



# Primary Health Care

(Bowel Screening)

Quality Improvement Toolkit

## Acknowledgement

The Western Queensland PHN (WQPHN) acknowledges Aboriginal and Torres Strait Islander traditional custodians on whose land we walk, work and live across Western Queensland.

We acknowledge the stories, traditions and living culture and their continuing connection to the land and waters of our catchment.

We pay respect to Elders past and present and commit to building respectful and inclusive partnerships with Aboriginal and Torres Strait Islander peoples to improve health outcomes in our region.



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Resources included in this toolkit not developed by Western Queensland PHN have been referenced throughout, and these organisations retain copyright over their original work.



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## About | Bowel Screening Quality Improvement

The Bowel Screening Continuous Quality Improvement (CQI) activities aim to reduce morbidity and mortality by increasing the participation of eligible patients in cancer screening programs. Cancer screening is a cost-effective and valuable population health intervention. However, its full benefits are limited by relatively low patient participation rates. In 2021-2022, nationally, only 2.5 million out of 6.0 million (40%) people aged 50-74 who were invited to participate in bowel screening did so ([AIHW, 2024](#)).

To enhance the program's effectiveness, several new initiatives have been introduced. Since 2019, participants in the National Bowel Cancer Screening Program have had their screening results uploaded to My Health Record. Additionally, the Alternative Access Model was implemented in 2022. Furthermore, the [National Cancer Screening Register \(NCSR\) was integrated](#) into practice management software such as Best Practice (BP) and Medical Director (MD) in September 2020. This integration allows healthcare providers to access and submit patients' bowel and cervical screening data directly from their clinical software, streamlining workflows and improving patient care.

In 2000, there were around 88,000 cases of cancer diagnosed in Australia. By 2034, with increasing population and estimated increasing rates of cancer, it is estimated there will be around 209,000 cases of cancer diagnosed in Australia ([Australian Institute of Health and Welfare, 2024](#)). While incidence rates for younger populations remain much lower than for older populations for colorectal cancer, the trends are notably different. Since around 2005, incidence rates for those under 40 years have increased. For the 40-49 age group, incidence rates rose from 22 cases per 100,000 people in 2005 to an estimated 30 cases in 2024. ([Australian Institute of Health and Welfare, 2024](#)).

The Northwest region in Western Queensland PHN has a particularly low rate of participation in national cancer screening programs, including bowel cancer screening, with only 19.6% of invited individuals taking the test. This is significantly lower than the state and national averages of 37.5% and 40.9%, respectively (2020-21). Participation rates are especially low in Doomadgee (6.7%) and Mornington (7.4%) (PHIDU, Social Health Atlas of Australia, Data by Primary Health Network, September 2024 release) ([WQPHN Joint Regional Health Needs Assessment, November 2024](#)).

Similarly, the Southwest region in Western Queensland PHN also shows low participation rates in national cancer screening programs. Only 33.5% of those invited to participate in the bowel cancer screening program took the test, which is below the state and national averages of 37.5% and 40.9% (2020-21). The lowest participation rates are in Paroo (26.3%) and Quilpie (28.2%) (PHIDU, Social Health Atlas of Australia, Data by Primary Health Network, September 2024 release) ([WQPHN Joint Regional Health Needs Assessment, November 2024](#)).

Since July 2024, the Australian government has lowered the eligible screening age for the [National Bowel Cancer Screening Program](#) from 50 to 45. [Individuals aged 45-49 can now request their first bowel cancer screening kit](#) (Cancer Council, 2024; Department of Health, 2024).

## Aim | Bowel Cancer Toolkit

This toolkit provides a practical guide for general practice teams. It outlines how to successfully increase bowel screening as a CQI activity. It includes educational and CQI resources, guides, and templates to support increased patient participation in bowel screening.



## About | Alternative Access Model

This alternative way of giving kits to eligible patients will help remove barriers that prevent some people from participating in the [National Bowel Cancer Screening Program](#).

Patients are more likely to do the test when it has been discussed with a trusted health professional who can explain how to do the test and why it is important. Through the alternative access model, you will also receive reminders to encourage your patients to return test kits, notifications of test results and follow up actions where applicable. Learn more about the [alternative access to kits model](#).

