

Cervical Smears

Aim

100% eligible women will have the opportunity to have their cervical smear and the results acted upon appropriately within a clinically recommended timeframe

Background

Cervical Cancer is considered a predominantly preventable disease as it has a 10-20 year latency and regular cervical smears have been proven to effectively identify pre-cancerous lesions and thereby reduce the risk of cervical cancer by 90%.

Studies have concluded that the main underlying cause of cervical cancer is persistent infection with certain types of Human Papilloma Virus that do not resolve spontaneously and persistent infections can result in the development of precancerous lesions which can progress to cervical cancer if left untreated.

Nationally, it is estimated that 150-200 women are diagnosed with cervical cancer annually and around 60 women die from this disease.

New Zealand's National Cervical Screening Programme (NCSP) recommends:

1. All sexually active women have three-yearly cervical smears from the age of 20-70
2. Women having their first smear or those who have not had a test for five years or more should have a repeat smear within one year
3. Women with an abnormal result should have more frequent smears as outlined in the New Zealand guidelines for cervical screening
4. If the cervical smear has been reported by the laboratory as unsatisfactory, the smear should be repeated within three months.

Although the NCSP helps ensure that women with an abnormal smear are informed, the responsibility for ensuring women are notified when due for smears, women are informed of results and appropriate follow up is planned lies with the primary care team.

This bundle will help practices identify if their population is up to date with smears and if best practice is being followed when planning tests and communicating smear results. This can also profile an opportunity to include patient’s voice.

Instructions

1. Select all women between the age of 20-69 who presented to clinic in the last month. Change this time frame each time you run a query. A query has been developed for MedTech and My Practice PMSs to assist with this
2. From the identified list, randomly select a sample of 10 patients
3. Print and complete the Cervical Smear Bundle Paper Form (included in this spreadsheet)
4. Transfer the data collected to the Data Collection Form in this spreadsheet. Please make sure the date is entered beside each individual record. The data will automatically be collated and displayed on the run charts, which can be printed as needed
5. Save the spreadsheet. Email the completed spreadsheet by or on the 10th of each month (i.e. June data is due on 10 July, July data is due on 10 August). The spreadsheet is to be emailed to your PHO facilitator.

Audit Questions

Measures

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?

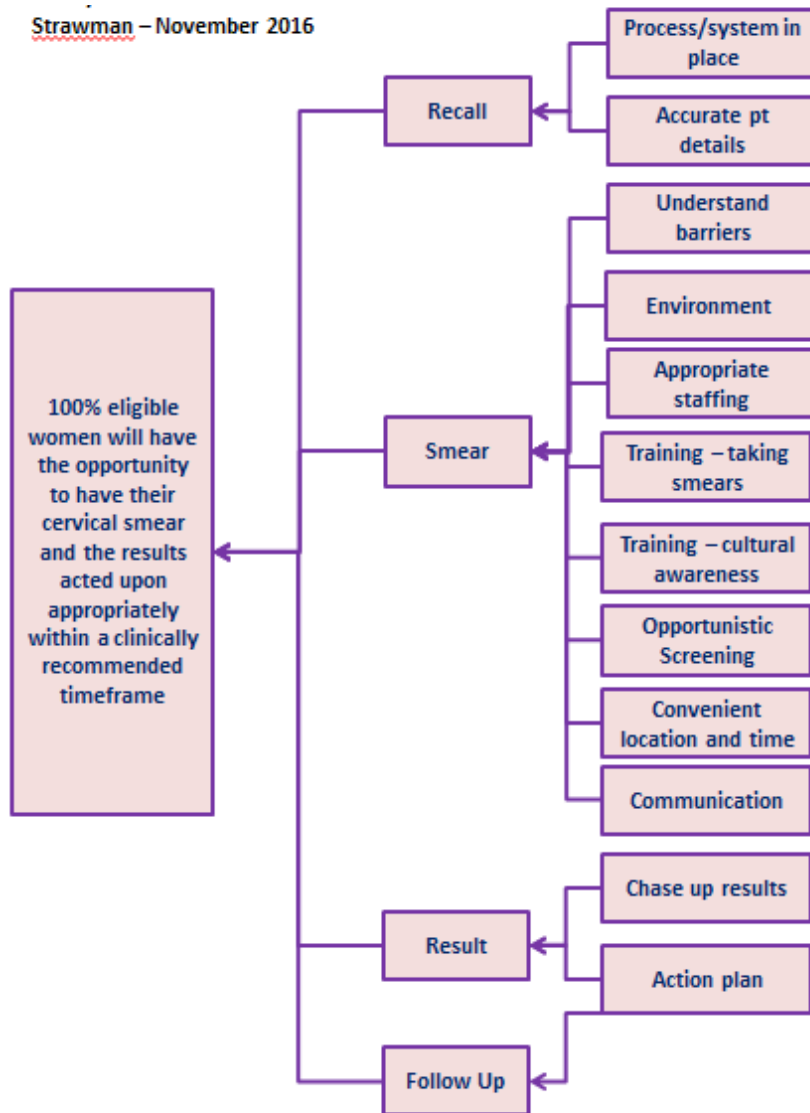
A clear clinical reason why a smear is not required documented (if applicable).

