



CERVICAL CANCER SCREENING IMPROVEMENT PROJECT

CROSSROADS CLINICS NORTH
GREENVILLE, MS

BACKGROUND- CROSSROADS CLINICS NORTH

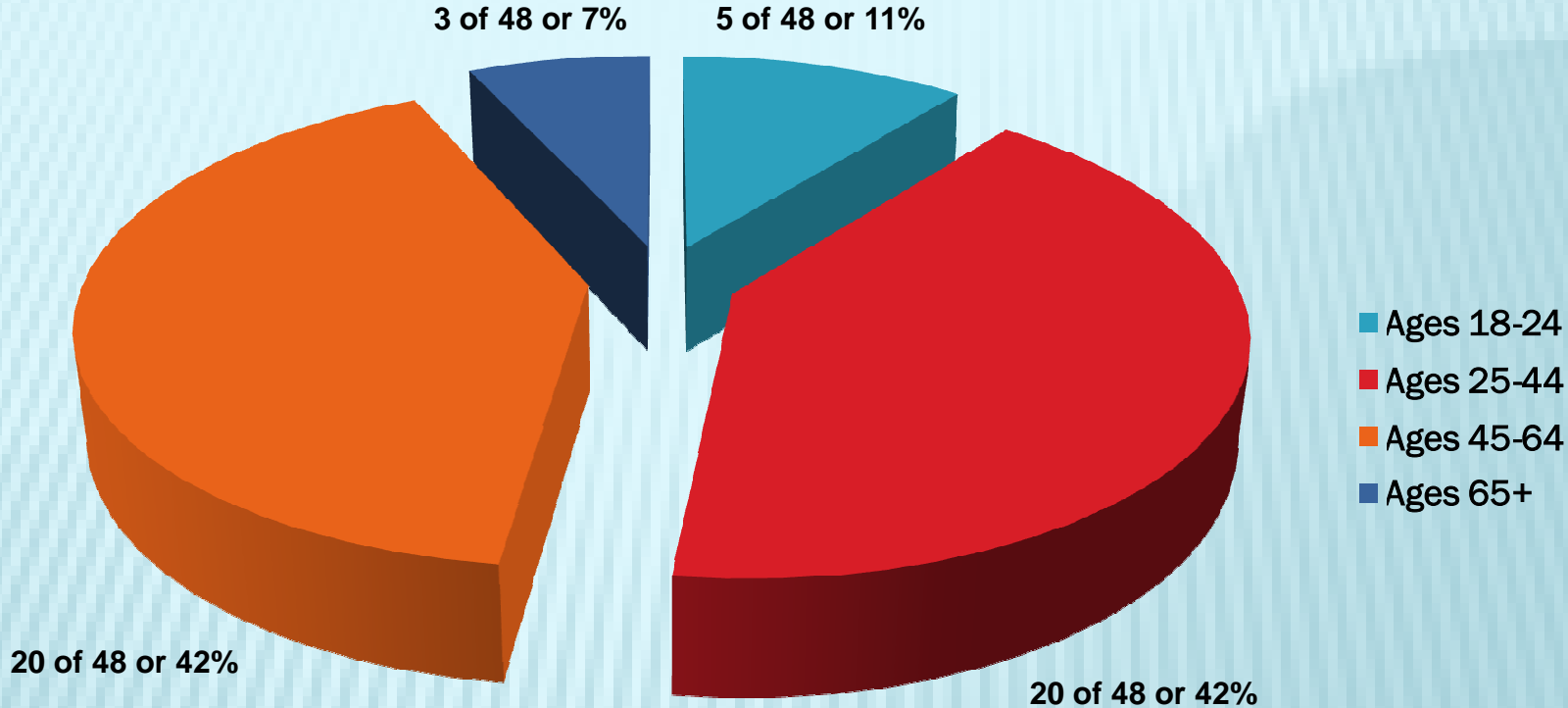
- × Delta Regional Medical Center created in collaboration with the Mississippi State Department of Health (MSDH)

- × Opened March 17, 2010

- × Located in Greenville, MS, serving the counties of:
Washington, Bolivar, and Sunflower
(Part of MSDH Public Health District 3)