### Alternative Access Model Information

- [Getting started in your practice](#)
- [Quick start guide](#)
- [Walkthrough videos](#)



## About | NCSR Integration

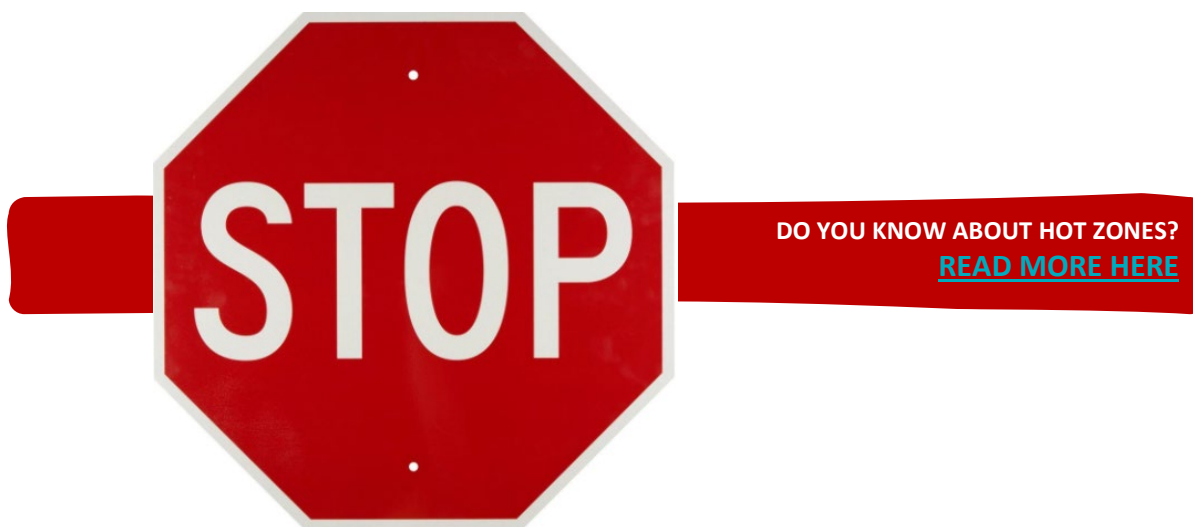
The National Cancer Screening Register (NCSR) is a centralised system designed to support Australia's cancer screening programs, including those for cervical and bowel cancer. It helps healthcare providers manage and track patient screening histories, ensuring timely follow-ups and improved patient outcomes. The NCSR integrates seamlessly with clinical software systems like Best Practice and Medical Director to allow healthcare providers to access and update patient screening information directly from their existing practice management software, streamlining workflows and enhancing efficiency.

### National Cancer Screening Register

- [What is the NCSR?](#)
- [How do I integrate NCSR into my clinical software?](#)

*Still unsure? Contact your local WQPHN Coordinator to organise a 1:1*





## Alternative Access Model and NSCR Implementation

Before proceeding with the WQPHN Quality Improvement Toolkit for Bowel Screening:

- Are your clinicians aware of the Alternative access model?
- Does your practice have free home test kits in stock?
- Do your clinicians have access to NSCR through the practice clinical software?

### How to use the Toolkit

There are six steps to implement the Bowel Screening Toolkit as a CQI activity

STEP 1: Planning and Preparation.

STEP 2: Use Data to set goals and identify suitable patient.

STEP 3: Implement Improvement Actions.

STEP 4: Regularly Review Your CQI Activity.

STEP 5: Sustain and Maintain Improvements.

STEP 6: Document Your CQI Activity.

### Benefits of using the Toolkit

The toolkit provides a step-by-step approach to:

- Make best use of practice data to identify patients who are due or overdue for bowel screening.
- Successfully implement bowel screening as a CQI activity.
- Document the increase of bowel screening participation implementation as a CQI activity.
- Make measurable and sustainable improvements in a feasible manner to patient care.
- Increase knowledge of CQI principles and practical application.

