

Quality Improvement Storyboard

Shasta Community Health Center SHARP: Improving Cervical Cancer Screening

Aim: By December 9, 2022 will improve the rate of patients scheduled for a cervical cancer screening at the time of a primary care visit.

Measures:

Process Measures:

- % Patients who declined to schedule a CCS during a primary care visit
- # Patients offered an educational intervention on importance of CCS in a primary care visit

Outcome Measures:

- % of Patients scheduled for cervical cancer screening during a primary care visit

Prediction:

- Provider education on the importance of cervical cancer screening is an evidence-based practice and would increase the number of patients who schedule an appointment for their screening.

Changes Being Tested:

- PDSA was conducted as part of Shasta Community Health Center's SHARP program designed for scribes interested in pursuing additional health career training programs.
- Project built upon a PDSA from the Shasta Lake site on using scribes to schedule patients due for a CCS in the visit room during a primary care visit.
- Project tested a health education intervention delivered by the scribe to patients due for CCS at the time of a primary care visit.
- Baseline data collection conducted in September 2022 found that 22% of patients for the selected provider scheduled their CCS during a visit and 28% declined. When missed opportunities and patients not eligible were excluded this rose to 56% of patients declined.
- Root Cause Analysis for the patients that declined conducted by the care team reasoned that for patients lack of understanding of what a pap smear is and why the screening is important, stigma around the exam, discomfort with the exam, and patients not knowing their schedule at the time of the visit were all reasons for a decline to schedule.
- Between November 7 and December 9, 2022, patients who initially declined to schedule their CCS during a visit were provided with a brief educational intervention and provided a patient education material on cervical cancer prevention and then asked if they would like to schedule their screening.

Plan

Do

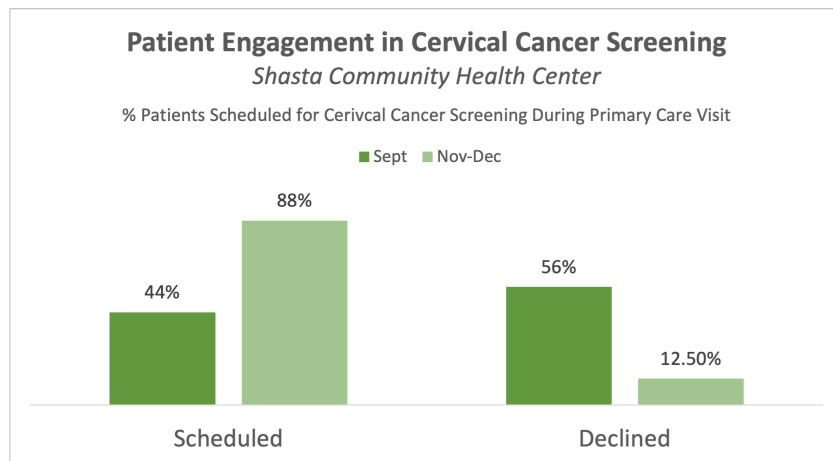
Results:

- PDSA resulted in an increase in the number of appointments scheduled during primary care visits with 44% of patients scheduled for CCS at the time of a primary care visit.
- The rate of patients who declined to schedule was reduced from baseline of 28% to 12.5% during the intervention period.
- Rate of patients scheduled for the screening by the scribe in room increased from 11% at baseline to 55% of all patients during the intervention period.

Study

Comparison of data		
Who Scheduled	Sept	Nov-Dec
Scheduled-Scribe	11%	55%
Scheduled-Visit Coordinator	11%	9%
Declined	28%	9%
Missed opportunity	17%	18%
Extenuating circumstances	33%	18%

Focused Data Set - Missed Opportunities & Extenuating Circumstances removed		
Status	Sept	Nov-Dec
Scheduled	44%	75%
Initial decline, then scheduled	--	12.5%
Declined	56%	12.5%



Future Plans:

- It was a challenge to track the number of patients who received the education intervention and patient education material, so this was not tracked.
- In review of the project, the team determined that the impact of the intervention was not necessarily the education provided, but rather the intentionality behind how the question was asked and the scribe’s personal investment in the outcome.
- While this project tested an intervention to increase the number of screenings scheduled; additional study is needed to understand how many patients scheduled then completed the screening.
- SCHC plans to adapt the PDSA to further understand the intentionality (motivation) and its impact on patient engagement.

Act