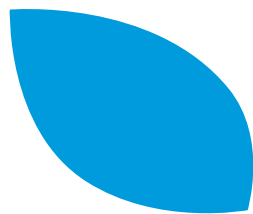




Quality Improvement Activity for General Practice.

Breast Cancer Screening
Plan Do Study Act
(PDSA)



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Plan, Do, Study, Act (PDSA) activity

The PDSA activity focuses on improving the capability of the practice to deliver on quality patient care. The PDSA uses a series of steps to implement a planned improvement or change. The steps are broken down into small manageable parts. Each change is tested to ensure things are improving and no effort is wasted. Benefit is not always achieved in one cycle, which means the process can be refined and the cycle repeated, with a minimum of two cycles required.

Activity summary

This breast cancer screening PDSA activity includes two cycles. Each cycle includes four components: **plan** the change, **do** the change, **study** the results, and then **act** on the results.

Practices who complete the PDSA will trial the effectiveness of reminder prompts (i.e., letter, SMS, audio message) in encouraging breast cancer screening participation.

Cycle 1: Audit eligible patients with no recorded mammogram or no recorded mammogram in the past 28 months, and then;

Cycle 2: Randomly select patients who have not yet had a mammogram recorded (as identified in the step above) and trial a reminder prompt/s (i.e., letters, SMS, audio message) to encourage screening. This will be compared to those patients who receive no intervention. For example:

- 30 patients (per GP) who have not yet had a mammogram recorded are selected: 10 patients are contacted via reminder prompt A; 10 patients are contacted via reminder prompt B; and 10 patients receive no reminder prompt; **OR**
- 30 patients (per GP) who have not yet had a mammogram recorded are selected: 15 patients are contacted via reminder prompt A; and 15 patients receive no reminder prompt.

Mammogram results of the 30 patients are reviewed in 3-6 months' time.

Example breast cancer screening PDSA

Cycle 1:	PLAN	DO	STUDY	ACT
Audit patients who have no recorded mammogram or no recorded mammogram in the past 28 months to determine current participation rate amongst eligible patients at the clinic.	<p>What: Practice Manager to use the GP1 office to conduct an audit using the PenCS CAT recipe and identify eligible patients with no recorded mammogram or no recorded mammogram in the past 28 months.</p> <p>Who: Practice manager.</p> <p>When: 10 January.</p> <p>Where: At the clinic.</p> <p>Data collected: Number of eligible patients and the status of their mammogram result record.</p>	Done - completed on the 10 January.	272 out of 547 practice patients eligible for the BreastScreen WA had no recorded mammogram or no recorded mammogram in the last 28 months. (50%).	Trial the effectiveness of reminder prompts in encouraging participation in breast cancer screening. The designated practice team decided to trial one reminder method (letter) in Cycle 2.

Cycle 2:	PLAN	DO	STUDY	ACT
<p>Randomly select eligible patients who have no recorded mammogram or no recorded mammogram in the past 28 months (as identified in Cycle 1) and send reminder prompts to encourage screening.</p>	<p>What: Designated practice team to select and record details of 30 audited patients (per GP) and randomly divide the patients into two equal groups i.e., 15 patients receive no reminder prompt; and 15 patients are contacted via letter. Practice Manager to record details of the 30 selected patients who will be monitored for the duration of cycle 2. GP1 to draft and post letters to the 15 patients selected for this intervention.</p> <p>Who: Practice Manager and GP1.</p> <p>When: Complete by 1 February. Practice team review mammogram results in 3 months: 1 August.</p> <p>Where: At the clinic.</p> <p>Data collected: Number of selected patients who have a mammogram result recorded in 3 months (data collection template provided).</p>	<p>Done - reminder prompts sent on the 1 February.</p>	<p>15 of the 30 patients identified were sent reminder prompts via a letter. Patient records were checked, and it was noted that within 6 months, 12/15 who received letters had a mammogram recorded; and 8/15 who had no intervention had a mammogram recorded.</p>	<p>Consider if you will adopt, reject or modify the reminder prompts to all eligible patients moving forward. The practice team decided to complete a third cycle trialling the letter reminder prompt again - this time with a larger sample pool.</p>

Although this PDSA activity pertains to Western Australia, it is relevant and can be utilised by other states and territories. We recommend that you refer to the BreastScreen Australia Program in your respective state or territory for local resources and information.

