phn WESTERN VICTORIA
An Australian Government Initiative

CERVICAL SCREENING IN PRIMARY HEALTH

A BUSINESS MODEL FOR QUALITY IMPROVEMENT AND NURSE CERVICAL SCREENING PROVIDERS

Cancer Council Victoria

VICTORIA State Government

Western Victorian PHN acknowledges the support of the Victorian Government

CONTENTS

1

ROLE OF THE NURSE CERVICAL SCREENING PROVIDER

NURSE CERVICAL SCREENING PROVIDERS

Nurse cervical screening providers (NCSPs) are defined as nurses who have:

- A current registration (Registered Nurse) with the Australian Health Practitioners Regulation Agency (AHPRA)
- Successfully completed an accredited Victorian cervical screening provider course; or Australian, interstate or overseas course equivalent
- Current certification status as an NCSP with Cancer Council Victoria
- Participate in continuing professional development in cervical screening
- Appropriate professional indemnity insurance cover.

The role and functions of the NCSP is broad and dependent upon the practice setting for which the nurse works. That is because NCSPs may also have other roles for which they are employed. For example, nurse cervical screening providers can also have a role in Women's Health and/ or Sexual Health, general practice nurses or as community health nurses.

Nonetheless, the roles and functions should be clearly outlined in the nurse's current job description and should consider the following points:

- Data cleansing – ensuring the practice has accurate cervical screening histories to determine the eligibility of patients
- Conduct clinical audits for patient eligibility
- Recalls/reminders – coordinates or works with GP and practice staff to ensure timely recalls/reminders are taking place
- Identify ways in which to engage under screened women and/or women who do not respond to recalls/ reminders
- Cervical screening of well patients– provision of some/all cervical screening that takes place in the practice (practice setting dependent). Patients with symptoms require a diagnostic test, along with a clinical history and examination. The GP should be involved where possible.
- Professional development:
  - attendance at relevant professional development to ensure the nurse is up to date with NCSP guidelines and policies
  - engage local PHN and CCV to identify demographic profile of local community and barriers and enablers to put in place at your practice
- Peer education – share NCSP updates with practice staff
- Peer education – share learnings about engaging all of your eligible community members to participate in cervical screening
- Nominated as a Preceptor for nurses in the practice or in the local area to complete their cervical screening qualification
- Involved in developing and delivering health promotion programs both in the practice and wider community.

Resources and links

Further information can be found on Cancer Council Victoria's website: https://www.cancervic.org.au/for-health-professionals/cervical-screening-providers

2

QUALITY IMPROVEMENT FOR CERVICAL SCREENING

QUALITY IMPROVEMENT FOR CERVICAL SCREENING

What is quality improvement?

There is no single definition of quality improvement. However, a number of definitions describe it as a systematic approach that uses specific techniques to improve quality. One important ingredient in successful and sustained improvement is the way in which the change is introduced and implemented, taking a consistent approach is key (The Health Foundation, 2016, Quality improvement made simple: What everyone should know).

Team approach to quality improvement and cervical screening:

Consider how your health service team currently operates. Is your team working together effectively and efficiently? To achieve sustainable improvement, you will likely need to do some work on achieving a whole of team approach to cervical screening.

There are a range of responsibilities for the effective management of prevention and early detection of disease within a health service. Documented role clarity is of high importance to ensure efficiency and accountability. As there is a great deal of diversity between health services, consider what will work best for your team.

Resources and links

For a comprehensive guide to cancer screening quality improvement, including how to improve cancer screening participation for bowel, breast and cervical cancer, and templates for quality improvement planning and PDSA cycles refer to the Cancer Screening Quality Improvement Toolkit:

Refer to Appendix One for a checklist of engaging your health service team in reaching and increasing participation in cancer screening.

For an example of a Plan, Do, Study, Act cycle on quality improvement for cervical screening, increasing participation see Appendix Two.

3

HOW TO INCLUDE CERVICAL SCREENING AS PART OF YOUR PRACTICE

HOW TO INCLUDE CERVICAL SCREENING AS PART OF YOUR PRACTICE

The following chapter looks at the varied models of funding and delivery of prevention and early detection messages and cervical screening tests.

