CR/Find+patients+eligible+for+cervical+screening>

## Data Filtering

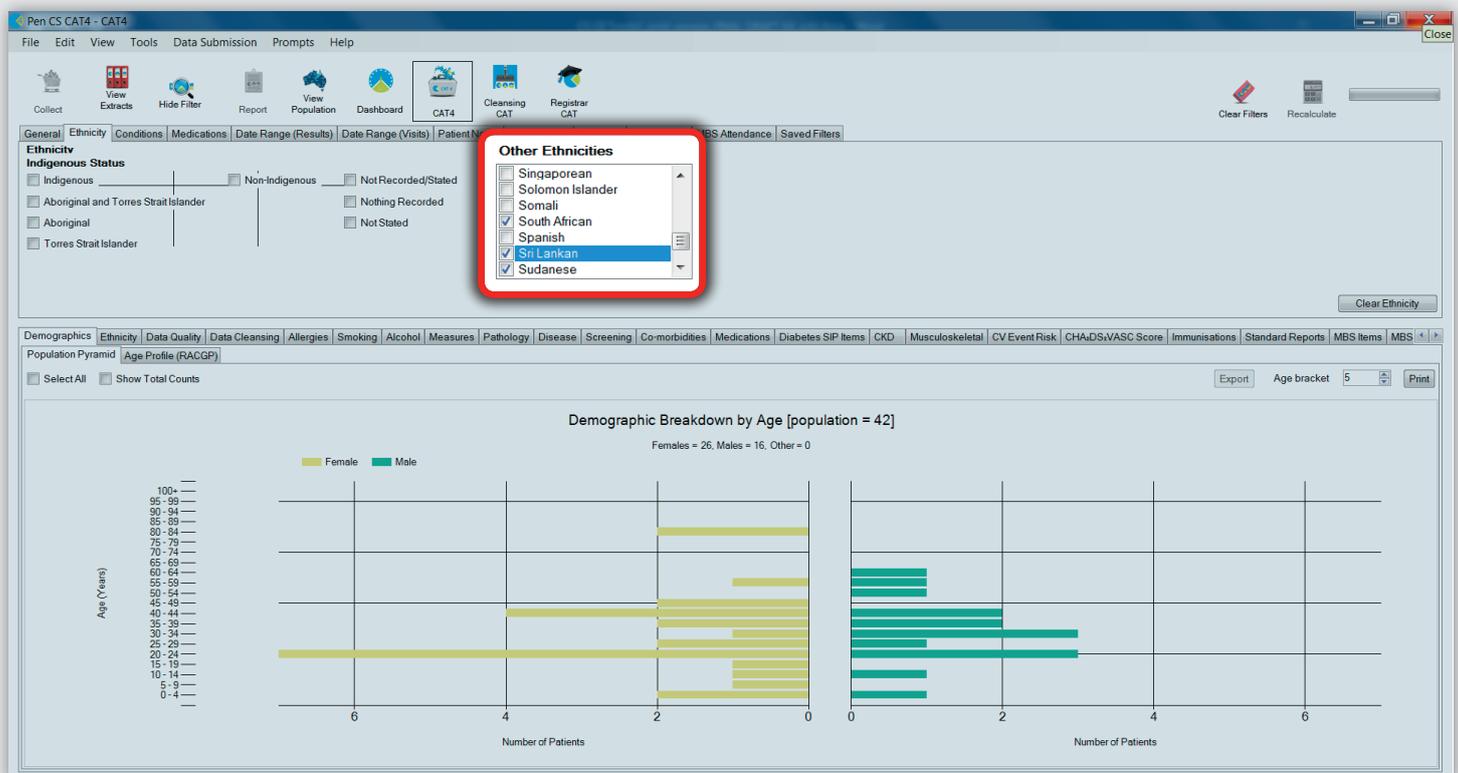
Pen CAT reports can be filtered by the timing of the patient's visit (first or most recent visit). Filtering can also target high-risk or under-screened populations based on variables such as ethnicity or age.

### Date Range



The date range can be selected in several ways, either via last visit or first visit. Default "Last Visit" options are either <6 months or <12 months, or a specific date range. The date range can also be selected when filtering for the first visit.

