

# Learning Session 3

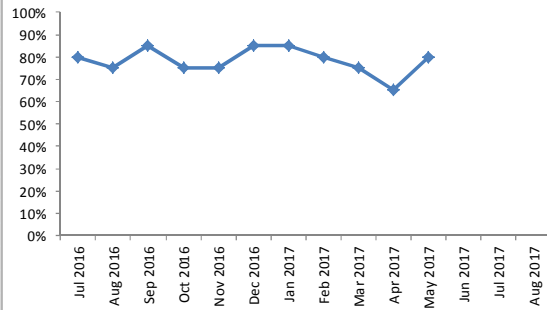
## Coast to Coast Health Care Cervical Smear Management

Team members: Ros Gallagher  
and Neil Anderson

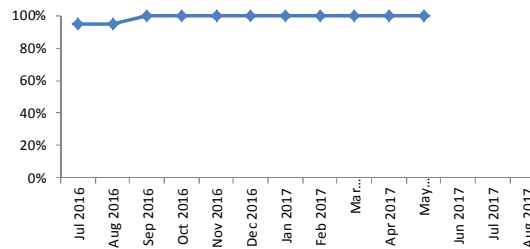
PHO and Facilitator: WPHO  
Rosey Buchan

# Measures Summary

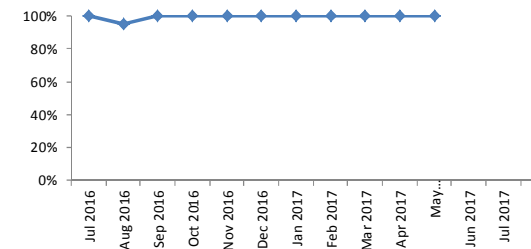
**Is there documented evidence that a smear has been completed within the clinically defined timeframe?**



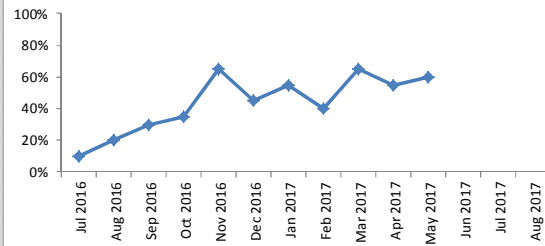
**Is there an appropriate recall for their next smear within the PMS system?**



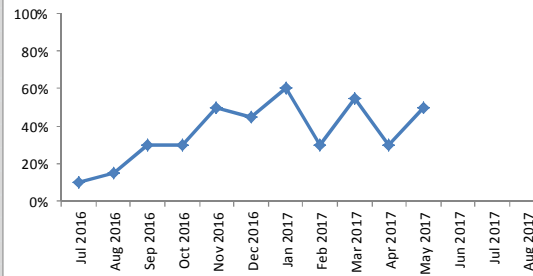
**A clear clinical reason why a smear is not required documented (if applicable).**



**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

- Our initial overall compliance results were poor – less than 10%- basically because we did not advise women of normal results. By the end of the year this has improved to 50-60%.
- My audits have shown that where a smear has been done over the last few months (after changes were made), the women are being notified of their results. Unfortunately this is not reflected in the data
- The initial improvement was achieved by ensuring that smear takers either rang the patients themselves or sent messages to the nurses asking for results and follow up information to be passed on to women.
- Dips have also occurred in overall compliance due to overdue smears or non compliant women refusing smears

# Learnings & Change Package

## Best Change Ideas

- An information leaflet made through medtech (to be printed off by smear taker) to be given to patients advising of notification process.
- This along with all women being notified has resulted in the changes

## Helpful to know

- As we are a large practice I selected 20 women every month from the Query Builder data (rather than 10) to get a much better view of the results and change process

# Other Thoughts

- As smear recalls are currently every three years, and the cx audits are for all women seen during the previous month, smears done more than 6 months ago won't be affected by our recent changes. This is reflected in the results.
- The trigger tool highlighted that we are generally safety conscious in prescribing NSAIDs for elderly clients with polypharma.
- The patient smear experience survey was positive- though some women want tea and coffee while they wait!!!
- The safety climate survey showed that improving communication; changing systems to reduce workload; developing a more cohesive team; developing effective leadership and improving safety systems, would be beneficial.

# Highlights

- Our safety climate practice reflection meeting was well attended ( 67 completed survey/ 48 attended meeting). It highlighted many positives but also acknowledged that some changes are needed to improve safety.
- Another nurse smear taker will be trained up shortly to help meet our practice smear targets
- Those of us involved in SIP have enjoyed the experience and will do it again