The Practice Incentive Payment Quality Improvement and cervical screening

The Quality Improvement (QI) Incentive under the Practice Incentives Program (PIP) aims to recognise and support practices committed to improving the care provided to their patients. Participating practices will be supported to utilise the clinical information they have about their own communities and their knowledge of the particular needs of their own patients to develop innovative strategies to drive improvement.

There are a number of quality improvement activities suggested, including the proportion of patients with a cervix who have an up-to-date cervical screen.

As well as undertaking quality improvement activities, practices will share a minimum set of de-identified aggregated data with their local Primary Health Network (PHN).

The PIP QI Incentive provides a payment based on Standardised Whole Patient Equivalent (SWPE) per annum to accredited practices who provide the PIP Eligible Data Set each quarter to their local PHN and participate in continuous quality improvement activities in partnership with their local PHN.

Further information is available on the Victorian Government website at https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance.

The resources available include:

- PIP QI Guidelines
- Improvement Measures
- Improvement Measures – Annotated Specifications
- PIP Eligible Data Set Data Governance Framework
- PIP QI Who Do I Ask
- PIP QI FAQs

The Medicare Benefits Schedule

The Medicare Benefits Schedule (MBS) is a listing of the Medicare services subsidised by the Australian government.

The Schedule is part of the wider Medicare Benefits Scheme managed and administered by the Victorian Government.

A cervical screening test can be undertaken by a certified nurse cervical screening provider, a GP or a specialist and in some states such as Queensland, by an Aboriginal Health Practitioner. Nurses in Victoria using VCS pathology are given a unique provider number. For other nurses this would take place as part of a GP consult and the GP appointment is billed. Opportunistic screening could also occur during a consultation.

Health assessments and chronic disease care plans

Discussions on cervical screening and delivery of key messages to clients may also be delivered through health assessments and care plans. Practice templates can be updated to include prompts for the national screening programs: bowel, breast and cervical. See Figure 1 .

Templates for Cancer Support General Practice Management Plans with Screening messages for Best Practice, Medical Director and ZedMed can be accessed here.

Other health assessments which can have preventative health messages added are:

1. Health assessment for people aged 45 to 49 years who are at risk of developing chronic disease
2. Health assessment for people aged 40 to 49 years with a high risk of developing type 2 diabetes
3. Health assessment for people with an intellectual disability
4. Health assessment for refugees and other humanitarian entrants
5. Health Assessment for Aboriginal and/or Torres Strait Islander People
   - Adult Health Assessment (15-54)
   - Older person (55+) Health Assessment

Contact your local Primary Health Network if assistance is required to update your practice's templates.

Figure 1. Example of screening prompts on medical software template

National Screening Programs

	Bowel	Breast	Cervical
Eligibility	For men and women aged between 50 and 74.	For women aged between 50 and 74.	For women aged between 25 and 74.
Eligible	<<Bowel cancer eligibility: Patient aged 50 -74? >>	<<Breast cancer eligibility: Patient female aged 50-74?>>	<<Cervical screening eligibility: Female aged 25-74?>>
Frequency	Every 2 years.	Every 2 years.	Every 5 years.
Date of last test	<<Date of last bowel screen>>	<<Date of last breast screen (if eligible)>>	<<Date of last Cervical Screening Test (CST)>>
If overdue	Phone 1800 627 701 to order a new kit. (Provide demonstration if required).	Phone 13 20 50 to book an appointment.	Book CST with GP/Nurse. If more information required phone 13 15 56

Nurse Clinics

Nurse Clinics are a model of care indicated where there are service gaps due to high demand and/or workforce shortages. Nurse Clinics are expanding because they are an innovative use of the nursing workforce that can facilitate timely access to specialist nursing services. (Ref: Clinical Excellence Queensland, Queensland Health https://clinicalexcellence.qld.gov.au/resources/service-delivery-models/nurse-led-clinics)

What are Nurse Clinics?