- [BreastScreen ACT](#)
- [BreastScreen NSW](#)
- [BreastScreen NT](#)
- [BreastScreen QLD](#)
- [BreastScreen SA](#)
- [BreastScreen TAS](#)
- [BreastScreen VIC](#)

Needs assessment

In 2022, it is estimated that breast cancer was the **most commonly diagnosed cancer in Australian women.**¹

9 in 10

women who develop breast cancer do not have a family history of breast cancer.²

Mammography screening **significantly reduces death rates** from breast cancer by **enabling earlier and more effective treatment.**²



In 2020, almost

5000 women

aged 50–74 had an invasive cancer detected through BreastScreen Australia and 60% of those breast cancers were small (≤ 15 mm).³

Over the 2 years 2020–2021

1.7 million women

aged 50–74 participated in BreastScreen Australia – almost 48% of the target population.³

In 2019 – 2020, about

36%

of Aboriginal and Torres Strait Islander women participated in the BreastScreen Australia Program.³

BreastScreen WA (under the National Breast Cancer Screening Program: BreastScreen Australia)

BreastScreen WA is Western Australia's **only accredited FREE screening mammography and assessment service.**

The program offers **free screening mammograms every two years** to asymptomatic women aged 40 years, targeting women aged between **50 and 74 years.**

Women aged > 40 years with a previous history of breast cancer, or who have a significant family history, are invited to participate in an **annual screening mammogram** once they are enrolled in the program.

Participation in the program **does not require a doctor's referral** but general practitioner encouragement increases the likelihood of patients' participation in screening.

Relevance to general practice

Encouragement by GPs and practice staff is a key component of boosting participation in breast cancer screening. Evidence shows that a recommendation by a primary care provider significantly influences a woman's decision to screen; being more likely to have a mammogram if advised by their GP than by anyone else. While not directly involved in the service provision for breast cancer screening, primary care health professionals have several important roles in the BreastScreen Australia Program including educating women to be breast-aware, encouraging and supporting regular screening mammography via the appropriate state or territory operated service (i.e., BreastScreen WA), and the management of screening detected breast lesions. Women are also asked to nominate a GP that their results can be sent to.

It is important to note that screening mammography is for asymptomatic women. Women with any breast symptoms (e.g., breast lumps, nipple discharge) should be thoroughly assessed and investigated elsewhere. Referral to a screening service is inappropriate and may cause unnecessary delay in diagnosis and anxiety for women. A negative mammogram does not alter the necessity for a full clinical assessment and investigation of a breast symptom.

The [BreastScreen WA website](#) provides clear guidance regarding screening, and a comprehensive suite of resources to help GPs keep up to date with their skills and knowledge in breast diseases.

Role and responsibilities of the primary care team

General practitioners (GP)

- Engage in opportunistic discussions about breast cancer screening with eligible patients.
- Educate women to be breast-aware.
- Support eligible patients to participate in screening, including addressing potential barriers i.e., fear, embarrassment, perceived or experienced pain of the mammogram, transport and/or access issues.
- Work in accordance with clinical guidelines, including managing patients at increased risk of breast cancer.

Practice nurses

- Engage in opportunistic reminders about breast cancer screening with eligible patients.
- Educate women to be breast-aware.
- Support eligible patients to participate, including addressing potential barriers i.e., fear, embarrassment, perceived or experienced pain of the mammogram, transport and/or access issues.
- Enter screening results received and appropriate re-screening reminders in the clinical software.
- Undertake screening quality improvement activities (PDSA or Audit) to identify never or under-screened patients.

Practice manager

- Undertake screening quality improvement activities (PDSA or Audit) to identify never or under-screened patients.
- Establish and oversee recall/reminder systems for never and under-screened patients using clinical software.
- Monitor progress against cancer screening goals and measures.

Reception staff

- Order and maintain supplies of promotional resources.
- Display brochures, flyers, and posters.
- Engage in opportunistic reminders i.e., handing relevant flyers to patients in the waiting room.

Learning outcomes

Analyse current reminder procedures/systems for breast cancer screening engagement in the practice.

Identify women who are eligible for free breast cancer screening with BreastScreen WA

Implement a reminder system targeting patients that are eligible for free breast cancer screening.

Evaluate the effectiveness of the reminder system developed as part of this activity.