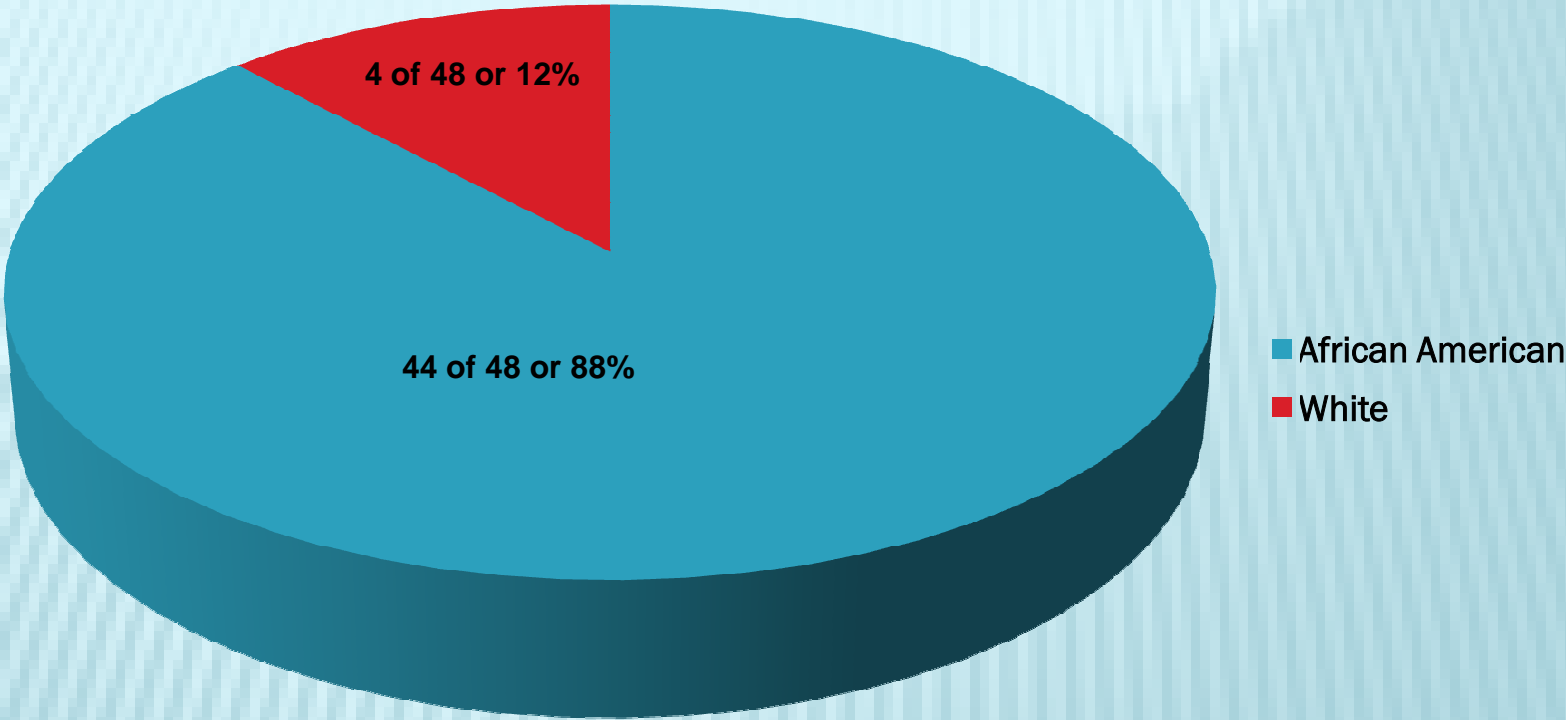
- × Demographics of HIV population
 - + 2009 reported PLWHA in District 3= **957**
 - × 73% African American
 - × 24% White

ACTIVE FEMALE CLIENT PROFILE BY AGE



Total Active Count- 119
41% Female (48 of 119)

