**Quality Improvement Activity**

**Start date: End date:**

Increase Screening for Bowel Cancer

**Practice/team name:**

**Specific**

Provide a clear description of what needs to be achieved.

**Measurable**

Include a metric with a target that indicates success.

**Achievable**

Set a challenging target but keep it realistic.

**Relevant**

Keep your goal consistent with higher-level goals.

**Time-Bound**

Set a date for when your goal needs to be achieved.

**QI Activity Lead:**

**Goal:**

What are we trying to accomplish?

Improve participation in the National Bowel Cancer Screening Program (NBCSP) over 3 months

**Change Ideas:**

What change can we make that will result in an improvement?

Encourage eligible patients to actively engage in screening and inform patients that screening saves lives, as bowel cancer can develop without symptoms. Go Share can be used to educate this cohort and present this information in an engaging way.

Train staff about the importance of collecting all patient data and provide background and context/examples, while also advising staff how to accurately record patient details relating to FOBT and colonoscopy.

**Benchmark:**

What is our current data saying?

Improve participation in bowel cancer screening by 10 % in over 3 months.

**QI Activity Team:**

* Name/Role
* Name/Role
* Name/Role
* Name/Role
* Name/Role

**Measures:**

How will we know that a change is an improvement?

What data will we use to track our improvement?

We will establish baseline data including the proportion of eligible patients captured in our clinical database, with an active status, who are eligible to participate in the NBCSP without an FOBT recorded.

 The following data points will be sought to support the quality activity -

Determine what % of 50 – 74-year-old have been screened in the last 2 years for FOBT and/or Colonoscopy.

1. The number of patients 50 – 70 with FOBT and/or colonoscopy in the last 2 years
2. The number of 50 -74 active patients (3 plus visits in the last 2 years)
3. A / B \* 100 + % of eligible patients screened (i.e., take the total number of patients that have had testing done and divide it by the total number of patients in that age group and multiple x 100)
4. B – A = eligible patients to target for screening (Remove the total number patients that have been screened and see the number of patients that are under screened).

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

Consult with the WVPHN practice facilitator, develop a plan of action and present it at staff meetings.

Form a QI team, discuss workflow and allocate roles & responsibilities. [ideally – practice manager (can include WVPHN practice facilitator) and at least one GP, nurse and admin staff.]

QI lead to extract baseline data from practice software using data extraction tool.

Create or use the pre-screening letter (prepared by government) to raise awareness of test and to encourage patients to make appointment.

*Analyse and learn from the results*

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

Have information material available in waiting room (poster and brochures).

Use data extraction tool to identify eligible patients who do not have an FOBT recorded and utilise SMS to send Go Share content bundle to patients with mobile numbers listed.

Target patients about to turn 50 years of age to include in the 45 – 50-year-old Health Assessment a discussion about the possibility of receiving a screening letter and/or kit in the mail.

At completion of QI period, measure change by repeating reports using data extraction tool. Assistance provided by PHN (Primary Health Network). Compared to baseline, review and improve.

*Analyse and learn from the results*