### Health Professionals Role in the National Bowel Cancer Screening Program

- [Manage participants via the National Cancer Screening Register.](#)
- [Role of general practitioners and practice nurses.](#)
- [Encouraging patients to screen for bowel cancer.](#)
- [Patient test results.](#)

- [Role of colonoscopists and pathologists.](#)
- [Clinical practice guidelines, resources and forms.](#)

[Healthcare providers are helping people overcome bowel screening hesitancy | Australian Government Department of Health, Disability and Ageing](#)

## Step One: Planning and Preparation

### Team Meetings

- To meet [PIP QI requirements](#), you must demonstrate that you undertake your CQI activity as a team.
- It is important at the beginning of the CQI activity to arrange a practice meeting to agree, plan and prepare for its implementation. If it is not possible to have the whole team meet, each staff group should be represented. As a minimum, this would include a GP, the practice manager, a member of the administrative team and a practice nurse. In smaller practices, the same individual may have more than one role.
- You should continue to meet regularly to plan and review your CQI activities. It is especially important to meet at the conclusion of the activity and finalize the documentation.
- Meetings can be virtual or in person and can be scheduled at any time that suits the team, i.e. during or outside normal working hours.

#### Practical considerations for your meetings:

- You could add CQI as a standing agenda item on your usual team meetings; or you could set up specific meetings for this purpose.
- Schedule meetings with advance notice to ensure key team members can attend
- Ensure that you have access to practice data during meeting to inform your discussions and to support your planning and review of your CQI activity.
- Consider using a [CQI activity template](#) during meetings to help guide the discussion and to document your plan, progress and learning. Contact your WQPHN coordinator for the latest PDSA.



#### Did you know?

Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity.

### Agree CQI Roles and Responsibilities

- It is important to define and delegate specific roles and responsibilities in the team. Potential roles or different team members are included as an Appendix.
- Consider in your team who has the skills and ability to complete each task. You could ask staff to gauge their confidence out of 10 to complete an allocated task- this can help identify learning needs.
- Ensure all team members have access to the PenCS suite and the CAT Plus data tool and/or Primary Sense to allow prompts for care action items.

- Identify and meet the training and education requirements of team members to fulfil their CQI role.
- Remember to share your CQI plan (template) with the whole practice team to ensure that everyone is aware of the activity and their roles and responsibilities.



Resources for CAT4 and Primary Sense are available online.

- [FOBT - CAT GUIDES - PenCS Help](#)
- [Patients eligible for the NBCSP aged 50 years and 4 months or older](#)
- [Bowel-and-Breast-Cancer-Screening-PS-Reports-PA-User-Guide-230519.pdf](#)

## Set Realistic Timelines

- It is important to specify the specific CQI steps and estimate how long each one will take to complete. It is also important to agree dates in advance, when progress will be reviewed.
- Allow some flexibility with the timelines and expect and plan for delays. Some of the factors to consider when you set your timelines include:
  - o Where you are in the cycle of accreditation.
  - o Staff leave and capacity.
  - o Seasonal priorities and anticipated workload, i.e. the winter period tends to be particularly busy.

### Internal Factors You Control:

Develop a calendar of known periods of specific activity to align with CQI focus to support proactive planning.

*Example – Bowel Cancer Awareness Month, Women's Health Week, Men's Health Week*



### External Factors and Factors Outside Your Control:

Ensure disaster management plans and business continuity plans are up to date and all staff are aware of their roles and responsibilities.