## Ethnicity



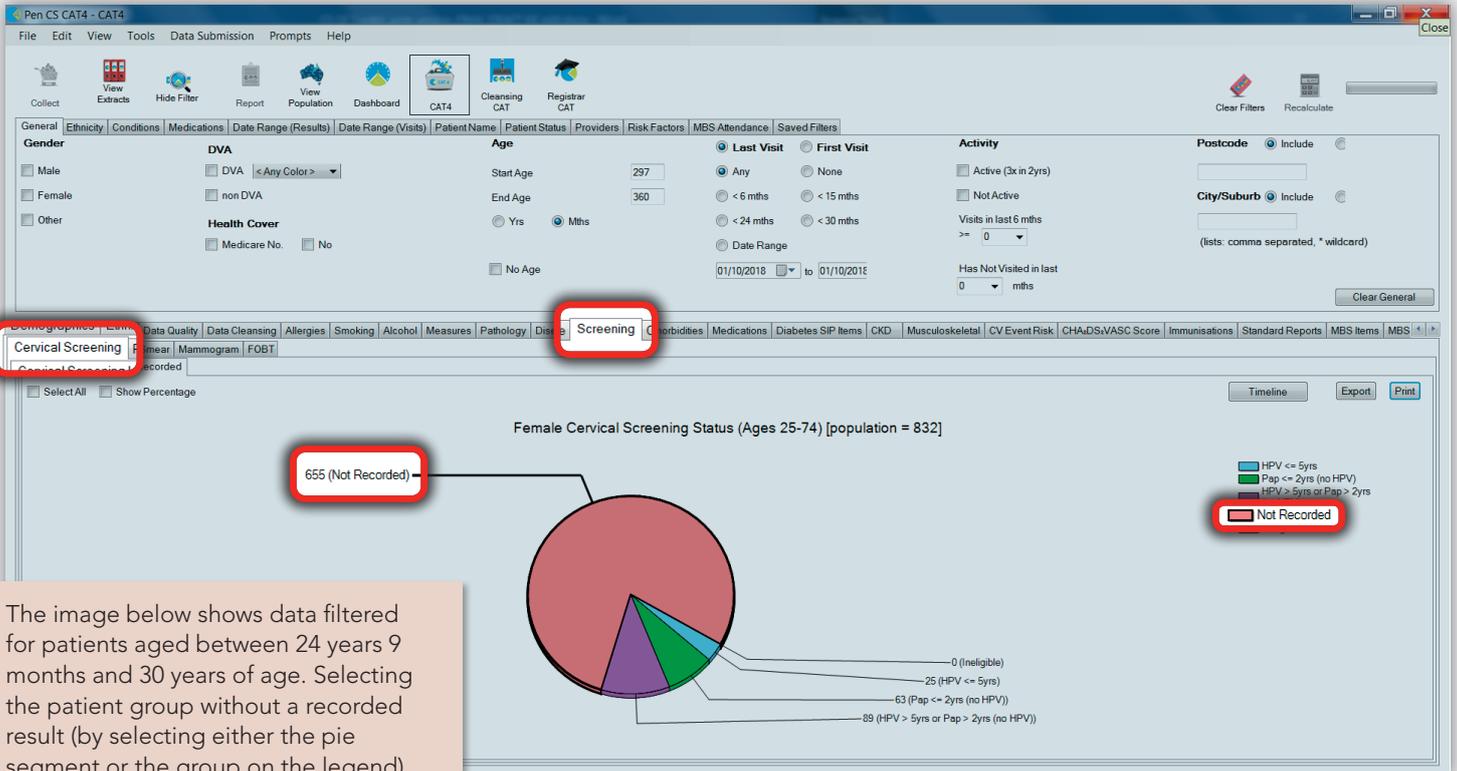
Apart from the standardised four ethnicity options (Non-Indigenous, Aboriginal, Torres Strait Islander, Aboriginal and Torres Strait Islander), other ethnicity options will be available depending on the clinical information software used. Multiple selections are possible, if needed.

The ethnicity filtering is limited by the list of ethnicities used in your clinical information software system and the data quality. There may also be mismatching of data when converting from one clinical information software system to another.

Where available, you will be able to use this filter to identify vulnerable populations.

## Age

Filtering via age can also be used to target specific populations. Entering the age in months rather than years can help when allowing for a lead time prior to the patient reaching the target age (for example, using 297 months allows an alert to be sent to a patient for an HPV test 3 months before their 25th birthday).



The image below shows data filtered for patients aged between 24 years 9 months and 30 years of age. Selecting the patient group without a recorded result (by selecting either the pie segment or the group on the legend) allows for these patients to be targeted.

## Data Cleaning

Prior to undertaking any data cleansing procedures, it is important to have processes and procedures in place to prevent the same data issues from reoccurring. All staff need to be made aware of any changes to procedures, and regular monitoring of the data can help address issues early.

Time can be saved during data cleansing when processes are completed in an efficient order. This reduces the time spent on cleaning, or trying to clean, records that are then archived. For this reason, archiving inactive records should be the first activity undertaken.

## Missing Demographics

As cancer screening is dependent on age, and, for cervical and breast cancer, gender, it is important to complete this missing demographic data. This can be done either via the "Data Cleansing" tab or separately via gender and age.