ACTIVE FEMALE CLIENT PROFILE BY RACE

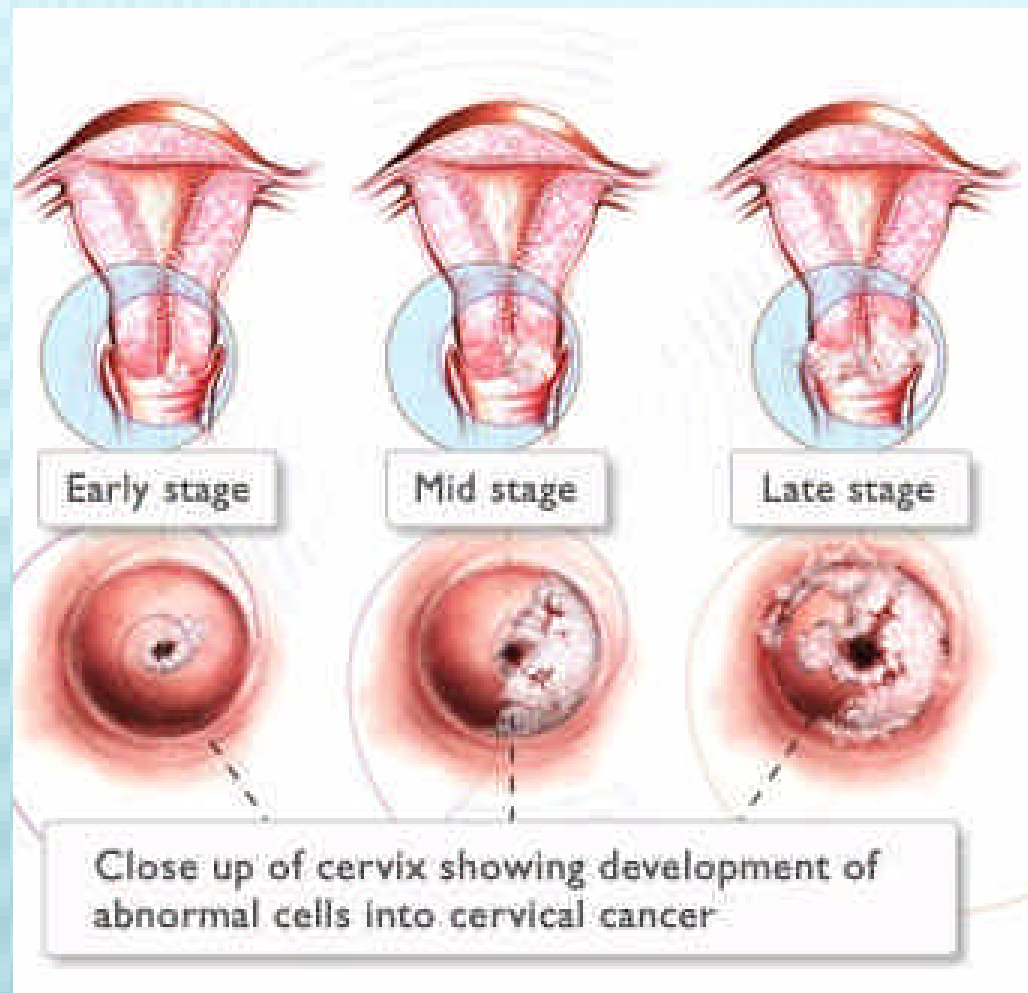


Total 48 Females

RATIONALE

- × Women with HIV are more likely to develop Cervical Cancer due to their higher risk for Human Papillomavirus (HPV)
- × Historically women with HIV are less likely to have routine screenings
- × Across the country, clinics and their providers are struggling with ways to help increase the number of their HIV + female clients
- × Mississippi priority: Low rates across the State.

HUMAN PAPILOMAVIRUS (HPV)



Human Papillomavirus (HPV)

- HPV is the most common sexually transmitted infection (STI). There are more than 40 HPV types that can infect the genital areas of males and females. These HPV types can also infect the mouth and throat. Most people who become infected with HPV do not even know they have it (<http://www.cdc.gov/std/hpv/stdfact-hpv.htm>).
- Each year, about 12,000 women get cervical cancer in the U.S. (<http://www.cdc.gov/std/hpv/stdfact-hpv.htm>).
- **Cervical cancer** is most treatable when it is diagnosed and treated early. Women who get routine Pap tests and follow up as needed can identify problems *before* cancer develops. Prevention is always better than treatment. (<http://www.cdc.gov/std/hpv/stdfact-hpv.htm>).