**READ FIRST |** [Increasing bowel cancer screening in general practice](#)



## Step Two: Use Data to Set Goals and Identify Suitable Patients

### Current Performance and Future Goals

- Ask the following questions to assess current and future performance using your practice data:
  - What is the current level of performance in the practice?
  - If there is an opportunity to improve performance? If so, by how much? Express your goal or target as a number or percentage.
  - Is your target realistic? It is seldom possible to achieve 100% performance; most practice teams can achieve a 25 to 50% improvement in performance or reduce the gap between their current and desired performance by 25 to 50% with concerted effort.
  - How long will it take to achieve this goal?
- A CQI activity is simply a structured, focused and co-ordinated attempt to close the quality gap between your current, baseline performance and a desired outcome or level of performance in the future.
- Practice teams that set SMART goals are more likely to be successful. The acronym SMART describes some of the desired characteristics of a goal: specific, measurable, achievable, relevant and timed.
- Two examples are provided to illustrate the difference between SMART and non-SMART goals:
  - **SMART Goal Example:** *Practice A decides to increase the participation rates of eligible patients for bowel screening from 40% (current performance) to 50% (goal) over a 12-week period. They calculate that they will need to screen 50 patients to achieve their goal. They will achieve this goal by screening 5 patients a week. This provides them with a small buffer of time. They also agree to review their progress every four weeks.*
  - **Non-SMART Goal Example:** *Practice B decides to increase the participation rates of eligible patients for bowel screening. They agree that their GPs and practice nurse will identify patients during their routine work and see how they go in a few weeks.*

### Data Extraction and Analysis Tools (Cat Plus/Primary Sense™)

- The two data tools that are available in Western Queensland that will support bowel screening CQI activities are Cat4 and Primary Sense™. WQPHN subsidises the licences for Western Queensland general practices to access Primary Sense™ data tools at no cost to the practice.
- The quality of your practice data, and whether the data is used to inform improvement, are more important considerations than which tool you use.
- Using a data extraction and analysis tool helps you to use your practice data in a meaningful manner. The main applications of data tools in CQI activities are to:
  - Establish your performance.
  - Compare your performance with the performance of your peers (optional).
  - Identify specific groups of patients – also referred to as samples of patients – who may benefit from being included in a CQI. The best data tools have the capability to generate lists with the names and information of all the patients in your sample.
  - Track your progress towards your goal over the course of the CQI activity.



Collecting, analysing and sharing aggregated practice data are [PIP QI requirements](#)

Primary Sense Bowel Cancer Screening Report (p.91): [Primary Sense Practice User Guide](#) (P.91)

## Select a Sample of Patients

- It is important to direct your improvement efforts at those patients who are most likely to benefit from them. The next step is therefore to identify a suitable group (sample) of patients eligible for bowel screening. Potential patient groups could be:
  - Patients aged 49-50 years who are entering NBCSP.
  - Patients aged 72-74 years who are exiting NBCSP.
  - Patients overdue for bowel screening.
- Feasible samples are typically between 50 and 100 patients. Larger and more ambitious practice teams may opt to increase the size of their sample further.
- Selecting a suitable sample and picking the right sample size can be challenging decisions for many practice teams. Contact your PHN Primary Care Coordinator if you would like to discuss this further.
- WQPHN developed prefilled templates, practical examples and resources that explain how to use data tools to select samples of patients for a Bowel Screening CQI activity and provide examples of which patients may be particularly suitable for inclusion.

For Cat Plus users the following CAT4 recipes may be relevant:

- [Bowel Cancer Screening Participation Rate](#)
- [Patients eligible for the NBCSP aged 50 years and 4 months or older](#)
- [Identify under-screened population for bowel cancer](#)
- [Patients turning 50 in the next three months eligible for bowel and/or breast screen](#)



Choose one distinct area to start: Define bowel screening patient sample and have conversations regarding cervical and breast screen for eligible patients.

## Step Three: Implement Improvement Actions

### Agree Specific Improvement Actions

- It is important to set a SMART goal and identify a sample of patients. It is equally important to decide what improvement actions or interventions will be required to reach your goal. In other words, what is it that needs to be done for every patient in your sample?
- Decide whether your CQI activity requires a single intervention or multiple interventions Your CQI activity focus:
  - Primary focus on Bowel Screening.
  - Bowel Screening as well as opportunistic screening for Breast and Cervical Cancer (if eligible).
- Consider creating Top Bar prompts to automatically flag patients in the sample. You may also wish to consider Primary Sense™ prompts to support opportunistic identification of eligible patients.
- Consider patient engagement/experience and activation (communication and feedback). A practical example of this is to add questions to your accreditation survey and offer survey participation to the patients in the CQI sample.



Choose one distinct area to start: Define bowel screening patient sample and have conversations regarding cervical and breast screen for eligible patients.



A [care bundle](#) is a set or number of interventions that, when used together, synergistically improve patient outcomes.