- alternative model of care delivery in a variety of settings (GP, CHC, standalone)
- nurse is the primary provider of care for the patient
- holistic and patient-centred
- accountable and professional
- team-based approach to care delivery
- involve general practitioners and other members of the practice team
- effective way to involve patients in their own health care
- provide an integrated and patient-centred approach to care

Nurses having more time to spend with individual clients, could result in:

- developing valuable insights into clients' lives and lifestyles, leading to better health care solutions
- providing clients with targeted information and an understanding of self-management in their own health care and treatment
- developing longer-term relationships with patients and build deeper trust and rapport
- providing education to assist clients in understanding their body and how it works
- uploading a health summary to My Health Record
- cleansing data to ensure accurate reports can be produced to support QI activities

For Nurse Clinics to be appropriate to meet the clinic's needs, it is also important to have an understanding of the clinic's population data. This can be obtained through the clinic's medical software, Clinical Audit tools such as Pen CAT, through the local Primary Health Networks' needs assessments, local council and the Australian Bureau of Statistics.

For further information: Primary Health Care and Population Health Guide

Funding Nurse Clinics

- Ideally nurses would increase accessibility to care through the provision of free clinics supported by the Workforce Incentive Program (WIP) previously PNIP and through participation in PIP QI program and ePIP.
- In addition, any person who has a chronic disease management plan can have a cervical screen billed using 10997 providing cervical screening was identified as a goal on their management plan.
- Aboriginal and/or Torres Strait Islander patients can have follow-up billed after a health assessment using item 10987
- Consider charging private fees where clinics are provided out of hours for working women.
- There may be other opportunities for funding that are of a one-off nature that can be used to demonstrate the feasibility of a clinic, consider approaching the PHN, the local council and local charities such as Rotary.
- There are many non-financial benefits of nurses providing preventive health clinics. This includes increased patient satisfaction with the practice, increased throughput to the GP (no need to wait while patients dress and undress), less waiting time for patients when GPs are busy, increased job satisfaction for nurses resulting in reduced turnover and re-training and improved teamwork and networking.

Resources and links

Quality improvement workshops (Western Victoria Primary Health Network)
Quality Improvement Webinars

Pen CAT recipes to combine screening with MBS Item Eligibility https://help.pencs.com.au/display/CR Combining+Screening+Searches+with+MBS+item+eligibility

Pen CAT recipes to identify participants for cervical screening (including self collected CSTs):

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

https://help.pencs.com.au/display/CR/Identify+patients+eligible+for+a+Self-Collected+Cervical+Screening+Test

Polar recipes to identify participants for cervical screening and self collected CSTs, see Appendix Three and Appendix Four.

Nurse clinics: all you need to know, Australian Primary Health Care Nurses Association https://www.apna.asn.au/nursing-tools/nurse-clinics

Nurse clinic tools and resources, Australian Primary Health Care Nurses Association: https://www.apna.asn.au/nursing-tools/nurse-clinics/tools-and-resources

For an example of a Plan, Do, Study, Act cycle on establishing a women's wellbeing clinic for cervical screening see Appendix Five.

4

CANCER SCREENING AND HEALTHPATHWAYS

CANCER SCREENING AND HEALTHPATHWAYS

Overview of HealthPathways

HealthPathways is a central source of clinical and referral information for primary care clinicians. The site is a free online resource to support practitioners in assessing and managing patients' symptoms and conditions.

Rather than being traditional guidelines, each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local community.

The target audience for HealthPathways is the primary care clinicians responsible for managing patients in the community, and for initiating requests (including referrals to hospital) for specialist assistance.

Information on care for specific populations such as Aboriginal and/or Torres Strait Islander Australians and rural and agriculture communities is also available.

Why use HealthPathways

HealthPathways is designed for practitioners to use during a consultation.

- Each pathway provides condition-specific information to support the assessment, management and referral of patients.
- Useful clinical reminders of 'red flags' for specific presentations are highlighted
- It is a dynamic resource. New and updated information is regularly added to the portal.
- Pathways also include information for practitioners to provide to patients including reference materials and educational resources.
- HealthPathways promotes closer relationships between general practitioners, allied health professionals, specialists and relevant community agencies to help deliver a more connected health system.