CPD hours application process

This activity has been approved for 6 hours under the measuring outcomes CPD activity type (activity ID: 410755).

Cancer Council WA is an accredited activity provider of the RACGP QI&CPD Program (Provider number: 217907) and will apply the GPs CPD hours once the activity has been completed. Please email the completed PDSA activity template to gp@cancerwa.asn.au.



Breast Screening PDSA

Summary

The General Practice Cancer Education team at Cancer Council WA has developed a PDSA activity, with the assistance of BreastScreen WA's Liaison GP, to support general practices identify and encourage eligible patients to participate in the BreastScreen WA (BSWA) program. *Please note, whilst this activity references BSWA, it can be utilised by other states and territories.*

Practices will complete two cycles:

1. Audit patients with no recorded mammogram or no recorded mammogram in the past 28 months, and then;
2. Randomly select eligible patients who have no recorded mammogram or no recorded mammogram in the past 28 months (as identified in the step above) and send reminder prompt/s (i.e., letters, SMS, audio message) to encourage screening. This will be compared to those patients who receive no intervention.

Activity aim

Increase the proportion of patients aged 50 to 74 who participate in breast cancer screening in your practice by increasing awareness of the BreastScreen WA and encouraging informed participation.

How will we know that the change is an improvement?

An improvement will be observed if patients who were contacted via a reminder prompt/s log more mammogram results proportionally in practice records compared to patients who received no intervention after a completed PDSA activity. Ongoing uptake of delivering reminder prompts within the practice may provide further opportunity to determine efficacy.

Starting point

1. Identify a GP lead and someone to organise the group – this can be the same person.
2. Review the RACGP [Guidelines for prevention activities in general practice, early detection of cancers: Breast cancer](#) to ensure the team is up-to-date with best practice guidelines.

Cycle 1 – Audit patients who have no recorded mammogram or no recorded mammogram in the past 28 months to determine current participation rate amongst eligible patients at the clinic.

PLAN – What will you do?

GP (or designated staff member/s) to host a practice meeting and plan Cycle 1.

GP (or designated staff member/s) to audit patient records to determine the proportion of eligible patients who have no recorded mammogram or no recorded mammogram in the past 28 months.

Please note, this data can be extracted using the [PenCS Cat recipe](#) provided. This data can also be obtained using your practices preferred/available clinical data extraction software or your local PHN may be able to assist.

Who will do this?

When and where will it be done?

Data to be collected

Number of eligible patients and the status of their mammogram result record. This can be achieved by:

1. Using the [PenCS Cat recipe](#)
2. Using your practices preferred/available clinical data extraction software
3. Asking your local PHN for assistance

Additional comments:

DO – Carry out the plan, and record observations and relevant data

GP (or designated staff member/s) to audit patient records to determine the proportion of patients aged who have no recorded mammogram or no recorded mammogram in the past 28 months.

Summarise what happened when the plan was implemented. Document any unexpected events or problems.

STUDY - Analyse, compare and reflect on the results

GP (or designated staff member/s) meet to review and discuss findings (proportion of patients with no mammogram recorded or no mammogram recorded in the past 28 months).

How do the results compare to your expectations? Consider patient barriers and enablers, and potential practice amendments.

What have you learned?

ACT - What's your next step or cycle?

Consider trialling a reminder method/s (i.e., letter, SMS, audio message) to help encourage participation in breast cancer screening.

Select one or two reminder prompts to trial in the Cycle 2.

Cycle 2 – Send reminder prompt/s to randomly selected patients who have not yet had a mammogram recorded to encourage screening.

PLAN – What will you do?

Staff meet to consider logistics and delegate roles for Cycle 2.

GP (or designated staff member/s) to select and record details of 30 randomly selected patients (per GP) who have not yet had a mammogram recorded or a mammogram recorded in the last 28 months.

Group the 30 identified patients into equal groups. This will depend on the number of reminder prompts you are trialling. For example:

- If trialling **one reminder** prompt: 15 patients will receive the reminder prompt; 15 patients will not receive the reminder prompt.
- If trialling **two reminder** prompts: 10 patients will receive reminder prompt A; 10 patients will receive reminder prompt B; and 10 patients will not receive any reminder prompt.

GP (or designated staff member/s) to plan, draft and send reminder prompt/s.