## Examples of Improvement Actions in a Bowel Screening CQI Activity

- Use data to identify patients eligible for bowel screening.
- Develop and promote consumer information for bowel screening; you may consider posters in waiting room and the bathroom.
- Use your practice reminder system to 'flag' patients with missing or outstanding items of care. Whenever possible, reminders should also be added during patient appointments.
- CQI activity examples:
  - o Identifying patients eligible for Bowel Screening.
  - o Additional resources available for breast and cervical screening.

## Examples of Potential Bowel Screening Improvement Actions

The following list of potential improvement actions is not exhaustive or mandatory and are provided as examples. Every practice team should select their own improvement actions and decide which they would like to include:

- Data quality improvement:
  - o Consider implementing or reviewing current database management and cleaning processes to maintain your clinical software with an "active" database (RACGP reference 3 visits in 2 years) or using the active patient filter.
  - o Contacting the [National Cancer Screening Register \(NCSR\)](#) via phone to access patient screening history.
  - o Accessing the [NCSR through the Healthcare Provider Portal](#) to enable providers to access and submit bowel screening data electronically.
  - o Access the NCSR Hub through your clinical software to view and manage patients screening history.
    - [Best Practice](#)
    - [Medical Director](#)

## Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer

- o Enter bowel screening result in clinical software systems to ensure the outcome of an accurate bowel screening clinical record.  
(Medical Director) (Best Practice)
- Create a feasible sample of patients, typically between 50 and 100 patients. Creating manageable sample of patients initially allows you to create a business-as-usual process for bowel screening in the practice. For example, this could be created with the following target groups:
  - o 49-year age group, entering the National Bowel Screening Program.
  - o 72-74 age group, exiting the National Bowel Screening Program.

- Opportunistic conversations with eligible patients that present to GP/Practice Nurse for other health concerns.
- Advise patients to include their regular GP on pathology request forms if they complete the test at home, and that results are normally available approximately two weeks after samples have been submitted.
- Upload Shared Health Summaries to My Health Record when bowel screening results are received by the practice.
- Review bowel screening status during over 75 Health Assessment to ensure exit screen has been completed.
- Consider adding 'date of last bowel screening' to your new patient questionnaire and recalls and reminders in the clinical software system.
- Practice Nurses have a potential role in demonstrating to patients how to use a bowel screening test kit and answer any questions patient may have; some team members may require additional training to fulfill this role.



GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.

## MBS Items to Support Implementation:

- GP Chronic Condition Management Plan.
- GP Chronic Condition Review.
- Aboriginal and Torres Strait Islander people's Health assessment.

## Step Four: Regularly Review Your CQI Activity

- It is important to monitor your progress regularly.
- During the planning and preparation step you would have identified the timelines and activity review points which should now be implemented.

## Practical Considerations:

- Set the frequency of CQI progress reviews according to the timeline of your activity. For example, it would be reasonable to check the progress of a 6-month activity every 1-2 months, while a three-month activity requires shorter intervals (weekly).
- Use your practice data at each checkpoint (review) to determine your progress towards your goal. Remember to check that the data corresponds with the period being review. Some data extraction tools have a lag between current and past performance.
- Identify the barriers or challenges (if any) to your progress during the reviews. Consider whether and what corrective actions to take. The following questions may be helpful to work through during your CQI activity reviews:
  - o Successes- what has worked well so far?
  - o What were the challenges and barriers?
  - o Were you able to overcome the challenges and barriers?  
If not, what do you need to do next?
  - o If you were able to overcome challenges or barriers, what did you learn, and how can you use that in future?
- During the **final review meeting**, when you conclude your CQI activity, it is important to consider

and document:

- o What worked well?
- o What could have worked better?
- o What were your learning points, learning needs and were learning needs met?
- o What changes did you make to your practice policies and procedures or systems because of this CQI activity (if any)?



