

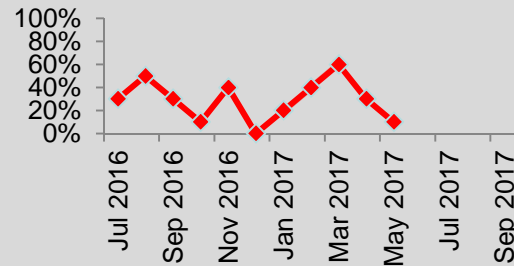
Learning Session 3

BOTANY DOCTOR Cervical smear audit

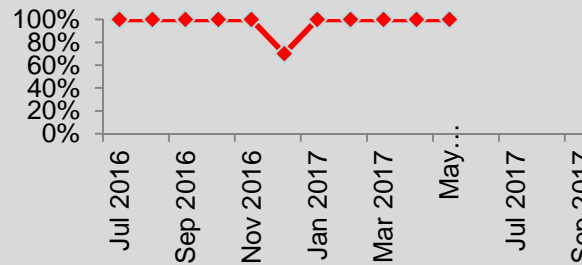
Team members: Marcus Hawkins
PHO and Facilitator: East Health
Trust, David Harrison

Measures Summary

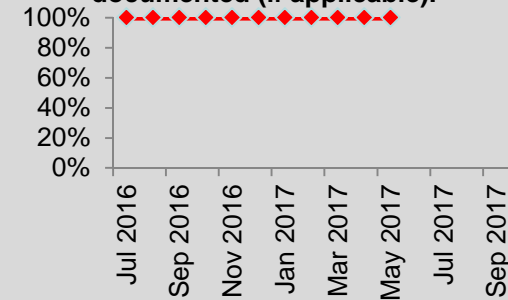
Is there documented evidence that a smear has been completed within the clinically defined timeframe?



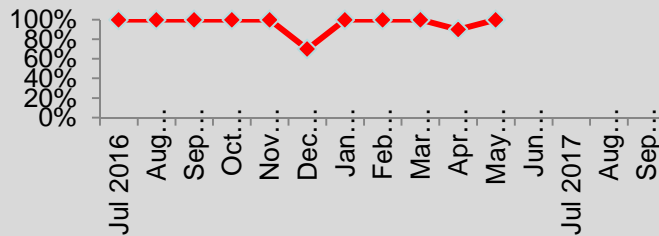
Is there an appropriate recall for their next smear within the PMS system?



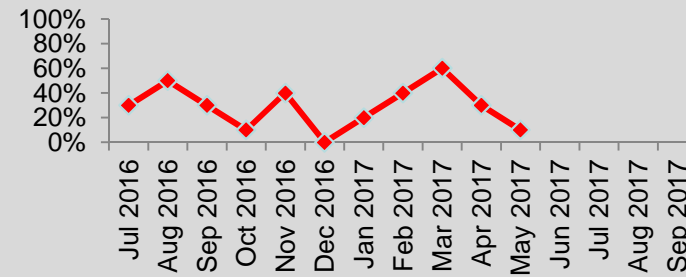
A clear clinical reason why a smear is not required documented (if applicable).



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



Cervical Smears Overall Compliance



Learnings & Change Package

- How did your results change from the beginning to the end of the year?
 - Not much change. Stayed essentially static
- How did you achieve this improvement?
 - Not applicable

Learnings & Change Package

- Best Change Idea
 - Intensify recalls – phone, text, opportunistic smears, earlier recalls, 32 months rather than 36 months
- Helpful to know
 - What other learning would you like to share with everyone? Best change idea.
 - Are there any potential pitfalls that others could learn from to avoid? No

Other Thoughts

Realise that the project can be tailored to what a practice wants

Have you anything to share from the trigger tool, safety climate survey or patient experience? No

Highlights

What are your main highlights from your year in Safety in Practice?

No highlights. Patient 'apathy' made our overall compliance look bad. Our patient notification & recall implementation were good. We identified that at least one patient had not been notified or their smear & at least one did not have a recall in place.

The process of cervical screening is patient dependent both for timing of smears & compliance with the pram