

Quality Improvement Template

Practice name:	Safari Health Clinic	Date:	01/02/2026
QI team:	<ul style="list-style-type: none"> GP: Doctor Stripes PM: Pumba Plains Nurse: Nala Paws 		
Problem:	<ul style="list-style-type: none"> 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 practices 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: <ul style="list-style-type: none"> 41.9% 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 First Nations participation in the NBCSP (37.7%) is lower than non-First Nations Australians (41.9%). 		
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 Program 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 is 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 NBCSP participation to 35% in the eligible 45–74 age group, with a particular focus on priority populations, by strengthening staff training and supporting cultural safety and inclusion.			
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 <i>Bowel and Breast Cancer Screening Primary Sense</i> 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	Implement culturally safe practices to increase screening uptake in patients.		
Idea 2	Training staff to support and promote the NBCSP and Alternative Access Model (AAM).		
Idea 3	Increase the utilisation of HealthPathways Gold Coast for bowel cancer screening among clinical staff.		
Idea 4	Ensure that all clinical staff understand the NBCSP screening pathway.		
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
	<i>How will we run this test? Who will do it and when? What will we measure?</i>	<i>Prediction or hypothesis on what will happen.</i>	<i>Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.</i>	<i>Analyse results, compare them to predictions, and reflect on what you learned. .</i>	<i>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?</i>
Change Idea 1.1	What: General Practice team members to complete cultural awareness training through Kalwun. Who: All team members. How: Contact GCPHN to arrange training. When: Feb 2026	All staff will participate in cultural awareness training and feel confident supporting Aboriginal and Torres Strait Islander patients.	Staff completed the cultural safety training: <ul style="list-style-type: none"> 2 GPs 2 Nurses PM 1 Admin 	Staff reported that they felt more confident in discussing and supporting Aboriginal and Torres Strait Islander patients to complete a bowel cancer screening test.	Adopt: Cultural awareness training will be included in the practice training manual. Training will be refreshed when necessary and all new staff will complete cultural awareness training.
Change Idea 1.2	What: Create a culturally safe and inclusive clinical environment for First Nations patients. Who: Practice manager and reception staff. How: Display: <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander artwork and Acknowledgement to Country First Nations bowel screening posters 	Patients will feel more welcome and respected, improving trust and willingness to engage in screening conversations.	Posters and artwork displayed. Resources printed from The Department website and placed in consultation rooms. GPs and Nurses reviewed checklist and printed and laminated one each.	Staff observed patients were more engaged during conversations; environment changes well received.	Adopt: Maintain culturally safe displays, regularly refresh resources, and continue use of the checklist.

	<ul style="list-style-type: none"> Culturally safe and inclusive resources including easy read guides. <p>Use the checklist for talking with your patients - First Nations</p> <p>When: Feb 2026</p>				
Change Idea 2.1	<p>What General practice team members to complete GPEX NBCSP education modules.</p> <p>Strongly encourage each team member to complete the education option.</p> <p>Who: All team members.</p> <p>How: Team members could complete some education relating to bowel screening at their own pace.</p> <p>When: Within a month's time (01/03/2026), during protected time.</p>	Some team members may not be able to complete due to competing clinical priorities.	Nurse and PM completed modules; GPs did not due to time.	Nurses found them practical; GPs needed shorter, alternative formats.	<p>Adapt Offer other non-modules education opportunities based on preferences and time constraints, as well as the NBCSP GPEX modules. Provide GP with RACGP self-report CPD guide.</p> <p>Webinars</p> <ul style="list-style-type: none"> ‘Getting to the bottom of bowel screening’ Webinars (1 hour per webinar) Online CPD courses - National Bowel Cancer Screening Program (range of webinar recordings available) <p>Podcast National Bowel Cancer Screening Program - The Good GP (16 mins)</p>
Summary of Results	<p>Staff Outcomes</p> <ul style="list-style-type: none"> Staff reported improved confidence in discussing bowel screening, managing patients unsuitable for the NBCSP, and encouraging use of the AAM A checklist for culturally safe conversations was printed and laminated for regular use. <p>Sustainability</p> <ul style="list-style-type: none"> Cultural awareness training will be included in induction and refreshed regularly. Education opportunities will be embedded in protected time, with flexible formats for GPs. 				