

**Southeast Mississippi Rural Health  
Initiative, Inc. (SeMRHI)**

**Cervical Cancer Screening Performance  
Improvement Project**

**2008-2010**

# SeMRHI Multi-Site Ryan White Program

Hattiesburg Family Health Center; Women's Health Center-Hattiesburg  
Hattiesburg High School and Community Clinic-Hattiesburg  
Lumberton Family Health Center-Lumberton  
Picayune Family Health Center-Picayune  
Seminary Family Health Center-Seminary



# Demographics of Female HIV+ Patients SeMRHI-All Sites

Total Number of Patients	659
Female Patients	216 or 33%
African-American	173 or 80%
White	39 or 18%
Hispanic	1 or .004%
More than one race	1 or .004%

Age Range	Number
13-24	12 or 5%
25-44	124 or 57%
45-64	71 or 33%
Age 65 or older	7 or 3.2%

# HIV Performance Improvement Committee

- Catherine Thomas, MD-  
Chair
- Tonya Green, MHP,  
ACRN-Co-Chair
- Wanda Bolton, LPN
- Tracie Fairley, LPN, Data  
Nurse
- Fenessa Halsell, Peer  
Counselor
- Linda Leggett, CQI RN
- Kim DeSoto, RN, CM
- Kathy Fulmer,  
WHC/Nurse Manager
- Aleshia Bolton, Office  
Assistant
- Social Worker, vacant

# Rationale for Improving Cervical Cancer Screens

- Women who are HIV+ are 2-3 times more likely to develop cervical cancer.
- Women who are HIV+ are less likely to get annual Cervical Cancer Screens (CCS).
- Baseline data: approximately 50% of female patients had annual CCS at SeMRHI in 2008.

## HRSA/HAB Performance Measure: Cervical Cancer Screening

- New patients: After two negative Pap tests within first 12 months, then Annual Pap Test
- Performance measure

Numerator:

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

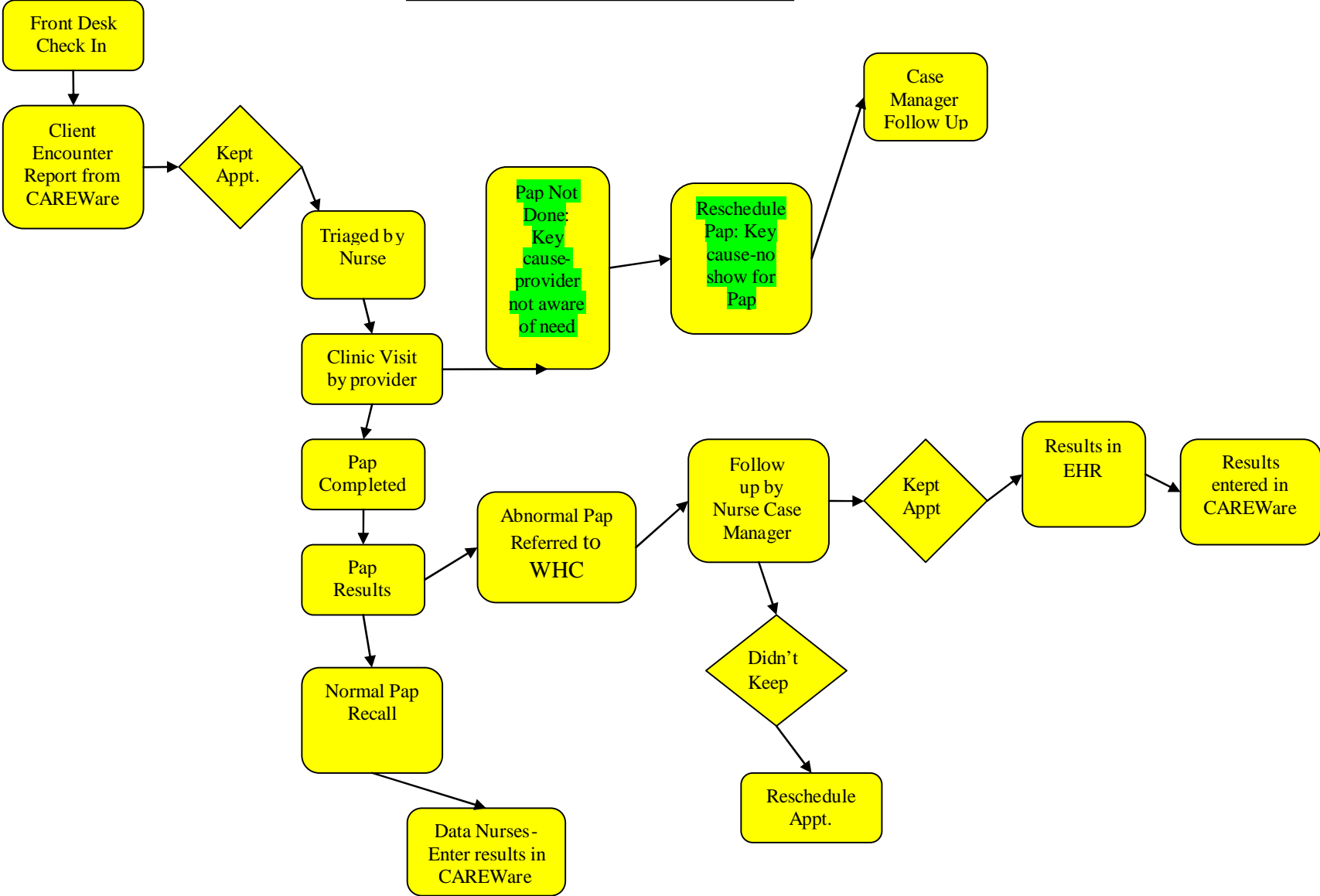
Denominator:

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

# Causal Analysis

- Results of Patient Flow Diagram (next slide) revealed two problematic steps to work on
  - CCS not getting done because Providers were unaware of the need then
  - Patients were rescheduled and frequently did not keep appointments

Hattiesburg Family Health Center  
Patient Flow

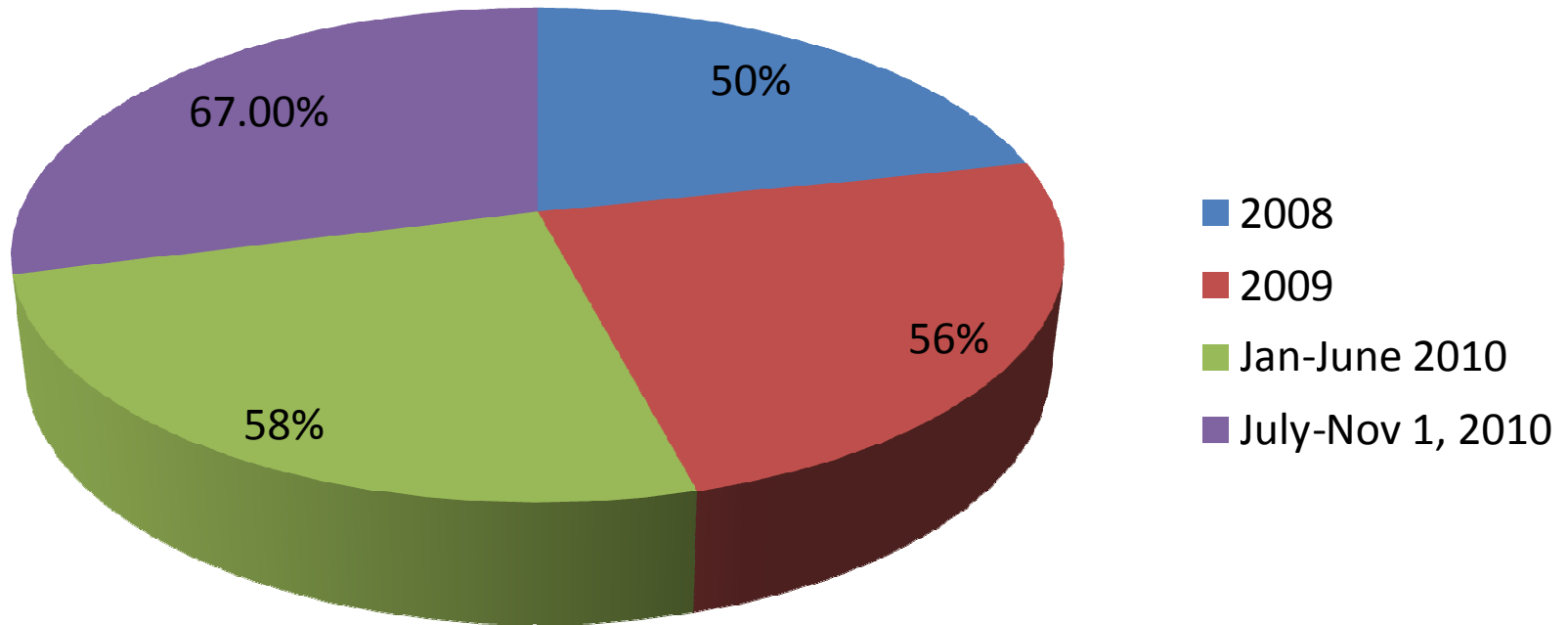


# Change Strategies

- 2008-Patient incentives (hygiene packets) not effective; ID Physician performing Pap Test not effective
- 2009-Revised and distributed Pap Test Policy; increased pt education and scheduling of Pap tests; hired LPN data nurse to improve data entry  
**-Result: increase from 50% to 56%**
- 2010-Added highlight note “PAP ME” in bright pink letters on front of clinical encounters  
**-Result: increase to 67%**

# Pap Test Data

2008-2010



# Benchmarking Data

- National HIVQUAL Performance Measure

Numerator

All female HIV+ patients with a Cervical Cancer Screen or Pap Test documented during the measurement year

Denominator

All female HIV+ patients with at least two medical visits during the review year with one visit in each 6-month period

# Comparing SeMRHI's Results using HRSA/HAB's Performance Measure and HIVQUAL-US's

	<b>HRSA HAB</b>	<b>HIVQUAL</b>
# of Females	197	114
# of Pap Tests	126	141
Total	64%	81%

# Challenges and Next Steps

- Getting buy-in from all staff
- Female pts' hesitancy to get a pap test
- Female pts choose to receive pap offsite and results difficult to obtain
- No shows/Refusal of pap test



# Next PDSA

In 2011,

- Introduce personalized reminder cards and
- Use of targeted messaging by all staff on the importance of getting an annual Cervical Cancer Screen

# Contact Information

For further information contact:

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