Accessing HealthPathways

To access your local HealthPathways, contact your Primary Health Network (PHN) and discuss more with HealthPathways team.

5

KEY MESSAGES FOR THE NATIONAL SCREENING PROGRAMS: BOWEL, BREAST AND CERVICAL

KEY MESSAGES FOR THE NATIONAL SCREENING PROGRAMS: BOWEL, BREAST AND CERVICAL

Integrated messaging enables a more unified and effective approach to raising awareness. Stakeholder evaluation of a joint initiative with all screening partners identified that collectively talking about cancer screening was acceptable by the communities that we work with - “there are three cancers that we can do something about.”

Australia’s three national cancer screening programs

Cervical (Pap test)	Breast (mammogram)	Bowel (FOBT)
Est 1991	Est 1992	Est 2006
Age 25-74	Age 50-74	Age 50-74
Every 5 years	Every 2 years	Every 2 years
GP/Nurse or self-collected (if eligible) CST	Designated screening centres	Self Collection, at home by post
National Cancer Screening Registry for bowel and cervical screening and separate Registry for breast screening - recall/reminder/invitation letters, communication and education activities		

Cancer Council Victoria

Resources and links

National Bowel Cancer Screening Program: http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/bowel-screening-1

Cancer Council Australia – Bowel cancer toolkit http://www.bowelcancer.org.au/for-health-professionals.php

BreastScreen Australia: http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/breast-screening-1

BreastScreen Victoria: https://www.breastscreen.org.au/

National Cervical Screening Program: http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-screening-1

RACGP: The Red Book: Guidelines for preventive activities in general practice https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/preamble/introduction

Cancer Screening Quality Improvement Toolkit: Cancer Screening in Australia Chapter 28

Cancer Council Victoria – Cancer Screening Hub

6

APPENDICES

APPENDIX ONE: TEAM APPROACH TO QUALITY IMPROVEMENT AND CERVICAL SCREENING

Work with your team

Educate the team on the value of population-based screening

- Does our team have a good understanding of the difference between population screening and risk-based screening?
- Does our team have a good understanding of cancer screening guidelines?
- Does our team have a good understanding of our breast, bowel and cervical cancer screening programs?
- Does our Health Service have a good understanding of the target populations for each screening program?
- Does our Health Service have documented processes for breast and cervical cancer screening?

Involve the whole team

- Can we give the whole team opportunities to generate ideas for improving cancer screening systems during team meetings or in other ways?
- Do we have a clinical and non-clinical leader (e.g. our principal clinician and Practice Manager) driving this activity?
- Have we assigned roles, responsibilities and timeframes for carrying out tasks?
- Do our team members have the skills they need, or is more training required?

Ensure team members have protected time to complete tasks

- Does the way in which we assign roles make efficient use of our entire team?
- Have we assigned people realistic tasks in light of any resource or time constraints?
- Have team members been given “protected” time to regularly complete tasks?

Set realistic goals and use data to drive improvement

- Will our whole team be involved in setting our Health Service’s goals for this work?
- Are our goals SMART: Specific, Measurable, Attainable, Realistic and Time-bound?
- Do we have tools to measure progress against our goals?
- Are we using data to frequently review progress against our goals?

As a team, regularly reflect, review and adjust what you are doing

- Is reviewing progress against our goals and generating new ideas part of our regular team meeting agenda?
- Are we regularly reviewing our progress and adjusting our goals and strategies?
- Are we rewarding and acknowledging success and working as a team to problem-solve any challenges?

Develop a systematic approach to cancer screening

Consider to whom, how and when you will offer screening

- Does our Health Service have a clear idea of who talks with people about screening and when (for example: during health checks, as part of routine appointments, during specific information sessions, via written information)?
- Have we documented who will talk about screening and when?
- Do our team members have the skills they need to offer cervical screening to women with a history of sexual abuse, women with a disability, women whose comfort with screening is impacted by cultural sensitivity or language barriers?