Who will do this?

When and where will it be done?

How will it be done?

Select 30 patients (per GP) who have not yet had an mammogram recorded or an mammogram recorded in the last 28 months. This can be achieved by randomly selecting patients from the audited information in Cycle 1.

Record the selected patient details in the [data collection template](#).

Reminder prompt templates:

- [Letter template](#)
- [SMS reminder and template](#)
- [Audio message reminder](#)

Additional comments:

DO - Carry out the plan, and record observations and relevant data

Delegated staff to draft and send reminder prompt/s to identified patients.

Summarise what happened when the plan was implemented. Document any unexpected events or problems.

STUDY - Analyse, compare and reflect on the results

Practices staff meet and review records 3–6 months after reminder prompt/s and discuss findings (proportion of identified patients from each group that participated in breast cancer screening).

Reflect on what happened. What have you learned? Consider patient barriers and enablers, and potential practice amendments.

ACT - What will you take away from this cycle?

What's your next step or cycle? Consider if you will adopt, reject or modify the activity.

Another QI improvement ideas to test in a Cycle might include:

- *Trial one or another reminder prompt method.*
- *Use BreastScreen WA GP referral pads to increase participation in free mammogram screening for eligible patients*
- *Use social media, posters or flyers in the practice to encourage women aged 50 to 74 to book in with BreastScreen WA for a free mammogram.*

Group evaluation and reflection

Name/s: _____ RACGP No: _____

Please rate to what degree the learning outcomes of the program were met:

At the end of this CPD activity, GP participants will be able to:	Not met	Partially met	Entirely met
Analyse current reminder procedures/systems for breast cancer screening engagement in the practice			
Identify patients who are eligible for free breast cancer screening through the BreastScreen WA Program			
Implement a reminder system targeting patients that are eligible for free breast cancer screening			
Evaluate the effectiveness of the reminder system developed as part of this activity			

Please rate to what degree this CPD activity met your expectation about:

	Not met	Partially met	Entirely met
Content <ul style="list-style-type: none"> Current, contemporary, evidence-based, and relevant to general practice 			
Comments:			
Delivery <ul style="list-style-type: none"> Engaging/interactive, eg with opportunity for questions and feedback 			
Comments:			

Would you likely recommend this CPD activity to a colleague? Yes No

Why?

Would you likely change anything in your practice as a result of this CPD activity? Yes No

Why?

Appendices

Additional resources

For health professionals

1. [PenCS CAT Recipe](#): Patients eligible for BreastScreen aged 50 years and 4 months or older.
2. Reminder prompts:
 - [Letter template](#)
 - [Sending SMS template](#)
 - [Sending audio message template](#)
3. BreastScreen WA: [Information for Health Professionals webpage](#)
 - Breast Density Information for GPs Fact Sheet
 - Family history guidelines for GPs
 - GP Referral Pad (physical copies can be ordered via the BreastScreen WA resource order form)
 - Breast Commercial Technologies Summary Fact Sheet
 - Breast screening guidelines for women exposed to diethylstilboestrol
 - Lymphadenopathy Fact Sheet for GPs
 - Leaking breast implants Fact Sheet for GPs
 - Position statements
4. Cancer Australia
 - [Breast cancer: a handbook for Health Practitioners working with Aboriginal and Torres Strait Island peoples](#)
 - [Investigation of a new breast symptom](#)
5. Cancer Council
 - Optimal care pathway for people with breast cancer: [Quick reference guide](#)
 - [PPV guide for determining risk of breast cancer](#)
 - GP education webinar: [Breast density - what does it mean for GPs and their patients?](#)
6. Peter MacCallum Cancer Centre - [iPrevent breast cancer risk assessment and risk management decision support tool](#)
7. RACGP Guidelines for prevention activities in general practice, early detection of cancers: Breast cancer
8. WAPHA HealthPathways, [Breast cancer risk assessment and screening](#)
9. Tip sheet to correctly record mammogram results:
 - [Medical Director](#)
 - [Best Practice Premier](#)

For patients

1. BreastScreen WA
 - [Book an appointment online](#)
 - [WA clinic locations](#)
2. Cancer Council
 - [Guides to best cancer care for patients with breast cancer](#)
 - [Breast awareness for all women](#) (physical copies can be ordered via the Cancer Council WA resource order form)