Picture courtesy of

<http://www.thestdforum.com/hpv-human-papillomavirus/hpv-photos-pictures-images/>

BASELINE DATA

- × Primary focus of new clinic: getting clients into care and starting their treatment plans
- × After first 3 months, in June 2010, we reported Cervical Cancer Screening (CCS) rates:
 - + Baseline: 17% or
 - + 5 of our 30 women had a current screening documented in their charts
 - + Goal: Follow HRSA/HAB's Performance Measure in Group 2.
 - × HAB's calculated average in 2006 of **55.7%**

HRSA/HAB PERFORMANCE MEASURE: CERVICAL CANCER SCREENING

Numerator:

Number of HIV-Infected female clients who had Pap screen results documented in the measurement year/

Denominator:

Number of HIV-infected female clients, 18 years or older, who had one medical visit with a provider with prescribing privileges at least once in the measurement year.

QUALITY IMPROVEMENT PROJECT TEAM

- × **Satwinder Singh, MD- Medical Director**
- × **Gwen Chew, CFNP- Day to day clinical leadership**
- × **Stephanie Pettiet, Data/CQM Coordinator,
Team QI educator and lead QI project facilitator**
- × **Tammie Woodall, LPN/Patient Service Advocate**
- × **Nita Collins, RN**
- × **Cassandra Shead, LSW MSDH**
- × **Gina Luevano, PSR**

CAUSAL ANALYSIS

- + Patient needing to *feel comfortable* with a *new clinic* and *new providers*.
- + Patients reported having the screenings at other locations. *Release of Information forms were needed* to get these records.
- + Several priorities as the Data/CQM Coordinator pursued a data management strategy of entering data on a broad range of performance measures in order to generate future quality management reports.