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

Overall compliance

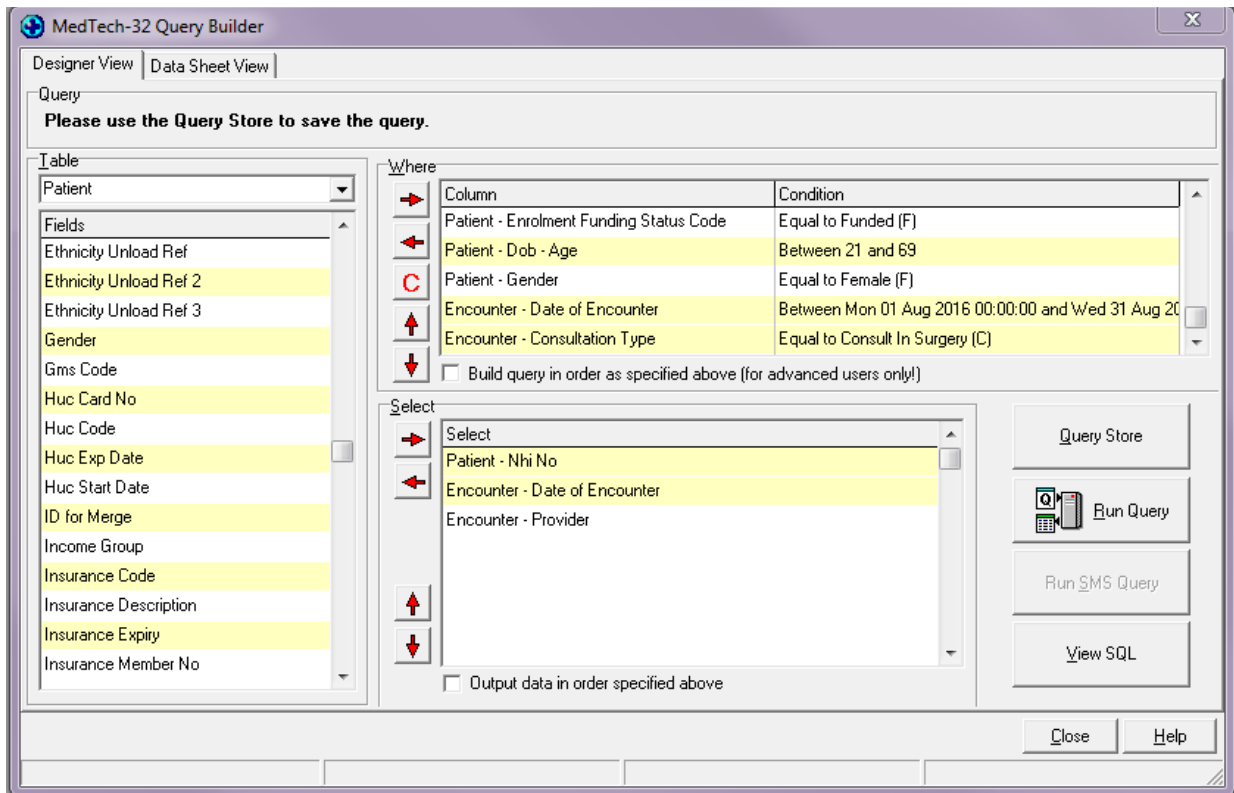
Theory of Improvement

Strawman – November 2016

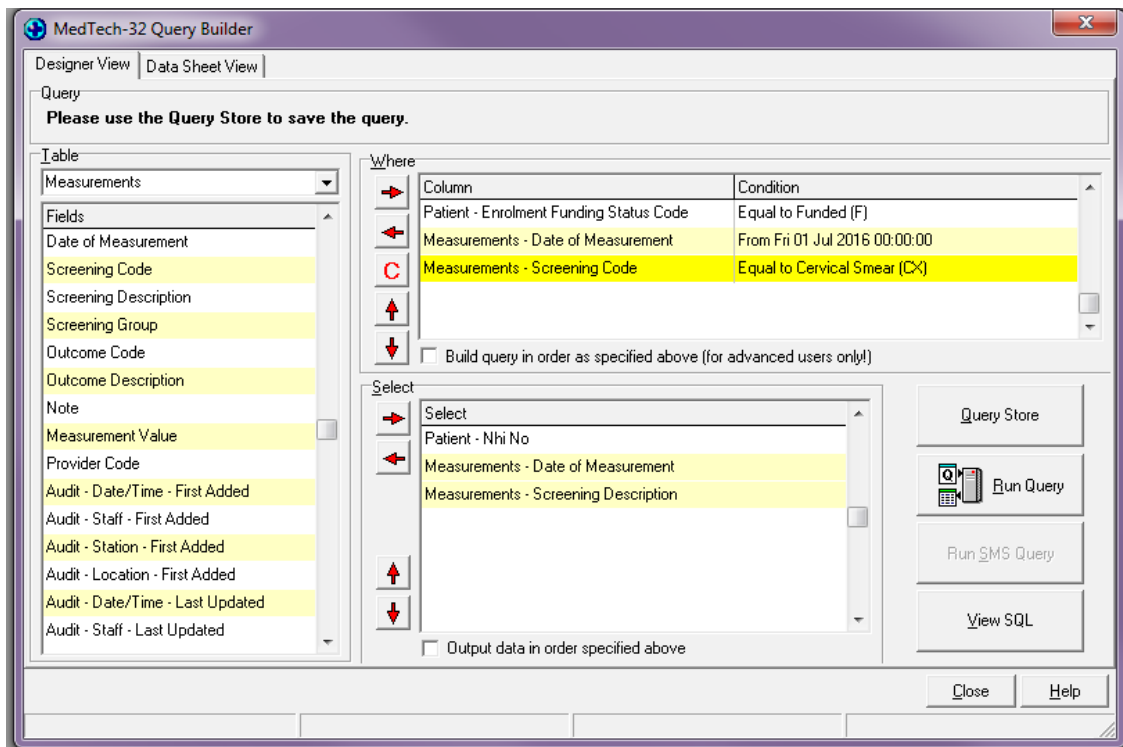


Query Build Example

Medtech32 – Identify eligible population



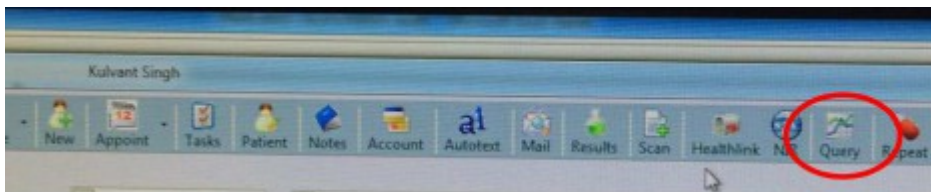
Medtech32 – Completed screens



My Practice

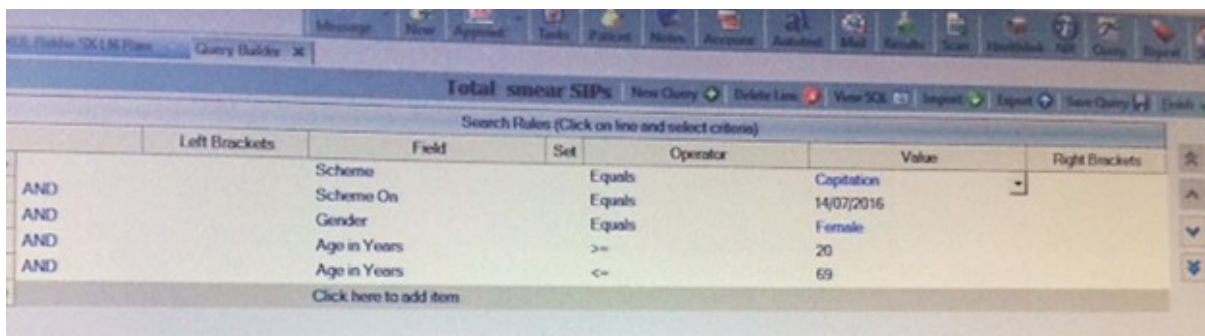
To build a query for in My Practice please follow the below steps

- Click on “Query” link



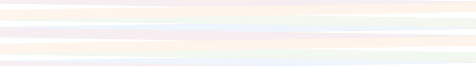
- Build the query using the following parameters:

- Scheme = Capitation
- Scheme On = *Select date*
- Gender = *Female*
- Age in Years >= 20 and <= 69



Change Ideas Tested by Previous Practices

Practice Processes	<ul style="list-style-type: none"> • Routine and opportunistic screening • Incorporated into patient dashboard • Clear smear results handling policy in place at the practice and patient made aware of it • Ensuring patient