

# Breast Screening: a quick reference guide

One in seven women will develop breast cancer in their lifetime in NSW. More than 75% of women diagnosed with breast cancer are over the age of 50. Regular screening mammograms are the best way to find breast cancer early in women over the age of 50.

## Patient Care

Understanding your practice population allows you to target preventative activities and help drive increased participation in breast screening. Populations with lower levels of participation in cancer screening can experience higher cancer incidence and mortality.

There are various community groups who are less likely to participate in breast cancer screening, including Aboriginal, culturally and linguistically diverse communities, people with disability, people who identify as LGBTIQ+, people who live very remotely and people in the lowest socioeconomic group. Seek patient feedback to understand barriers to screening and the actions your practice can take to promote screening as safe, comfortable and accessible for patients.

## Team Approach

Women are more likely to have a mammogram if they are advised by their GP than by anyone else. Primary care providers should support and encourage participation in breast screening.

- **Role of GP:** Refer to BreastScreen NSW, manage results, set recall and reminders for breast screening and act as a clinical champion for breast screening and quality improvement (QI) activities.

- **Role of practice nurse:** Provide clinical advice, data cleansing, and provide patient education and counselling for those reluctant, under or never screened. Oversee systems improvement work, reminders, and screening awareness raising.
- **Role of management/admin:** Oversee systems improvement work, reminders, support quality improvement (QI) activities and screening awareness raising.

## Quality Improvement

Approaching breast screening from a QI point of view allows practices to identify small tasks that can improve screening rates over time. Use the Readiness Checklist to identify what your practice is already doing and then use the PDSA template to work through quality improvement cycles.

## Data and Systems

Good data and systems provide insight and understanding about your practice population who are eligible for breast cancer screening. General practices can check that their pathology providers test results are recognised in their software, create consistent lists of breast screening recall and reminder labels/codes, review patients that are excluded from breast screening, establish baseline participation rates and decide if retrospective data clean-up is right for their practice.

| Readiness Checklist  | Yes | No |
|--|-----|----|
| Is there an active focus on breast screening in your practice?   |     |    |
| Regular data cleaning activities are undertaken to establish up-to-date lists (registers) of patients eligible for breast screening? |     |    |
| Is the practice team aware of how to enter mammogram results into the relevant section in your clinical software?                    |     |    |
| 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?                       |     |    |
| The practice uses data to identify under-screened or patients at risk of breast cancer?  |     |    |
| The practice liaises with their local Breast Screen NSW and community services to encourage breast screening?                        |     |    |

### Why focus on breast screening?

Breast cancer is the most common cancer affecting women in NSW

Regular mammograms are the best way to find breast cancer early

Nearly half of eligible women in NSW are overdue for a mammogram

## 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 and encourage their participation in the National Breast Screening Program

#### 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 in breast screening rates by extracting baseline data to identify the number of people screened 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 (introductory level):** Identify under-screened or never-screened patients who are at higher risk of developing breast cancer, utilising a clinical audit tool.

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

**Level 3 QI Activity Idea (whole of practice level):** Partner with your local breast screening and assessment service to encourage women to get screened and create a practice environment that supports and encourages women to screen.

### 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.