

Increasing Cervical Cancer Screenings through Data Clean-up & PSDA Cycles

Redwood Community Health Coalition
Promising Practice

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PROMISING PRACTICE OVERVIEW

Building on West County Health Centers' (WCHC) previous initiatives using [Quality Watch Checklists](#) and Action Plans, they have begun a significant amount of data clean-up to continue cervical cancer screening improvement. This screening measure remains an area of clinical focus for the health center.

Team-based PSDA cycles, through action plans, remain a positive tool for staff engagement, data literacy and correction, and best practice development. PSDA cycles allow staff to try out new methods and find best practices in a short amount of time with limited wasted resources. These cycles use bottom-up change allowing on the ground staff to decide when and how change is made.

AIM

To improve data accuracy in their electronic health record and increase screening rates, through data clean-up and team-based PSDA cycles.

MEASURES

WCHC Internal Measures:

- Cervical Cancer Screening measure includes all patients:
 - 24-64 years of age that identify as female and have had at least 1 primary care visit in the past 12 months with a pap in the last 3 years, or
 - 30-64 years of age that identify as female, have had at least 1 primary care visit in the past 12 months, and had a pap with HPV in the last 5 years.
 - Patients that identify as transgender are excluded and tracked separately. Patients who have had a hysterectomy are also excluded.
- One outcome measure is improved workflows for cervical cancer screenings.

Quality Watch Action Plan:

Action Plan

Team: _____

Data Current through: _____

Meeting Date: _____

Review last month's Action Plan

Did we improve? What did we learn? (what worked, what didn't and why)

Select a Quality Goal

What measure will we focus on this month? (pick 1)

Why is this measure important to our team?

Make a new Action Plan

What small change can we make that will result in an improvement? (Be specific. Who is doing what, when?)

Do we need any additional info or support? (data, workflows, etc.)

5-1-2018

ACTIONS TAKEN

Data Clean-up:

- Went through eClincialWorks, making sure patients were correctly assigned to their providers.
- Cleaned up UDS data and then had two volunteers review pap smear lab reports to ensure reporting was correctly in the EHR. This process continues as staff has regular access to data for review and clean up.

PSDA Cycles:

- Each of the 28 teams take 30 minutes during monthly Care Team meetings to create an action plan requiring 1. *assessment of past efforts*, 2. *selecting a quality goal*, and 3. *building a new plan to improve measures*.

Other Actions:

- Partnered with a pathology service for processing pap smear labs. This allows the health center to have only one pap vial in the room, streamlining the process.
- Hosted a "Pap Spa Day" event, where their midwife gave pap smears. The event was not as successful as hoped, due to marketing. WCHC is planning additional "Pap Spa Days" in the future.

WORKFLOW



LESSONS LEARNED

- Measures can be positively improved in a significant way through data clean-up. Data literacy is also hugely important to improving measures.
- Their team model involves staff from all levels of the agency, allowing buy-in from senior managers and for quality improvement change to easily spread. Health Center Board investment is also crucial to encourage providers to implement the change.
- Building on the "Pap Spa Day" idea, the health center is planning a series of cervical cancer related events at the main clinic in Sebastopol using neck warmers, a treasure box (filled with fun items such as nail polish), and more, to make the experience more pleasant for patients.

RESULTS TO DATE

All clinical focus measures have been improving, including the cervical cancer screening rate. This is the result of data clean-up and team-based PSDA cycles. According to UDS reporting, WCHC improved from 52% in 2016 to 68% in 2017 with a current cervical cancer screening rate of 70% (10/2018).

UDS Measure: Cervical Cancer Screening

Numerator: Had either of the following: A pap test in the three years prior to the end of the measurement period (age 23 to 64 years) , a pap test and an HPV test on the same date of service in the five years prior to the end of the measurement period (age 30 to 64 years at the time of the test)

Denominator: Between 23 and 64 years of age during the reporting period, had at least one medical visit during reporting period, had a medical visit prior to 65th birthday, female.

Exclusion: had a hysterectomy and no residual cervix