Undertake awareness raising

- Does our Health Service display cancer screening materials?
- Do we regularly review the health promotional materials available in relation to cancer screening and order the posters/pamphlets relevant to our Health Service?
- Is our team aware of the most up-to-date "key messages" for cancer screening?
- Does our Health Service use events such as Daffodil Day, Pink Ribbon Day and Australia's Biggest Morning Tea to promote cancer screening initiatives?

Identify at risk individuals and provide them with additional support

- Has our Health Service reviewed our cancer screening software, and compared to the national screening register, to identify patterns in individuals who are under-screened or who have never screened? (e.g. by gender, age, cultural background, location, employment status, disability, etc.)
- Has our Health Service used the "Deliver person centred" checklist to identify actions that will strengthen engagement with individuals at-risk of underscreening?
- Does our Health Service have the appropriate equipment to offer cervical screening tests?
- Does our Health Service offer the self-collection method of cervical cancer screening to eligible women?

Develop systems that support patient safety

- Does our Health Service have a near miss and adverse outcome register for cancer screening?

Support individuals who have a positive screening test

- Do we use appropriate pathways for people who require further investigation after a positive screening test or diagnosis?
- Does our Health Service have resources and a team to support individuals with a positive screen or subsequent diagnoses?
- Does our Health Service use HealthPathways and Optimal Care Pathways?

Deliver person centred care

Understand individual perspectives, and design and deliver your services accordingly

- Has our team mapped the cancer screening pathway from the individual's point of view to understand which aspects of the "patient journey" may be difficult to access, inconvenient, unclear or psychologically distressing for our patients?
- Does our Health Service co-design service delivery with patients and incorporate their perspectives into our delivery of care?

Improve your organisation's health literacy

- Does our whole team understand the components of health literacy?
- Have our team members undertaken health literacy training?
- Does our Health Service display cancer screening materials designed for specific cohorts of patients?
- Do we ask and record all new patients about their language preferences, and offer and use appropriate language services? (Accreditation: RACGP Core Standard 1, criterion C1.1, C1.3, C1.4, C1.5)
- Has our Health Service developed, or do we use audio-visual materials to support patients with a better understanding of cancer screening e.g. “The Pap test has changed” video?
- Do our team members have the counselling skills to support all individuals to make informed choices about screening?
- Does our Health Service have a clear system for communicating screening results with individuals in a way that helps them to be fully informed about their treatment and the next steps?
- Do our team members understand this system? Can they explain it?

Use patient reported measures to drive improvement

- Does our Health Service request feedback from patients about their experience of care? (Accreditation: RACGP criterion QI1.2)
- Do patient reported measures form part of how we assess our Health Service’s performance? *

Work in partnership to address environmental, cultural and other barriers to screening

- Does our Health Service partner with community organisations or leaders to better engage hard to reach groups and support referrals to screening services?
- Does our Health Service use interpreter services appropriately?
- Is our Health Service a safe place for our community, inclusive of Aboriginal and/or Torres Strait Islander community members, culturally diverse communities and LGBTIQ communities?
- Have our staff members read the Australian Indigenous Doctors “Cultural Safety Factsheet”?
- Have our staff members undertaken cultural awareness training?

APPENDIX TWO: PDSA CYCLE EXAMPLE – QUALITY IMPROVEMENT FOR CERVICAL SCREENING, INCREASING PARTICIPATION

[Practice Name]

[Date]

The Plan-Do-Study-Act (PDSA) Worksheet is a useful tool for documenting a test of change. The PDSA cycle involves developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Plan lead:		
Start date	End Date	
Aim What are you trying to accomplish? Remember **SMART**: **S**pecific **M**easurable **A**chievable **R**ealistic **T**ime-bound	Increase the recorded number of eligible clients for cervical screening participation at our clinic by 5% over 6 months.	
Measures Outline the measures that you will utilise to measure progress towards achieving your overarching aims.	After completing an initial data clean, obtain a baseline Pen CAT report from our PHN. Monitor progress through monthly Pen CAT reports.	
Change area What change can we make that will result in improvement?	Embed data cleansing in everyday practice. Improve recall/ reminder process to follow up non-responders. ie: if client is listed as no record for cervical screening, follow p if never screened or underscreened. Raise awareness of cervical screening test available, including self-collection information, and access to female providers at the clinic to perform screening test.	
Cycle Number		

