**Quality Improvement Activity**

**Start date: End date:**

Increase Screening for Cervical 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:**

Improve awareness and participation in under and never screened women regarding cervical cancer screening over 3 months by xx%

**Goal:**

What are we trying to accomplish?

**Change Ideas:**

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

Promote cervical screening in the practice by using culturally appropriate resources.

Add information to waiting room tv regarding changes to cervical screening.

**QI Activity Team:**

Improve participation in cervical cancer screening by xx % in over 3 months

**Benchmark:**

What is our current data saying?

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

We will measure the proportion of eligible women on the clinical database, with an active status, with a cervical screening result within the required time frame.

The results of this measure will be recorded at baseline and over time. We will compare the results recorded at baseline with the results at the end of activity and within 3 months to see whether the goal has been achieved.

**Measures:**

How will we know that a change is an improvement?

What data will we use to track our improvement?

**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.

Develop a cancer screening policy that integrates screening into the templates for existing practice services (e.g. 45 to 49-year-old health assessments).

Set up recalls and reminders.

Create letter signed by the patients GP (if possible) to raise awareness of test and to encourage patients to make appointment. send out to all eligible patients.

send out to all eligible patients

*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*

Discussions to be considered with patients who are 30 years or over and are more than five years overdue for cervical screening or have never screened, consider discussing self-collection.

An appropriately trained practice nurse could contact patients who are overdue for screening and have not responded to practice reminders.

Have information material available in waiting room Increase nursing time to be available for additional appointments to perform test.

Provide access to later appointment times to accommodate working women.

At completion of QI period, measure change by repeating reports using data extraction tool. Assistance provided by PHN.

Compare to baseline.

*Analyse and learn from the results*