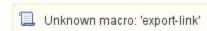
Bowel Cancer Screening Participation Rate



Recip e Name:	Bowel Cancer Screening Participation Rate
Ration ale:	The 'bowel cancer participation rate' recipe will support practices who are participating in cancer screening quality improvement to establish and monitor the bowel cancer screening participation rate in their practice.
	 If detected early, bowel cancer can be successfully treated in more than 90% of cases ii If bowel screening participation rates in the National Bowel Cancer Screening Program increased to 60% across Australia, up to 90,000 lives could be saved from bowel cancer over the next 40 yearsii
	Establishing and monitoring their bowel cancer screening participation rates allows primary care providers to:
	 assess the need within their service for undertaking activities to improve patient participation in bowel cancer screening monitor the impact of cancer screening quality improvement activities on their bowel cancer screening participation rates
Target:	The proportion of active patients, aged 50-74 years, who have completed an FOBT in the previous 2 years
	Numerator: the number of active patients, aged 50-74 years, who have completed an iFOBT in the previous 2 years.
	Denominator: the number of active patients aged 50-74 years eligible for the National Bowel Cancer Screening Program.
Recip e Limita tions:	1: CAT4 cannot recognise paper based results that are scanned to a patient file.
	For practices who have received paper based screening results for bowel cancer and who have not retrospectively cleaned up their bowel cancer screening data, this recipe will not provide an accurate bowel cancer participation rate until two years after the practice has begun receiving electronic bowel cancer screening results.
	However, it is recommended that practices still use this recipe to establish and monitor their bowel cancer participation rate because the recipe will show if there is a positive trend in bowel cancer screening participation overtime.
	2: This report excludes patients with a number of conditions under the 'ineligible' category.
	Practices should be aware of the diagnosis codes that PEN uses to assign patients to 'ineligible'.
	Practices should undertake periodic clinical review of patients in the 'ineligible' category to assess if any of these patients should return to
	screening. Your practice may have patients that you consider clinically ineligible for screening that are not captured by these diagnosis codes. These patients should be manually opted out of screening.
CAT Startin g Point:	CAT Open - CAT4 view (all reports) loaded Population Extract Loaded and Extract Pane "Hidden" a. Filter Pane open and under the 'General' tab 'Active Patients' (3x <2 years) selected

CAT4 starting point



RECIPE Steps Filters:

• In the "General" Tab, click the 'Active' box and enter Start Age = 50 and End Age = 74

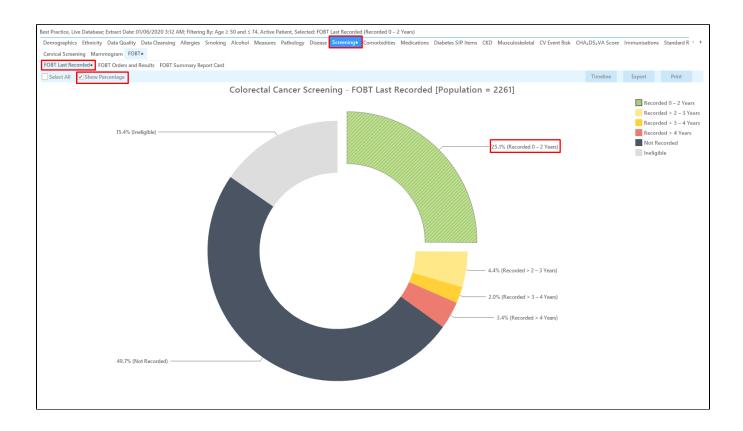


- Click "Recalculate"
- · Click 'Hide Filters'

Report Steps

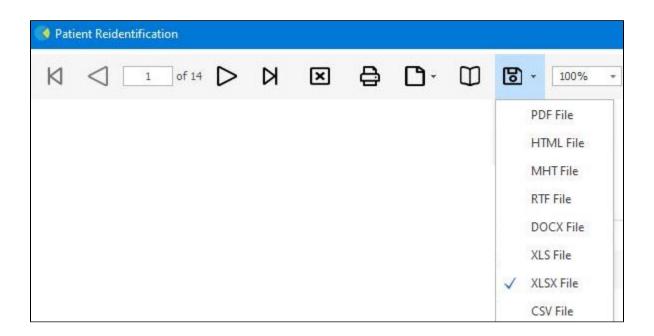
- Select the "Screening/FOBT/FOBT Last Recorded" tab
- Tick the 'Show Percentage' box on the top left
- Select the 'Recorded 0-2yrs' slice of the graph

This report will show the selected patients and the proportion of patients with a FOBT recorded in the last two years.



To Export Patient List to Microsoft Excel:

1. Click on the "Export Icon" at the top of the Patient Reidentification window.



- 2. Click on "XLSX"
- 3. Choose a file name and a location to save to (eg. Create a folder C:/ClinicalAudit/CAT Patient Follow Up)

4. Click "Save"

The steps above will produce a list of patients with contact details in MS Excel which can then be used to:

- Produce a mail merge or bulk SMS to remind patients to attend cancer screening.
 Phone patients to update their record or to remind them to attend cancer screening.
 Go back through the individual patient records in the GP Clinical Desktop System (CDS) and update known records