Plan

Here you will write a concise statement of what you plan to do, and the steps involved		
What do you plan to do?		
Data cleansing Creating lists of active clients eligible for cervical screening Send out recalls/ reminders / invites Update client records		
What do you hope to achieve? (include measurement/outcome)		
To have clean data in our medical software. To see an increase in the recorded number of eligible clients for cervical screening participation from baseline over 6 months in the Pen CAT reports.		
How are you going to do this? (list the steps to be implemented)	***By Whom***	***By When***
Complete data cleansing And introduce a process where data cleansing is being completed day by day, client by client by the whole practice team		
Create 3 lists of active clients eligible for cervical screening who are: • Due • Overdue or • Never recorded. If too many on list, then divide into age groups to assist with a more targeted approach.		

Here you will write a concise statement of what you plan to do, and the steps involved		
How are you going to do this? (list the steps to be implemented)	***By Whom***	***By When***
In stages do recall/ reminders: • Firstly an SMS • If no response with first SMS, send a letter along with brochures/ information on cervical screening. Letter to be endorsed by client's GP. Will also include list of female GPs and certified nurses at the clinic who can do the screening. • If no response from SMS or letter, then phone call to individual clients for follow up.		
Update client records as required if done elsewhere		
Book client in for CST or self collection appt		
Increase nursing time to be available for additional appointments to perform test		
Provide access to 'after hours' appointment times to accommodate working women		
Coordinate GP time with nurse time to enable optimal billing		
Inform front desk staff on extended cervical screening hours		
Include cervical cancer screening resources with the letter Consider underscreened populations such as women who have experienced sexual violence, women from CALD communities, Indigenous women and members of the LGBTQI+ community		
Train staff in cultural sensitive practice - organise an external trainer or contact local Primary Health Network for available courses		

Practice Principal		**Signature**		**Date**	
Practice Manager		**Signature**		**Date**	

Whilst all care has been taken in preparing this document, this information is a guide only and is subject to change without notice.

Do

Implement your plan and write down observations you have during your implementation. This may include how the patients react, how the doctors react, how the nurses react, how it fits in with your system or flow of the patient visit. You will ask, "Did everything go as planned?"
What did you observe?
Were there any unexpected events?

Study

After implementation you will study the results and record how well it worked, if you met your goal and document areas of improvement. You will ask, "Do I have to modify the plan?"

What did you learn?

Has there been an improvement?

Did you meet your measurement goal?

What could be done differently?

Act

Here you will write what you came away with for this implementation, whether it worked or not. And if it did not work, what you can do differently in your next cycle to address that. If it did work, are you ready to expand to other areas?

What did you conclude from this cycle?

Practice Principal		**Signature**		**Date**	
Practice Manager		**Signature**		**Date**	

APPENDIX THREE: POLAR WALKTHROUGH TO IDENTIFY PARTICIPANTS FOR CERVICAL SCREENING

POLAR OUTCOME HEALTH

POLAR Walkthrough – Identifying patients eligible for Cervical Screening

This walkthrough will demonstrate how to use POLAR to identify patients eligible for Cervical Screening.

Please note: This walkthrough will utilise filters built in to the Cervical Screening page, this means that you will not need to add any additional filters unless you need to filter the patient list further.

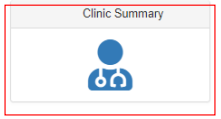
Patient cohort:

All patients who:

- Are "*active*"
- Are female
- Are between the ages of 25 and 74 (inclusive)
- Have not had a hysterectomy
- Are not excluded from recalls
- Have not had a HPV test done in the past 5 years
- Have not had a Pap smear in the past 2 years

