Beachlands Medical Centre

Cervical Smears

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Organisational "Buy - In"

Aim:

To ensure our audited population is up to date with smears under the New Zealand National Cervical Screening Programme within a clear clinically defined time frame.

Buy-in

- We need clear documented evidence that the last smear result was conveyed to the patient and a clear follow up plan was given. GP and practice nurse to define results procedures.
- Clarification for recalling timeframes from NZ Cervical Screening.

Organisational "Buy - In"

- Consider changing current recall timeframes
- GP and practice nurse to discuss recall timeframes and changes to the PMS.
- Awareness of non-responders by GPs and practice nurses.

Safety in Practice

Change Ideas

- Recall systems and time frames with Cervical Screening.
- Clear documented evidence by GP and practice nurse that results have been conveyed to the patient with a clear follow up plan. Further discussion with GPs at next meeting.
- Consent must be documented at the time of the smear for text message results and follow up plan.
- Focus on Dashboard – for opportunistic screening when patients present to the GP or nurse.
- Audit of missed opportunistic screening (GP & Nurse) if patient has presented at the clinic.
- Audit to find out the time period between “overdue” and having a smear.

What Changes have you tested?

	Change Tested	Outcome
1	Clear documented evidence by practice nurses.	Better documentation in the patient notes.
2	Bulk testing for recalls are being examined at present.	Bulk Txt messages time consuming and not appropriate for individuals
3	GP – follow up and notes procedures	Audit would suggest – improvements required

Most Successful PDSA Cycles?

Plan: Standardise documentation within the PMS system for conveying results, and follow up plans.

Discuss timeframes for recalling patients with NZ Cervical Screening: -

Cervical Screening – agreeable for the recalls to be set at 2 years 9 months.

Most Successful PDSA Cycles?

Do: GPs and practice nurses to meet and agree to updated recall procedures and timeframes.

Lead Nurse – to discuss with GPs a plan around non-responders and missed screening with presenting patients.

Carry out random monthly audits on 10 patients across all GPs.

Audits – presenting non-responders not picked up

Audits – patients overdue (how overdue before presenting)

Most Successful PDSA Cycles?

Study: Audits over the 8 months to see trends and compliance.

Non-responder audit – missed opportunities when patient presented for appointments.

Act: Maintain patients to 10 monthly.

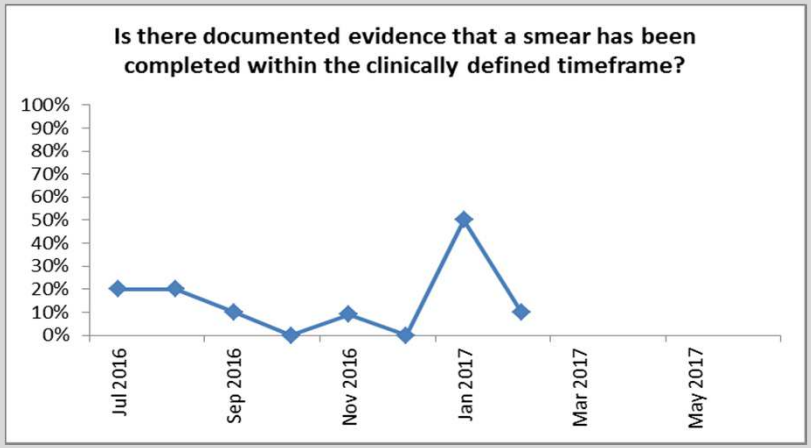
Actively text from recall lists.

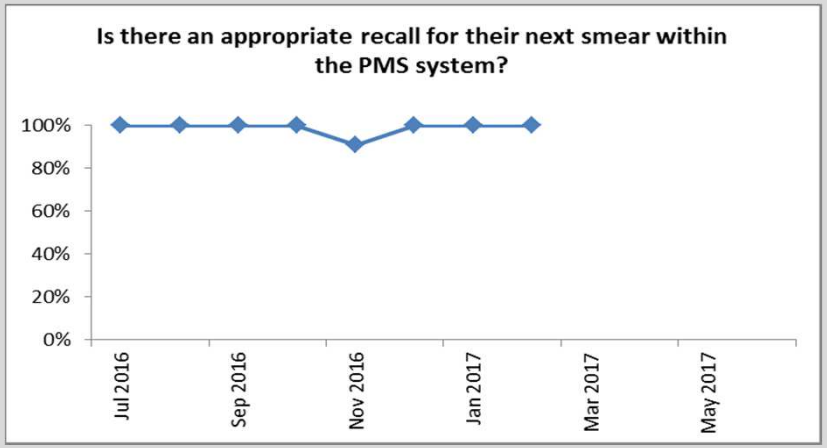
Recall patients 2 years 10 months advising smear due in 2 months.