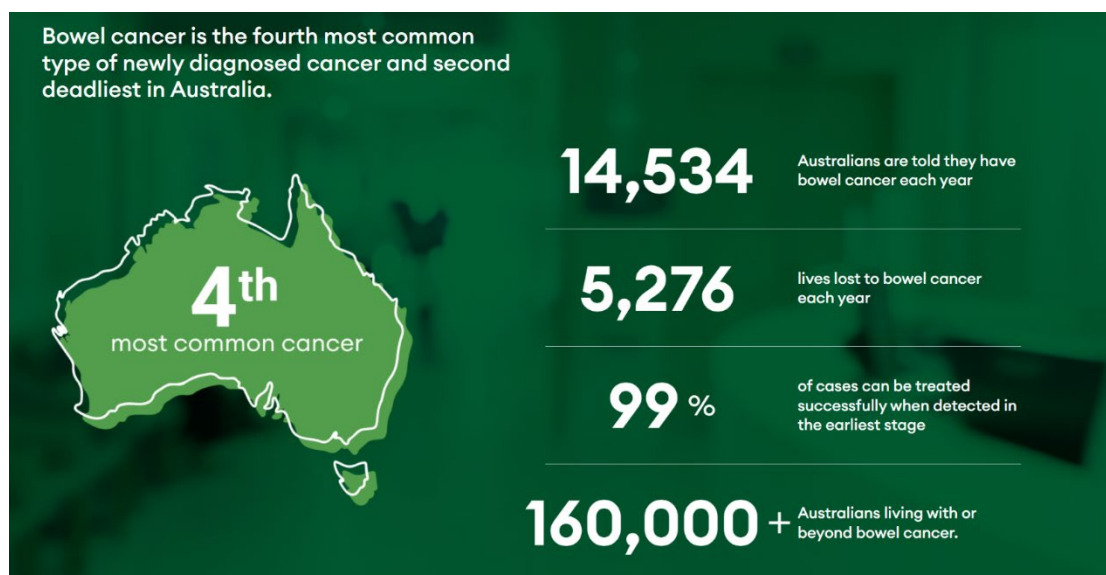
Don't forget to hand in your final report to WQPHN.

## Step Five: Sustain and Maintain Improvements

- Once performance has been improved, it usually requires regular reviews to maintain the gains.
- It is therefore important to establish a reliable procedure to ensure your improved performance is sustained.
- New processes that are developed need to be documented and communicated to the wider team to ensure ongoing implementation is achieved.
- Agree the intervals at which you will review your performance relating to this activity, decide who will be responsible for the review, and the actions that will be taken if performance falls short of your new standard.
- Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective e.g. Breast Screening, Cervical Screening.
- Share your CQI activity, its successful outcomes and learning points with everyone in the practice team.



Setting timepoints to review progress is important to ensure you remain on track to reach your target.



Source: [Bowel Cancer Australia - Awareness, Support & Research](#)

## Step Six: Document your CQI Activity

- Ensure you document your CQI activity to meet the PIP QI guidelines. Documentation is also a requirement for CPD purposes.
- Documentation must be kept for 6 years for evidence of PIP QI.
- It is especially important to document your baseline and improved performance, and list improvement actions and learning points.
- If your CQI activity has resulted in changes to your policies and procedures, they can be included in the documentation as attachments and evidence for accreditation purposes.
- There is no single 'right way' to document a CQI activity. The types of documents and templates we provide in this Toolkit are intended as examples. Practice teams can modify them to suit their own needs.
- There are three main types of documents that are required for a CQI activity. The fourth type of document is desirable but not essential. All documents are 'living' in the sense that they can be updated throughout the CQI process. The four types are:
  - **Documents about meetings.** A CQI activity requires at least two team meetings – one at the beginning and one at its conclusion. It is strongly recommended to also record your review meetings or 'check points'.
  - **Documents about data.** These types of documents could include reports from Pen CS or Primary Sense with aggregated performance data. It can also include lists of patient names that were sampled. These documents are not routinely shared and should be managed according to data privacy and governance procedures.
  - **Documents about the CQI activity.** WQPHN developed a CQI Activity Template that enables practice teams to document any CQI activity from beginning through to its conclusion. The template is suitable for PIP QI and CPD purposes. Discuss the essentials template with your local WQPHN Coordinator.
  - **Documents about practice policies and procedures.** Practice policies and procedures-changes can be saved as evidence for PIP QI.

