Quality Improvement Template

Practice name:	Safari Health Clinic	Date:	01/02/2026
QI team:	• GP: Doctor Stripes • PM: Pumba Plains • Nurse: Nala Paws		

Problem:	• Bowel cancer can develop without any signs. It usually starts as small growths called polyps, which can grow and become cancer.
	• Bowel cancer was estimated to be the fourth most commonly diagnosed cancer and the second leading cause of cancer death in Australia in 2023.
	• Approximately 90% of bowel cancer cases are cured if detected early.
	• The National Bowel Cancer Screening Program (NBCSP) aims to reduce bowel cancer illness and deaths.
	• Eligible Australians aged 45 to 74 can get a free bowel cancer screening test every 2 years that they do at home. Population-based screening using immunochemical Faecal Occult Blood Test (iFOBT) is the best early detection method available for reducing deaths from bowel cancer.
	• General practice teams play an important role in helping patients make informed decisions about bowel cancer screening. Many patients are more likely to complete the test after discussing the process with a trusted healthcare provider.
	• Low participation rates:
	    ○ 41.7% of those invited in 2022–2023 participated in the National Bowel Cancer Screening Program (NBCSP).
	    ○ 23.9% of Safari Health Clinic's patient population has a bowel cancer screening result recorded in our software		

Problem Statement:	Despite a 90% cure rate when detected early, only 23.9% of Safari Health Clinic's patients have a recorded bowel cancer screening result. Increasing participation in the NBCSP is crucial to reduce bowel cancer incidence and mortality.		

This document guides practice staff through the **Model for Improvement** (the Thinking Part) and the **Plan-Do-Study-Act** (PDSA) cycle (the Doing Part), a framework for planning, testing, and reviewing changes.

For guidance and support on conducting quality improvement in your primary healthcare services, please contact your local Primary Health Network (PHN).

Model for Improvement

Step 1: Thinking Part - Three Fundamental Questions

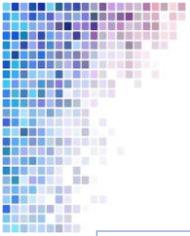*Complete the Model for Improvement (MFI) as a whole team.*

AIM	1. What are we trying to accomplish?

*By answering this question, you will develop your **GOAL** for improvement. It important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.*

By 30 March 2026, **Safari Health Clinic** aims to increase the proportion of our regular patients with a NBCSP test completed to 35% (in the eligible patient population of 45-74 years of age).

MEASURE(S)	2. How will we know that a change is an improvement?

*By answering this question, you will develop the **MEASURE(S)** you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison.*
Tip: Use a Run Chart to plot trends.

The number of eligible patients with up-to-date bowel screening data. The *Bowel and Breast Cancer Screening* Primary Sense report will be used to determine patients due to be screened for bowel cancer.

Baseline:	23.9% (n=225/1067)		Baseline date:	01/02/2026

CHANGE IDEAS	3. What changes can we make that will result in improvement?

*By answering this question, you will develop **IDEAS** for change.*
Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.

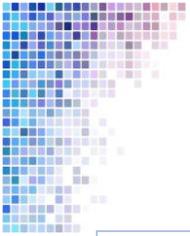| Idea 1	Integrate our Clinical Information Software (CIS) with the National Cancer Screening Register (NCSR) and make the most of it's features.
Idea 2	Ensure all clinical staff are trained in correctly recording a bowel screening result.
Idea 3	Use the Primary Sense *Bowel and Breast Cancer Screening* Report to identify patients eligible and cross-check their history through NCSR integration, set reminder in patient file, and distribute reminders to due and over patients.
Idea 4	Bulk-order NBCSP kits to provide to patients during consultation.
Next steps:	*Each idea may involve multiple short and small PDSA cycles.*

PDSA (Plan-Do-Study-Act)

Step 2: Doing Part - Plan-Do-Study-Act
Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).
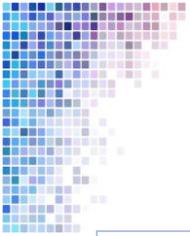
Idea	Plan		Do	Study	Act
#	**Plan the test**	**Prediction**	**Do the test on small scale**	**Analyse the results**	**Make a plan for next step**
	How will we run this test? Who will do it and when? What will we measure?	*Prediction or hypothesis on what will happen.*	*Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.*	*Analyse results, compare them to predictions, and reflect on what you learned.*	*Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?*
Change idea 1.1	**What:** Integrate our CIS with the NCSR AND make the most of its features. **Who:** PM **How**: Complete utilising the "Primary Care Onboarding Kit" will seek support if issues arise. **Action:** Aim to have complete by the 1/03/2025.	We will integrate successfully.	Yes. The NCSR is now integrated. Small delay as PM was not an Approved Delegate. Responsible Officer provided delegation and PM booked Registration Help via the NCSR.	Outcome matched our prediction. Ensure at least one team member is made an Approved Delegate to support with Digital Health capability at the practice.	**Adapt:** Advise entire practice team of the integration. Provide overview and training to ensure team understands what the functions are and how to use them. Such as: • Check patient screening information and program status. • Receive reminders for patients overdue for screening or follow-up • View and submit screening information about the patient, such as colonoscopy information.