The screenshot shows the 'Data Cleansing' tab in the Pen CS CAT4 software. The 'Missing Demographics' section is highlighted with a red box. Below it, a table lists patient information with missing data in red:

Surname	First name	Date of Birth	Sex	Address	Suburb	Postcode	Home Phone	Work Phone	Mobile Phone	Assigned Provider
Surname	Firstname_10	01/10/1983		12 Jogger St	Suburb Town	5932	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/06/2015		12 Jogger St	Suburb Town	4164	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/10/1972		12 Jogger St	Suburb Town	3834	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/10/1985		12 Jogger St	Suburb Town	5275	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/10/1996		12 Jogger St	Suburb Town	2595	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/10/1993		12 Jogger St	Suburb Town	4864	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/10/1989		12 Jogger St	Suburb Town	5199	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/10/1984		12 Jogger St	Suburb Town	4583	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/10/1997		12 Jogger St	Suburb Town	2576	07 50505050	07 50509999	0444444444	
Surname	Firstname_10	01/10/1992		12 Jogger St	Suburb Town	4117	07 50505050	07 50509999	0444444444	
Surname	Firstname_124	01/03/2014		12 Jogger St	Suburb Town	3338	07 50505050	07 50509999	0444444444	
Surname	Firstname_13	01/10/1999		12 Jogger St	Suburb Town	2254	07 50505050	07 50509999	0444444444	
Surname	Firstname_13	01/10/1984		12 Jogger St	Suburb Town	2390	07 50505050	07 50509999	0444444444	
Surname	Firstname_13	01/10/1999		12 Jogger St	Suburb Town	3812	07 50505050	07 50509999	0444444444	
Surname	Firstname_13	01/10/1992		12 Jogger St	Suburb Town	5602	07 50505050	07 50509999	0444444444	
Surname	Firstname_14	01/10/1986		12 Jogger St	Suburb Town	3301	07 50505050	07 50509999	0444444444	

The "Data Cleansing" tab will list all patients with missing demographics, not just gender and/or date of birth. Any missing data will be represented by a red box. If Pen CAT has been set-up to do so, double-clicking on a patient in the list will open that patient within the clinical software allowing for immediate updating of patient information.

The screenshot shows the 'Age' filter section with 'No Age' selected. Below, the 'Age Profile' bar chart shows the distribution of patients by age group:

Age Group	Number of Patients
< 1 yr	0
1-4 yrs	0
5-14 yrs	0
15-24 yrs	0
25-44 yrs	0
45-64 yrs	0
65-74 yrs	0
75+ yrs	0
Not Recorded	2

Age can be filtered by selecting "No Age" and a patient list generated.

Export

## Cancer Screening Activity

Research shows that strong primary health care involvement is associated with greater cancer screening participation rates. In particular, the following primary health care activities have led to higher participation rates:

- having a GP endorse an invitation to take a screening test
- use of recall and reminder systems
- participation in quality improvement programs incorporating audit and feedback on screening.

Please use the following checklist to ensure your recall and reminder systems for cancer screening are fit for purpose.



### Recall and Reminder Checklist

- Do we need to clean our data to establish an up-to-date list of people who are eligible for breast, bowel and cervical cancer screening and those who are due for screening?
- Do our registers capture new patients effectively and archive patients effectively?
- Do our registers monitor attendance and have systems to follow-up patients who do not attend?
- Is maintaining our cancer screening registers part of our Health Service's policy and guidelines?
- Do we have a register manager and a contingency plan for when this person is away?
- Does our whole team understand our recall and reminder system?
- Do we have systematic reminder systems?
- Do we use prompts in the appointment system or clinical software to identify individuals with specific needs? (e.g. those for whom English is a second language, women with disabilities)
- Do we have multiple channels for communicating reminders depending on the needs and preferences of the patient? (e.g. letter, SMS, phone call, letters translated into other languages, etc.)
- Have we put our reminder letter through a health literacy check?
- Can individuals who don't want to participate in screening opt out from ongoing reminders?



## 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
3. Provide specific, clear information to those with lower health literacy

## 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:  
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/role-of-GPs>
- For Cancer Australia clinical practice guidelines and care pathways for bowel cancer:  
<https://bowel-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/>
- For national bowel cancer screening resources for consumers:  
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/resources-menu-bowel>
- For RACGP clinical guidelines on bowel cancer screening:  
<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/red-book/early-detection-of-cancers/colorectal-cancer>



## 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

## 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/>
- For national breast cancer screening publications and resources for women: <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/resources-menu-breast?OpenDocument&CATEGORY=Consumer+resources-2&SUBMIT=Search>
- For RACGP clinical guidelines on breast cancer: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/red-book/early-detection-of-cancers/breast-cancer>



## 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
2. For CALD women, engaging with non-medical and family networks to encourage screening; holding education sessions that address specific fears
3. For people who identify as LGBTIQ, ensure all staff use inclusive language and demonstrate non-judgement attitudes; discuss sexual orientation and gender identity
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
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
6. For women with a disability, book longer consultations; offer assistance with undressing, dressing and positioning

## 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



## 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>
- For information on HPV and cervical cancer:  
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/about-HPV-and-cervical-cancer>
- To access a toolkit for engaging under-screened and never-screened women, please use this link:  
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-toolkit-engaging-under-and-never-toc>
- To access a multitude of resources from Cancer Council Victoria, please see:  
<https://screeningresources.cancervic.org.au/search/>
- To access national cervical cancer screening patient publications and resources:  
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/resources-menu?OpenDocument&CATEGORY=2Consumer+Resources-3&SUBMIT=Search>
- For RACGP clinical guidelines on cervical cancer screening:  
<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/red-book/early-detection-of-cancers/cervical-cancer>