## Cultural Safety and Awareness

### Patients Who Identify as Aboriginal and/or Torres Strait Islander



[Visit National Aboriginal Community Controlled Health Organisation \(NACCO\) for more information.](#)

Bowel cancer is a preventable cancer and if caught early it can be successfully treated in more than 90% of cases. We know that more Aboriginal and Torres Strait Islander people participating in bowel cancer screening means that more cancers will be prevented or detected early, and more lives will be saved.

### Patients with a Disability

Consider accessibility in your practice for patients with disabilities:

- Ensure accessibility within the practice to accommodate the diverse needs of patients with disabilities, including physical, sensory, and communication adjustments.
- Provide suitable facilities such as wheelchair-accessible entrances, height-adjustable examination tables, and accessible restrooms.

- Routinely offer longer appointment times to allow for thorough consultation and to address individual needs effectively.
- Provide resources in accessible formats such as plain English, large print, Braille, or audiovisual materials tailored for patients with disabilities.

**Weblink:** [People with disability | Australian Government Department of Health and Aged Care](#)

## LGBTQIA+ Community

When it comes to bowel cancer screening in our community, we need to get our kit together. If detected early, more than 90% of cases can be treated successfully.

For eligible community members aged 45-74, the kit is free. Despite this many of us are simply not getting around to doing it and it's increasing our community's risk of bowel cancer. Do your bit. Use the kit.

**Weblink:** [LGBTQ+ Bowel Cancer Screening & Prevention Info | CAN WE](#)  
**Video:** [Bowel Screening Kit Promotion](#)

## Finishing Point

### Sustainability Checklist – Maintaining the Change

<b>Cyclical nature of PDSAs- Adopt, adapt, abandon</b>	<ul style="list-style-type: none"> <li>• Adopt: excellent work, embed that change.</li> <li>• Adapt: determine if a change is needed to the plan and start a new PDSA.</li> <li>• Abandon: Rethink the next PDSA.</li> <li>• Lessons can be learned from PDSAs that are abandoned. Keep a record of learnings.</li> </ul>
<b>Document your improvement activity: Record your competed QI activities to meet PIP QI guidelines</b>	<ul style="list-style-type: none"> <li>• Record your completion.</li> <li>• Documentation must be kept for 6 years for evidence of PIP QI if your practice is audited by the Department of Health and Aged Care.</li> </ul>
<b>Sustaining project outcomes. Consider which practice documentation may need to be updated to include the change:</b>	<ul style="list-style-type: none"> <li>• Updates to Policy and Procedure manual.</li> <li>• Specific task procedures.</li> <li>• Local signs or instructions.</li> <li>• Staff work practices.</li> <li>• Position descriptions.</li> <li>• Staff induction.</li> <li>• Staff skills development or education.</li> </ul>



<b>Communication is key to finishing a successful project. Consider:</b>	<ul style="list-style-type: none"> <li>• QI project outcome feedback to staff.</li> <li>• Discuss project strengths and challenges.</li> <li>• Feedback to patients, where appropriate.</li> <li>• Consider Incorporating this as part of your practice preventative health care promotion activities.</li> </ul>
<b>Celebrate success</b>	<ul style="list-style-type: none"> <li>• Celebrate your outcomes and achievements by sharing a with a morning tea with your team.</li> <li>• Consider sharing your practice improvement activity efforts with your patients through practice newsletters, website or waiting room. E.g. displaying 'run charts' to demonstrate change over time.</li> </ul>
<b>Review and reflect</b>	<ul style="list-style-type: none"> <li>• Discuss project strengths and challenges.</li> <li>• Annually review the PDSA outcomes to ensure activities are still being adhered to and completed.</li> <li>• Annually review and audit your data related to this activity. Identify gaps, areas for improvement and set new targets if needed.</li> <li>• Where to next on your continuous QI journey?</li> <li>• Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective.</li> </ul>

## Final Report

### Good News Story

Please use this template as a guide to provide a Good News Stories relating to Cancer Screening, along with any images that can be used and shared by WQPHN.

We kindly ask that you also fill in the [WQPHN Photo Consent Form](#) to provide consent to sharing images on our social media and website.