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Change idea 1.2	**What:** Ensure nominated healthcare provider details are up to date for all new and existing patients. **Who:** Nurse + GP. **How:** 1. GPs + Nurses: Review the [Healthcare Provider Portal – Bowel Screening: Access and submit clinical information](#) to see a demonstration on how to update healthcare provider details. 2. Nurses: Flag in overdue patient file for GP to check nominated HCP details are up to date. **When**: Complete within one week (08/02/2026).	Ensuring that nominated HCP details are correct will improve clinical coding and patient follow up.	GPs reviewed video to check their knowledge of ensuring HCP details are correct. Some GPs thought that these details are automatically updated. Nurses checked daily for two weeks for patients coming in due for bowel cancer screening via NCSR, and flagged for discussion with patient, as well as leaving a note for GP to check that nominated HCP details were up to date.	A total of 40 records were marked for the week. GP updated nominated HCP details through NCSR HCP Portal.	**Adapt:** Nurses will be provided NCSR delegate access to ensure HCP details are up to date to take out the unnecessary steps of flagging it in patient files, especially for those whose nominated HCP details were up to date. This adaptation will streamline processes and make the workflow more efficient.
Change idea 2.1	**What:** Accurately recording results in CIS for patients missing bowel cancer screening results recorded. **Who:** Lead: Nurse Attendees: All practice staff. **How:** Hold a clinical meeting to have a training session on accurately recording results for patients who have no screening recorded.	Correct coding will improve accuracy of eligible patients.	The nurse reviewed the **entering a bowel screening result information sheet** and provided a demonstration for accurately entering bowel cancer screening results to clinical staff for the following circumstances: • Negative result	Results for existing patients with their nominated healthcare provider details in the NCSR up to date were populated automatically, however, for patients whose healthcare provider details were not up to date or new patients, their results were entered manually, and provider details were updated in the NCSR.	**Adopt:** Accurately entering results in CIS has been added to GCPHN Health Clinic's onboarding manual to ensure all new practice staff are aware of the processes.

			• Positive result (colonoscopy needed) Some GPs weren't aware that there were instances where results weren't automatically populated in the patient file.		
Change Idea 3.1	**What:** Identify eligible patients using Primary Sense and cross-check with NCSR to update or flag their file. **Who:** Nurse **Action**: Complete within one week (08/02/2026).	There will be many patients who have not had their results entered, however have had an FOBT in the last two years.	Nurse downloaded the Primary Sense *Bowel and Breast Cancer Screening* Report and selected a sample of 30 patients who are due.	12/30 patients already completed an FOBT. Their files were updated. 18/30 patients were accurately showing as due/overdue. Their files were flagged for discussion during consultation.	**Adapt:** • The nurse will now do this on a monthly basis during protected time and review 50 patients at a time. • A new PDSA cycle will be undertaken to test this.
Change idea 4.1	**What**: Bulk order kits to provide via the Alternative Access Model (AAM). **Who**: GPs, and general practice team members who have delegate access. **Action**: Provide resources/ training to the team on AAM using the: [Alternative access to bowel screening kits training guide	Australian Government Department of Health, Disability and Ageing](#)	Order 50 kits successfully and handing the kits out would work well and support with the use of NBCSP kits over using the private kits.	Yes, 50 kits ordered. Some GPs didn't understand a "Bowel Kit Issued by Healthcare Provider form" needs to be submitted through the NCSR and then printed to be handed out with the kits. Some kits were handed out without the forms completed. Some kits expired before being used.	Close to what we thought would happen; however, we need to ensure kits don't expire or get provided without documentation completed to reduce waste. Stocktake on how many kits are remaining in practice once a month.	**Adapt:** • Maintain bulk ordering of kits but ensure that kits are ordered based of practice needs (perhaps 30 kits) and ensure that expiries are checked prior to issue. • Educate and inform all GPs and nurses to ensure the "Bowel Kit Issued by Healthcare

					Provider" form is completed consistently. • Develop a process for ordering kits and monitoring expiries with the team. • A new PDSA cycle will be undertaken to test this.
Summary of Results	We went live with NCSR CIS integration, trained staff on correct result entry, and reconciled a 30-patient Primary Sense cohort against NCSR. Twelve had completed screening elsewhere and were recorded in CIS, while eighteen were confirmed due/overdue and flagged for recall. AAM was tightened after 50 kits were ordered by enforcing a form-first rule and monthly stocktake to avoid expiries. We'll adopt monthly 50-patient reconciliations, run a three-touch outreach to flagged patients, and update the PDSA to reflect the corrected numerator and conversions.				

Peak Practice – Elevating Health Care Improvement
Module 5 – Scope and Specify
Developed by Prestantia Health for the PHN National Improvement Network Collaborative (NINCo)