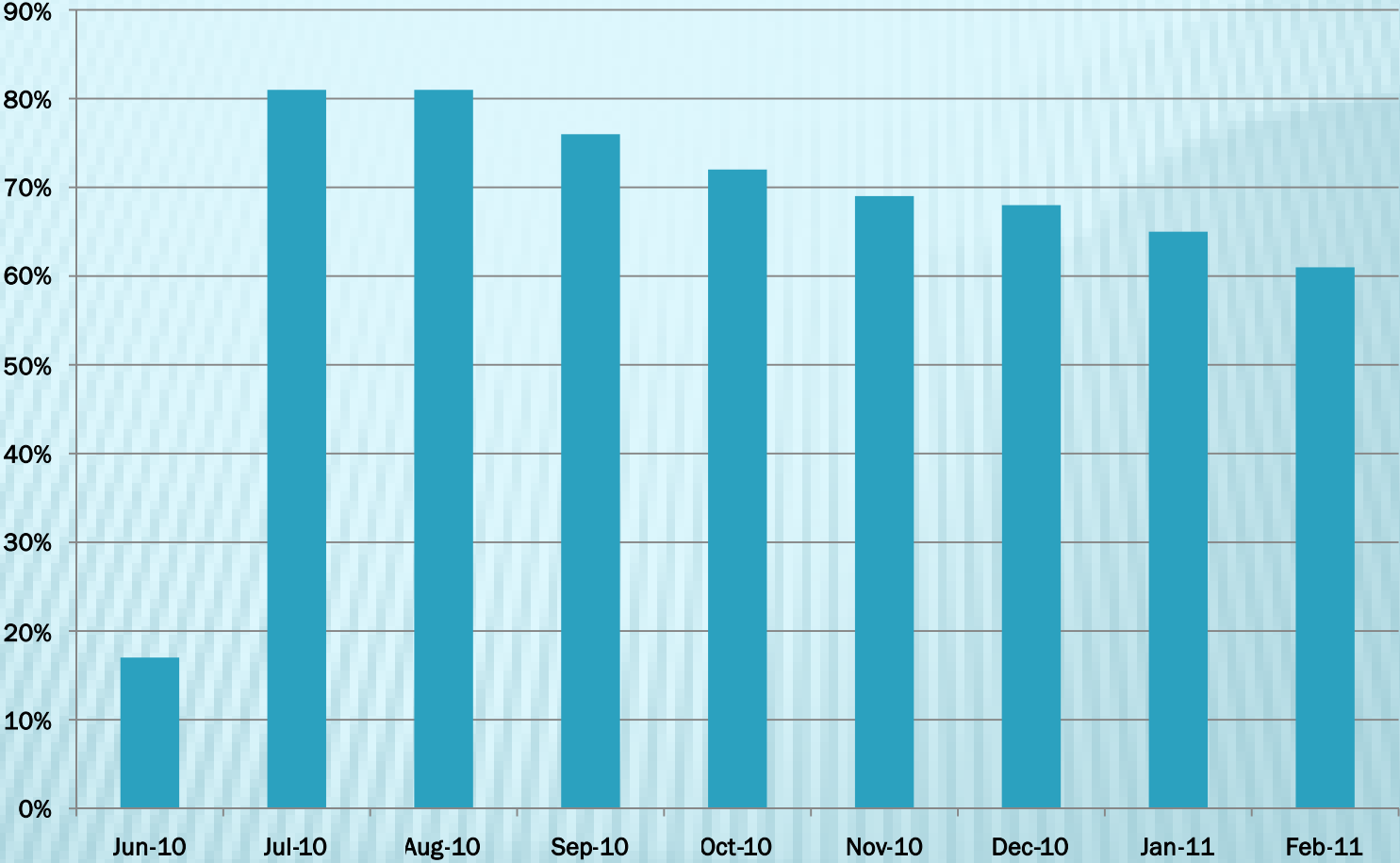
QUALITY IMPROVEMENT INTERVENTIONS

- × **Morning Review sessions-** Held daily group meetings before the start of clinic
 - + The group reviewed the charts for the next day's appointments to determine individual needs and needs for fulfillment of the standards of care.
 - × Utilizing the HRSA Performance Measures Checklist created by the Data/CQM Coordinator.
 - + If the group could not meet, the Data/CQM Coordinator would review the charts and relay the information to the staff through verbal communication and post-it notes placed in the chart.
 - + CAREWare generated Clinical Encounter Reports were also utilized to communicate needs.

INTERVENTIONS, CONTINUED...

- + All female clients signed a **Release of Information** to request their last screening reports from other providers.
- + Sent out **letters** to all of our females who did not have a current screening in their chart. This letter asked the clients to call ASAP to schedule an interim appointment for a Cervical Cancer Screening.
- + After a week, our Nurse Practitioner **personally called** the 5-7 clients who had not responded to the letter and stressed the importance of the screening.

INTERIM ACHIEVEMENTS



DATA ANALYSIS

- × Between June 2010 and August 2010, significant results were achieved by increasing from 11% to 80% of all female clients receiving onsite CCSs by using the tested interventions.
- × The decrease, particularly from October, was due to the loss of the program's Nurse Practitioner (NP) who performed the CC screenings on site.
- × Without the NP, the program was not able to do screenings onsite and, thus, could not effectively respond to increasing numbers of new HIV+ female clients. The new clients, although referred, were not getting their screens elsewhere.

DATA ANALYSIS CONTINUED...

- ✘ In March, 2011 a new NP was hired. When she starts, the same QI process will be re-implemented and monitored.
- ✘ A report identifying women in need Cervical Cancer Screens will be utilized to send out a letter encouraging female clients to call to schedule an appointment for their screenings.

INTEGRATION INTO DAILY PRACTICE

- × Based on the results, the three interventions have been integrated into our daily care processes and practice.
 - + Morning Review Sessions- Charts are reviewed using a Performance Measure Checklist, to evaluate what standards of care have been met and which are due.
 - + Patients who state they had a recent cervical cancer screening at another clinic are asked to sign a release of information form to retrieve their records.
 - + Every 6 months, a report is generated to monitor screening status of patients due within the next month and those who are overdue. Both types of patients are sent a letter requesting them to call for an appointment.

NEXT STEPS

- × Continue to monitor the list of women who still have not had a Cervical Cancer Screening (CCS), as well as new women to the program.
- × Continue to review charts with the Performance Measures Checklist to flag clients who have not had a screening and to discuss with them the importance of the CCS to their health during their visits.
- × Continue to send out letters every 6 months to women who have not been screened.
- × Monitor effectiveness of these tools quarterly and make adjustments as needed.

TOOLS

- × Performance measurement checklist comprises all of the current measures recommended by the HIV/AIDS Bureau (HAB) as part of our Ryan White Care Act grant.
- × Reminder letter

CONTACT INFORMATION

- × Please email spettiet@deltaregional.com for electronic versions of these documents and for more information.
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