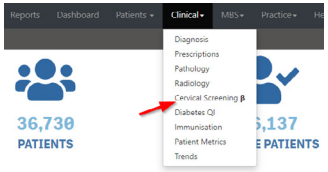
POLAR Report

Clinic Summary



1. Navigate to the Cervical Screening page

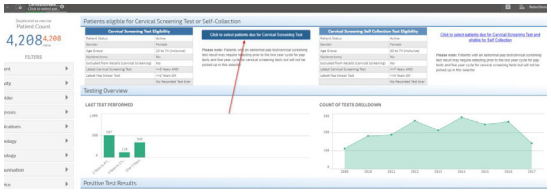
Under the CLINICAL menu, select CERVICAL SCREENING



POLAR OUTCOME HEALTH

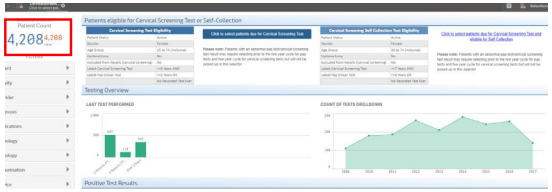
2. Select the eligible patients

Click on the Cervical Screening Test Eligibility bar and click on the GREEN tick to confirm selection

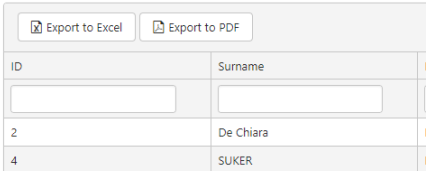


3. Viewing the patient list

3.1. Double click the **Patient Count** to view the patient list



3.2. At the top of the patient list, click either "Export to Excel" or "Export to PDF" as required.



We hope you find this POLAR walkthrough useful. If you have any queries, please feel free to contact the POLAR support team:

p. (03)8822 8444
e. support@outcomehealth.org.au

APPENDIX FOUR: POLAR WALKTHROUGH TO IDENTIFY PARTICIPANTS FOR SELF-COLLECTED CERVICAL SCREENING

POLAR OUTCOME HEALTH

POLAR Walkthrough – Identifying patients eligible for self-collected Cervical Screening testing

This walkthrough will demonstrate how to use POLAR to identify patients eligible for self-collection for Cervical Screening Tests.

Please note: This walkthrough will utilise filters built in to the Cervical Screening page, this means that you will not need to add any additional filters unless you need to filter the patient list further.

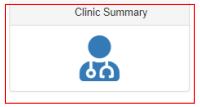
Patient cohort:

All patients who:

- Are *"active"*
- Are female
- Are between the ages of 30 and 74 (inclusive)
- Have not had a hysterectomy
- Are not excluded from recalls
- Have not had a HPV test done in the past 7 years
- Have not had a Pap smear in the past 4 years (or ever)
-

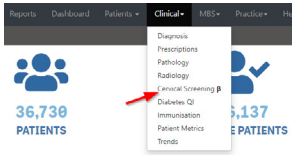
POLAR Report

Clinic Summary



1. Navigate to the Cervical Screening page

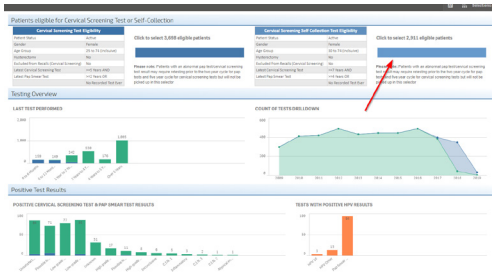
Under the CLINICAL menu, select CERVICAL SCREENING



POLAR OUTCOME HEALTH

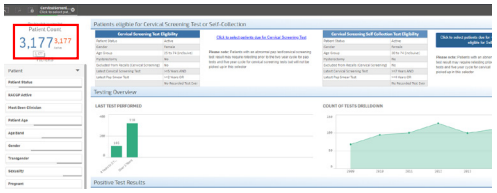
2. Select the eligible patients

Click on the Cervical Screening Self Collection Test Eligibility bar and click on the GREEN tick to confirm selection