demographics updated well • Up-skilling nurses – smear taker courses • Nurse lead smear clinic • Smear clinic out of hours • Overbooking smear clinics to cover DNAs • Recalling patients at 2yr 9m • Contacting patients no longer registered.
Patient	<ul style="list-style-type: none"> • Information leaflets to patients



education

Benefits

- Positive smear experience survey
- Improved contact accuracy
- Improved knowledge of recall systems and time frames
- Ability to audit missed opportunistic screening
- Clear documented evidence of results being conveyed.

Issues

- Sometimes consent not obtained to text result
- Confusion around recall time frame and question
- Identifying / handling non responders
- Bulk texting not always appropriate
- Patient apathy made results look bad.

Resources

- Auckland Regional Health Pathways <https://aucklandregion.healthpathways.org.nz/>
- The Metro Auckland Cervical Screening ... - National Women's Health <http://nationalwomenshealth.adhb.govt.nz/health-professionals/auckland-regional-cervical-screening-project>
- Cervical screening – Bpac www.bpac.org.nz/BT/2009/.../best_tests_october_2009_pages_2-9.pdf
- Cervical Cancer Screening – Bpac www.bpac.org.nz/Audits/cervical-cancer-screening.aspx
- Cervical smears, achieving equity - BPJ 23 September 2009 – Bpac www.bpac.org.nz/BPJ/2009/September/csmears.aspx
- Cervical Screening – Are we reaching our targets? – Bpac www.bpac.org.nz/Report/2013/October/cervical-screening.aspx
- How to increase the uptake of cervical screening - BPJ 55 ... – Bpac www.bpac.org.nz/BPJ/2013/October/cervical.aspx
- Overcoming barriers to cervical screening in Pacific women – Bpac www.bpac.org.nz/BPJ/2010/November/cervicalscreening.aspx
- Cervical Screening Guidelines | National Screening Unit <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines>
- Cervical screening | Health Navigator NZ www.healthnavigator.org.nz/health-a-z/c/cervical-screening