

Bowel Screening: a quick reference guide

The National Bowel Cancer Screening Program (NBCSP) is a Commonwealth Government-funded population-based screening program that aims to reduce deaths from bowel cancer by detecting early signs of the disease. If detected early, bowel cancer can be successfully treated in more than 90% of cases.

Patient Care

Identify people who are under-screened or never-screened to establish a list of patients to follow-up and encourage to do the test.

Aboriginal people, people from culturally and linguistically diverse backgrounds, people with disability, people in the lowest socioeconomic status group, and people who live very remote all have bowel cancer screening rate below the national participation rate (43.5% at the time of publication).

Does your practice support an environment that is inclusive and culturally safe? Ensure staff are appropriately trained and able to provide appropriate care and advice for all patients.

Team Approach

Patients who are reminded by their primary care provider to participate in screening are more likely to screen. Health professionals also play an important role in introducing and discussing bowel screening with patients, especially when engaging with those who are reluctant to screen and those who need reminding that they are overdue for their bowel screening test.

- Role of GP:** Provide clinical advice and encourage patients to screen every two years from age 50-74. Request bowel screening kit in HCP portal and manage results, set recall and reminders for bowel screening and act as a clinical champion for bowel screening and quality improvement (QI) activities.
- Role of nurse:** Provide clinical advice, data cleansing, and provide patient education and counselling for those reluctant, under- or never-screened.
- Role of management/admin:** Oversee systems improvement work, reminders, support quality improvement activities and screening awareness raising. Support the practice to connect to the National Cancer Screening Register (NCSR).

Quality Improvement

Use the Readiness Checklist to identify what your practice is already doing to encourage bowel screening and then use the PDSA template to work through quality improvement cycles.

Data and Systems

Some key elements of good data and systems management for bowel screening include: checking your pathology provider test results are recognised, creating a standard list of recall and reminders label/codes, reviewing excluded patients, and establishing your bowel screening participation baseline.

Readiness Checklist	Yes	No
Is there an active focus on bowel screening in your practice?		
Regular data cleaning activities are undertaken to establish up-to-date lists (registers) of patients eligible for screening?		
Do health assessments and family history template include a cancer history?		
The practice has a standard list for coding cancer screening recalls and reminders that all staff comply with?		
Is the practice connected to the NCSR?		
The practice uses data to identify under-screened or patients at risk of bowel cancer?		
Priority populations are supported and encouraged to participate in bowel screening		

Why focus on bowel screening?

The risk of dying from bowel cancer is **40% lower** for people diagnosed through screening

1 in 13 men and **1 in 16 women** will be diagnosed with bowel cancer in their lifetime

Bowel cancer is Australia's **second biggest cancer killer.**

Model for Improvement: (Example)

STEP 1: Involves answering the three Fundamental Questions – “The thinking part”.

1. What are we trying to achieve?

By answering this question, you will develop your GOAL for improvement. This should be time specific and measurable.

The goal is to Identify eligible patients aged between 50 and 74 years and encourage their participation in the National Bowel Screening Program NBCSP

2. How will we know that a change is an improvement?

By answering this question, you will develop the MEASURES to track the achievement of your goal.

We will be able to monitor changes by extracting baseline data to identify the number of never screened and under screened patients and monitor changes in data each month.

3. What changes can we make that will lead to an improvement?

List your small steps/ideas, by answering this question you will develop the ideas that you can test to achieve your goal.

Level 1 QI Activity Idea (introductory level): Create an environment that encourages patients to do the test when it arrives in the post (posters/information/waiting room TV ads).

Level 2 QI Activity Idea (clinical level): Incorporate bowel screening questions (e.g. screening history and family history) and advice into health assessments.

Level 3 QI Activity Idea (whole of practice level): Take a practice approach to supporting priority populations (e.g. Aboriginal, culturally and linguistically diverse, or rural and remote populations) to participate in screening for bowel cancer by identifying under-screen patients and encouraging them to screen through supportive clinical advice.

STEP 2: Involves testing the change in real work settings – “The doing part”.

IDEA: Describe the idea you are testing: refer to the third Fundamental Question.



- Select an idea from question 3 in above and test the idea in the PDSA template.

PLAN: What, who, when, where, predictions & data to be collected.



- What do you plan to do? E.g. data audits/cleansing (utilising PEN/POLAR), recalls and reminders.
- What do you hope to achieve? Discuss the measurements that will be used and how they will be tracked.
- How are you going to do this? Discuss how you will monitor data and benchmark improvements made.
- Who will be involved? Designate tasks, and ensure there is a team approach.
- When will this take place? Specify timeframes for tasks.

DO: Carry out the plan, collect data, and document observations.



- Write down observations that are made during the implementation of the idea.
- Describe whether the team worked together well, if there were difficulties with assigned tasks, if patients had a good experience and note any feedback.
- Did everything go to plan or were there unexpected outcomes?

STUDY: Was the plan executed? Document any unexpected events or problems.



- Write down your reflections of what happened and document any unexpected events or problems.
- Will you implement the change on a larger scale, refine the idea or test a different idea?

ACT: What will you take forward from this cycle? (What is your next step/PDSA cycle?)



- Utilising the findings from this PDSA cycle, what will you do next?
- Document what you have learnt, whether a change has been made, if the measure was achieved, or what could be done differently.
- Plan your next PDSA cycle.