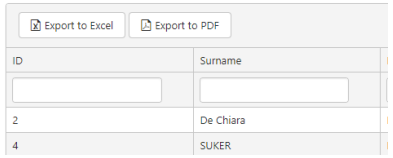
3. Viewing the patient list

3.1. Double click the **Patient Count** to view the patient list



POLAR OUTCOME HEALTH

3.2. At the top of the patient list, click either "Export to Excel" or "Export to PDF" as required.



We hope you find this POLAR walkthrough useful. If you have any queries, please feel free to contact the POLAR support team:

p. (03)8822 8444
e. support@outcomehealth.org.au

APPENDIX FIVE: PDSA CYCLE EXAMPLE - ESTABLISH A WOMEN'S WELLBEING CLINIC FOR CERVICAL SCREENING

[Practice Name]

[Date]

The Plan-Do-Study-Act (PDSA) Worksheet is a useful tool for documenting a test of change. The PDSA cycle involves developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Plan lead:		
Start date	End Date	
Aim What are you trying to accomplish? Remember **SMART**: **S**pecific **M**easurable **A**chievable **R**ealistic **T**ime-bound	To set up a women's wellbeing clinic to reach underscreened/ never screened women eligible for cervical screening. Within the next 3 months, the clinic will be established and running one Saturday a month.	
Measures Outline the measures that you will utilise to measure progress towards achieving your overarching aims.	A women's wellbeing clinic will be established and attended by clients eligible for cervical screening. Monitor if women attending are underscreened or never screened Client records to be updated and an increase in participation reflected in data extracted from medical software.	
Change area **Figure 2.What change can we make that will result in improvement?**	A women's wellbeing clinic will occur once a month on a Saturday between 9am to 12pm. Free cervical screening will be offered during this clinic.	
Cycle Number		

Plan

Here you will write a concise statement of what you plan to do, and the steps involved		
What do you plan to do?		
Establish a women's wellbeing clinic (one Sat per month, 9am to 12pm), staffed with one female GP and one certified nurse cervical screening provider. Offer free cervical screening during clinic as well as other areas of women's health needs such as, breast health awareness, bowel screening, sexual health, family planning, health coaching, health assessments, GPMP, MHCP, etc.		
What do you hope to achieve? (include measurement/outcome)		
A women's wellbeing clinic will be established and attended by clients. Use of the clinic will improve women's health in general and increase participation in cervical cancer screening. To see an increase in uptake of self-collection for women who are eligible.		
How are you going to do this? (list the steps to be implemented)	***By Whom***	***By When***
Complete PDSA cycle: Quality improvement for cervical screening, increasing participation		
Roster a female GP and certified nurse cervical screening provider to work one Saturday a month from 9am to 12pm		
Ensure have the correct equipment to perform cervical screening tests or offer self-collection kits and have enough supplies		
Upskill/ offer courses for nurse to specialise in women's health if required		
As well as doing recalls and reminders (from previous PDSA) also have brochures/ posters in waiting room to promote women's wellbeing clinic		

Here you will write a concise statement of what you plan to do, and the steps involved		
How are you going to do this? (list the steps to be implemented)	***By Whom***	***By When***
Survey / ask for feedback from the clients attending the clinic to evaluate if clinic meeting needs of the community		
Adjust if needed		

Practice Principal		**Signature**	
Practice Manager		**Signature**	

Whilst all care has been taken in preparing this document, this information is a guide only and is subject to change without notice.

Do

Implement your plan and write down observations you have during your implementation. This may include how the patients react, how the doctors react, how the nurses react, how it fits in with your system or flow of the patient visit. You will ask, "Did everything go as planned?"
What did you observe?
Were there any unexpected events?

Study

After implementation you will study the results and record how well it worked, if you met your goal and document areas of improvement. You will ask, "Do I have to modify the plan?"

What did you learn?

Has there been an improvement?

Did you meet your measurement goal?

What could be done differently?

Act

Here you will write what you came away with for this implementation, whether it worked or not. And if it did not work, what you can do differently in your next cycle to address that. If it did work, are you ready to expand to other areas?

What did you conclude from this cycle?

Practice Principal		**Signature**		**Date**	
Practice Manager		**Signature**		**Date**	

phn
WESTERN VICTORIA

An Australian Government Initiative