

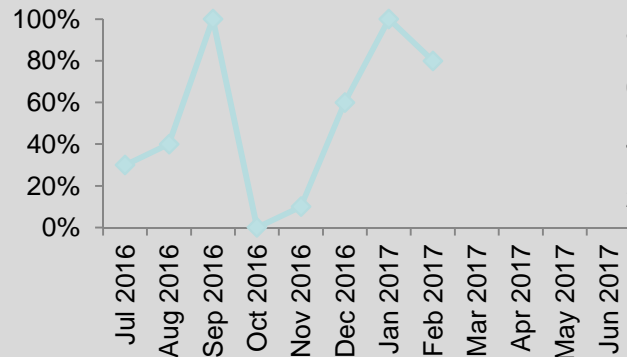
Learning Session 2

The Doctors Onehunga Cervical Smears

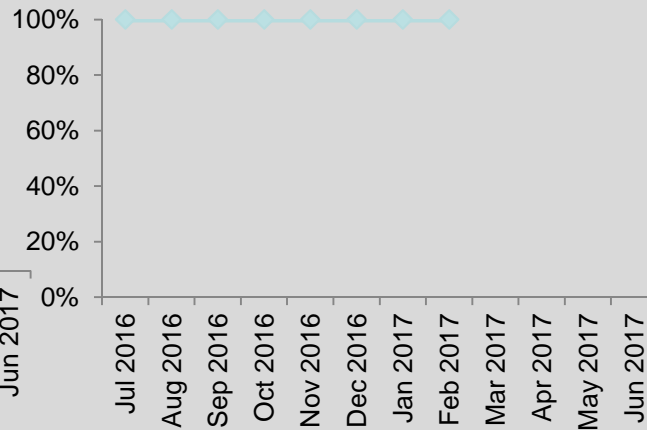
Team members: David Oxner, Jo Tjaden, Sharon Vandana, Yilin Yu
PHO and Facilitator: NHC

Measures Summary

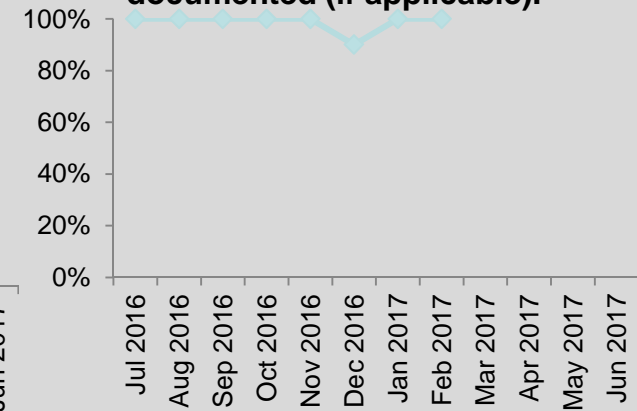
Is there documented evidence that a smear has been completed within the clinically defined timeframe?



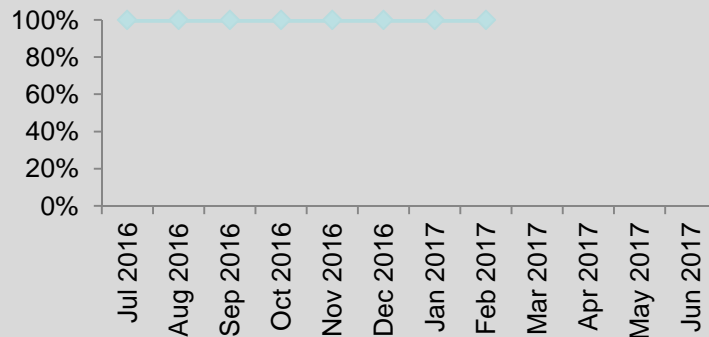
Is there an appropriate recall for their next smear within the PMS system?



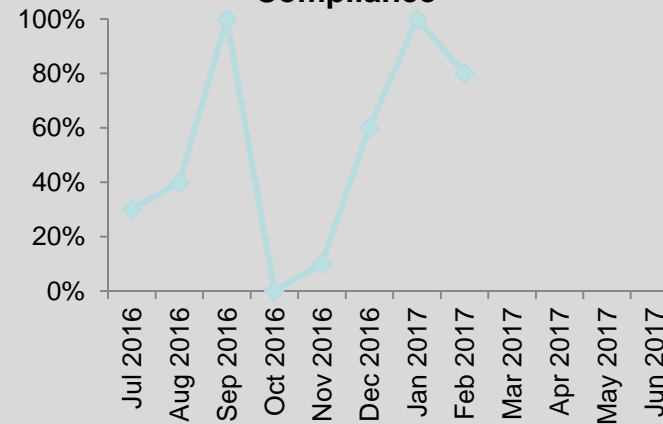
A clear clinical reason why a smear is not required documented (if applicable).



Is there documented evidence that the last smear result was conveyed to the patient with a clear follow up plan?



Cervical Smears Overall Compliance



Key Ideas Tested

	Idea tested	Outcome (success or failure)	Advice/message for other practices
1	Offer Free smears in September Screening Awareness Month	Increased smear target rate from 67% to 70% of enrolled women in September	Finance is a key barrier for women update with their smears
2	Extend bookings hours for smear clinic	Saturday Clinic has been opened on a monthly basis	Offer more flexible time for women to book in is really beneficial
3	Increase bookings to women's health clinic	Offer opportunistic smears during clinic visit, triage, immunize on children, etc.	Encourage all staff members to offer opportunistic smears as much as possible

Highlights and Lowlights

- Free smears clinic in September has positive outcome to achieve our target rates. Increased the attendance at Women's Health Clinic. (Some patients felt regretful that they missed the free smear clinic month.)
- Women like opportunistic smears, “ get few things solved at the same time”
- DNA still occur on few clinic time, text reminder has been sent out to remind them for appointment in advance and followed up by CHW if DNA
- CHW & Smear Champion to contact overdue, non responder women. Aim: 20 phone calls per week at least

Trigger Tool

- Completed Trigger Tool during a whole practice CME session
- Chose 25 patients on a random day, review clinic records
- Discussion among team members after identified 5 incidences of harm
- Main areas of focus are updating screening on a regular basis. If newly enrolled patients, needs to be offered when first visited. Involved all staff members to offer routine screening and need for routine blood test.

Safety Climate Survey

- All 25 staff members completed online Safety Climate Survey
- Staff meeting held among staff members to reflect outcomes
- Communication identified as most positive attribute
- Workload identified as least positive attribute
- Any suggestions, advices and comments are welcome to Anonymous Suggestion Box for further improvement
- Analyze workflow to identify if needs more nurses or casual pool of nurses, especially for winter seasons and evening sessions.

Safety Climate Survey- cont'd

- RAT Doctor Roster has been made for daily emergencies
- Other support & ideas discussed;
 - GP/RN pods, if another template for influenza vaccine would help.
 - Patient handover clearly to be written to avoid delay and errors in treatment
 - More training for nurses on casting technique
 - Details of after hours Radiology and Pharmacy- available for easy access.