Details	
Date:	
Location:	
Tell us about the event or situation: (Increase in participation of Bowel screening via the Alternative access model).	
Any links to social media posts or printed publications:	



## Data Overview

Data to Collect		
Total patient population eligible		
Patients up to date with screening		
Patients eligible who have not had screening		
Number of Private kits given out		
100% clinicians trained in NCSR		
Healthpathways education for Clinicians and access (100%)		
100% of Clinicians aware of Alternative Access Model		

## Plan for Barriers

- **Hot Zones (How was this addressed)**  
(E.g. Utilisation of the Alternative Access Model and how that was implemented, ensuring that those who would be sent in summer are not missing out/ chasing up with reminders in place).
- **Natural Disasters**  
Ensuring that there is a system in place to catch patients that may have missed out due to a natural disaster.
- **Discuss other Barriers/Issues** (E.g. Location/literacy issues/mailling issues/religion/culture/lack of understanding of screening process etc).
  - Did anything else come up during conversations with community?

## Follow up | Next steps

- Endoscopy and colonoscopy options in your region/ what is the pathway here?
- Wait lists?
- Patient flow?

## Case Study | Please add your case study here

### Case study inclusion- prompt questions:

- What is the problem or challenge that you are trying to solve?
- What are the objectives or goals of your project or initiative?
- Who are the main stakeholders involved in your project or initiative?
- What are the key activities or steps that you have taken or plan to take to address the problem or challenge?
- What are the results or outcomes that you have achieved or expect to achieve from your project or initiative?
- What are the indicators or measures that you use or will use to evaluate the success or impact of your project or initiative?
- What are the challenges or risks that you have faced or anticipate to face in your project or initiative?

- What are the lessons learned or best practices that you have gained or can share from your project or initiative?

## **Additional Support and Information**

WQPHN | PRACTICE SUPPORT TEAM

Contact your local Primary Care and Chronic Disease team for more information

Email: [prac\\_support@wqphn.com.au](mailto:prac_support@wqphn.com.au)

# APPENDIX

## Potential CQI Roles and Responsibilities of Practice Team Members

### General Practitioners

- Provide clinical oversight and governance of the activity.

### Practice Nurses

- PN trained to perform cervical screening.
- Support the implementation of the activity.
- Provide support to generate data reports.
- Identify patients to provide opportunistic interventions.

### Practice Manager

- Maintain up to date patient registers.
- Analyse practice data.
- Identify and support implementation of training for the CQI and practice team.
- Establish and oversee recall/reminder systems.
- Monitor progress against CQI activity.
- Review and update new systems to ensure sustainable change.
- Document policy and procedures and support implementation across the team.

### Reception Staff

- Order and maintain supplies of resources (e.g. patient information).
- Add flags or clinician reminders for patients in the activity.
- Support the practice team to identify patients eligible for relevant reminders and contact patients either via letter, text message, phone call etc.

### Medical and Nursing students (if relevant)

- Consider tasks that medical or nursing students could implement during clinical placements.

## The Essentials Quality Improvement Activity (PDSA)

This toolkit can be provided to you by contacting your WQPHN PCCD team.

[The Primary Sense Practice User Guide](#)

## Health Professional Education

- [Increasing bowel cancer screening in general... - Cancer Screening Hub](#)
- [Breast, Bowel and Cervical Cancer Screening - GPEx](#)
- [The role of health professionals in the National Bowel Cancer Screening Program | Australian Government Department of Health and Aged Care](#)
- [APNA | National Bowel Cancer Screening Course](#)
- [Bowel Cancer Australia - Awareness, Support & Research](#)
- [Online learning | Cancer Council](#)
- [Screening | Bowel Cancer | Early Detection Policy | Cancer Council](#)
- [Resources | Australian Government Department of Health and Aged Care](#)
- [WQPHN Webinar {June/July 2025}](#)

## Patient Education and Resources

- [Screening & surveillance – Bowel Cancer Australia](#)
- [Risk factors – Bowel Cancer Australia](#)
- [Bowel screening resources | Cancer Institute NSW](#)
- [General Public Resources | Australian Government Department of Health and Aged Care](#)
- [Translations | Australian Government Department of Health and Aged Care](#)
- [Bowel screening - Cancer Council Victoria](#)