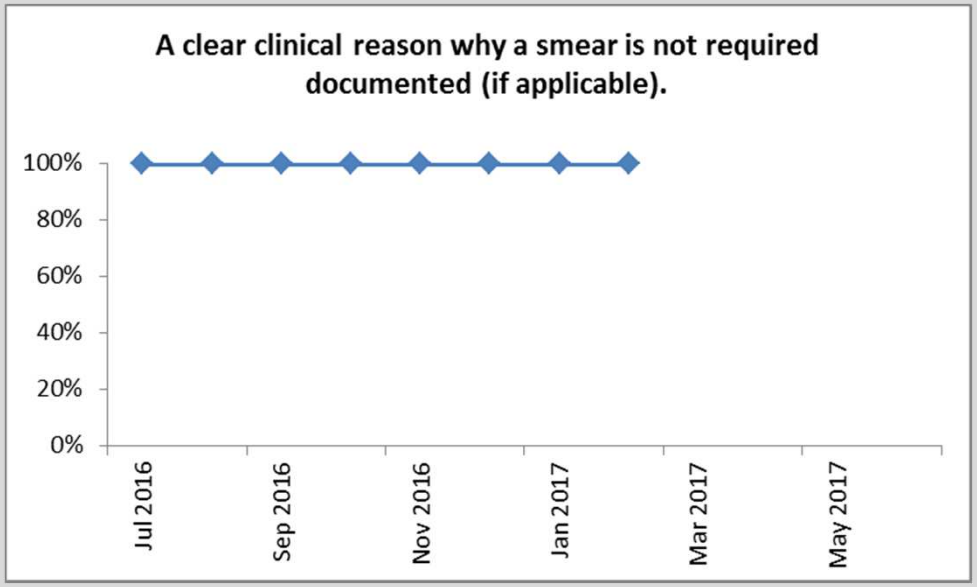
Measures Summary

Month	Number of records audited
01/07/2016	10
01/08/2016	10
01/09/2016	10
01/10/2016	10
01/11/2016	10
01/12/2016	10
01/01/2017	10
01/02/2017	10

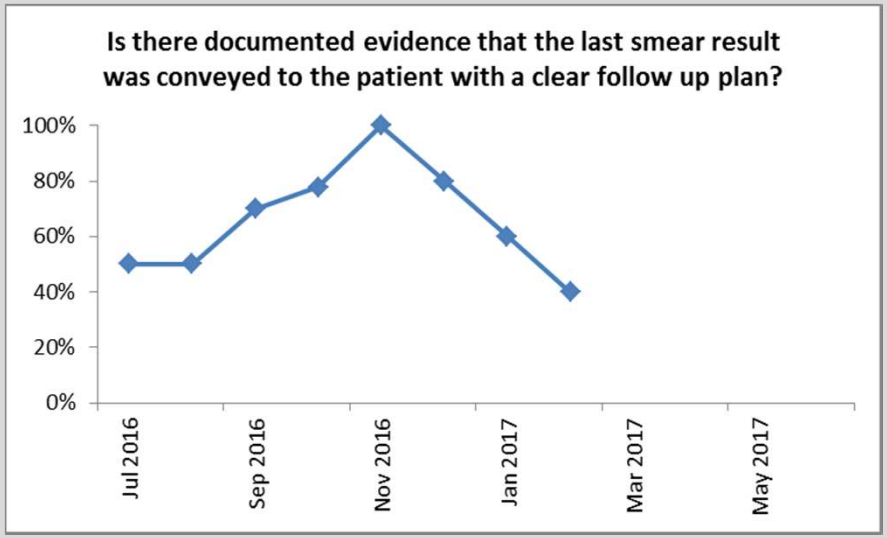
Measures Summary

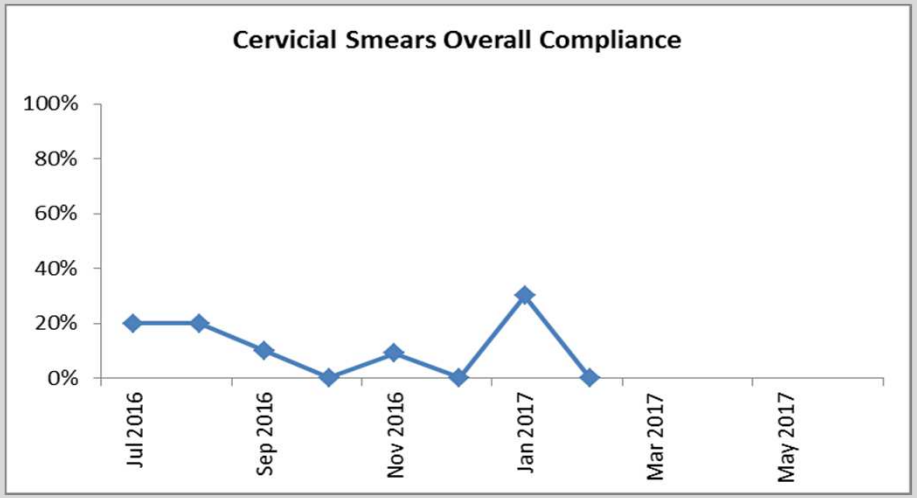






Measures Summary





Highlights and Lowlights

- Clear and consistent results handling and follow up plans, discussed and implemented within the nursing team.
- Confusion around the audit question: “Documented evidence that a smear has been completed within the clinically defined time frame”
- Identifying the amount of non-responders.
- Nursing team discussed bulk texting - not always appropriate, and individual text messages suited to smear recalls.
- Undertaking audits to find missed opportunistic presenting non-responders.

Achievements to date

Overall compliance conveying results and follow up plans for patients needs improving within the practice.

Patient questionnaire to be tested – will monitor feedback.

Eight monthly audits.

GP follow up meeting – all GPs made aware of audit results so far, improvements needed in documentation and patient advice.

GPs agreed - one follow up phone call to all non-responders is appropriate.

Trigger Tool

Trigger tool carried out by GP, Dr Nigel Brown and Bridgit Underwood Lead Nurse:

Two hours of reviewing notes for triggers that could lead to potential harm.

Action: Two hours reviewing GP/nurse – 14 patient notes

Potential Harms: None – One incidental finding

Other Notes: GP suggested other triggers:

- Increase in medication
- Non-compliance from patients
- Extend review