CLINICAL AUDIT

Cervical Cancer Screening

Valid to October 2019

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better medicine

Background

Approximately 160 women are diagnosed with cervical cancer in New Zealand each year, and 60 die from this largely preventable disease.[1] It is now universally accepted that the main underlying cause of cervical cancer is persistent infection with certain high-risk types of human papillomavirus (HPV) and that these viruses are sexually transmitted. Most HPV infections resolve spontaneously, but persistent infections can result in the development of precancerous lesions and, if untreated, can progress to cervical cancer.

Cervical cancer has a 10 – 20 year latency and regular cervical smears can effectively identify the majority of women with these pre-cancerous lesions and reduce a woman's risk of developing cervical cancer by 90%.[1, 2]

The National Cervical Screening Programme (NCSP) recommends that women have three-yearly cervical smears from age 20 years until they are 70 years. 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.[1] Women with an abnormal result should have more frequent smears as outlined in the New Zealand guidelines for cervical screening.[1] If the cervical smear has been reported by the laboratory as unsatisfactory, e.g. due to an inadequate sample or excessive mucus or blood, the smear should be repeated within three months. The use of liquid-based cytology, however, is likely to have reduced the number of samples reported as unsatisfactory.

The NCSP provides an important "backstop" to ensure that women who have an abnormal smear result are informed and that appropriate follow up is planned, however, the responsibility for notifying women that they are due for a cervical smear, providing results and placing a recall on a Practice Management System (PMS) belongs to the primary care team.

The current target for cervical screening is for 80% of all eligible women to have had a cervical smear. [3] This increased target was introduced with the new Integrated Performance and Incentive Framework (IPIF) on July 1, 2014 and replaces the previous PHO Performance Programme (PPP) target of 75%. This audit, however, is designed to assess whether the systems in your practice are effective, not only to document women who are up to date with cervical smears, but also to check that for all eligible women there is a record in their notes if they are overdue, have declined smears or have a clinical reason that a cervical smear is not required.

For additional information see:

"How to increase the uptake of cervical screening: a profile of success", BPJ 55 (Oct, 2013)

References

1. National Screening Unit. Guidelines for cervical screening in New Zealand. 2008. Available from: www.nsu.govt.nz/files/NCSP/NCSP_Guidelines_ALL_small(1).pdf (Accessed Sep, 2014).
2. National Screening Unit. National cervical screening programme. Available from: www.nsu.govt.nz/current-nsu-programmes/national-cervical-screening-programme.aspx (Accessed Sep, 2014).
3. Integrated Performance and Incentive Framework Sector Update June 2014. Available from: www.hiirc.org.nz/page/47970/integrated-performance-and-incentive-framework/?tab=7380&section=35484 (Accessed Sep, 2014).

Audit action plan

The recommended steps for completing this audit are to:

Take a random sample of your female patients aged 20 to 69 years.

Identify what percentage of these patients:

- Are up to date with their smears and have a recall in place
- Are overdue for a cervical smear, but have had multiple reminders
- Have a clinical reason why a smear is not required, e.g. the woman has had a total hysterectomy and there was no record of malignancy on histology
- Have declined to have smears

Criteria for a positive result

For a patient to be considered a positive result for this audit the following information should be documented in the patient's clinical record:

- That they are up to date with their cervical smears and an appropriate recall is in place OR
- That they are overdue for a cervical smear, however, they have had multiple reminders regarding this OR
- That there is a clinical reason why they have not had a cervical smear OR
- They have declined to have cervical smears

Standards

This audit is designed to assess the effectiveness of the procedures for cervical screening within your practice. At least 80% of women should have undergone screening in the last three years and have a recall in place (Column A). The overall target for this audit is for 100% of eligible woman to have evidence in their notes that cervical screening is up to date, screening is not up to date but repeated reminders have been given, screening has been declined, or screening is not required (Columns A, B, C or D).

Audit data

Eligible people

All women aged 20-69 years are eligible for this audit.

Identifying patients

You will need to have a system in place for identifying eligible patients. Many practices will be able to identify patients by running a "query" through their patient management system (PMS).

Sample size

It is likely that you will have a large number of eligible patients for this audit, therefore take a random sample of 30 patients whose notes you will audit (the first 30 identified is sufficiently random for the purposes of this audit, provided that this includes women of varying age and ethnicity – this will vary depending on how you build your query).

Data analysis

Use the data sheet provided to record your data and calculate percentages.

Assess the percentage of positive results obtained overall for the four clinical situations. The results should be discussed within the practice and this discussion used to identify ways to improve these results. In particular, for patients who are overdue for a cervical smear, check if an alert has been placed on the patient record so this can be discussed when the patient next presents.

Identifying opportunities for CQI (OR OTHER)

Taking action

The first step to improving medical practice is to identify the criteria where gaps exist between expected and actual performance and then to decide how to change practice.

Once a set of priorities for change have been decided on, an action plan should be developed to implement any changes.

The plan should assign responsibility for any actions to specific members of the practice team and should include realistic timelines.

It may be useful to consider the following points when developing a plan for action (RNZCGP 2002).

Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

Overcoming barriers to promote change

- What is achievable – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting
- Identify the barriers
- Develop a priority list
- Choose one or two achievable goals

Effective interventions

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour

Review

Monitoring change and progress

It is important to review the action plan at regular intervals. It may be helpful to review the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that practitioners complete the first part of the CQI activity summary sheet (Appendix 1).

Undertaking a second cycle

In addition to regular reviews of progress, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that practitioners complete the remainder of the CQI activity summary sheet.

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Claiming MOPS credits

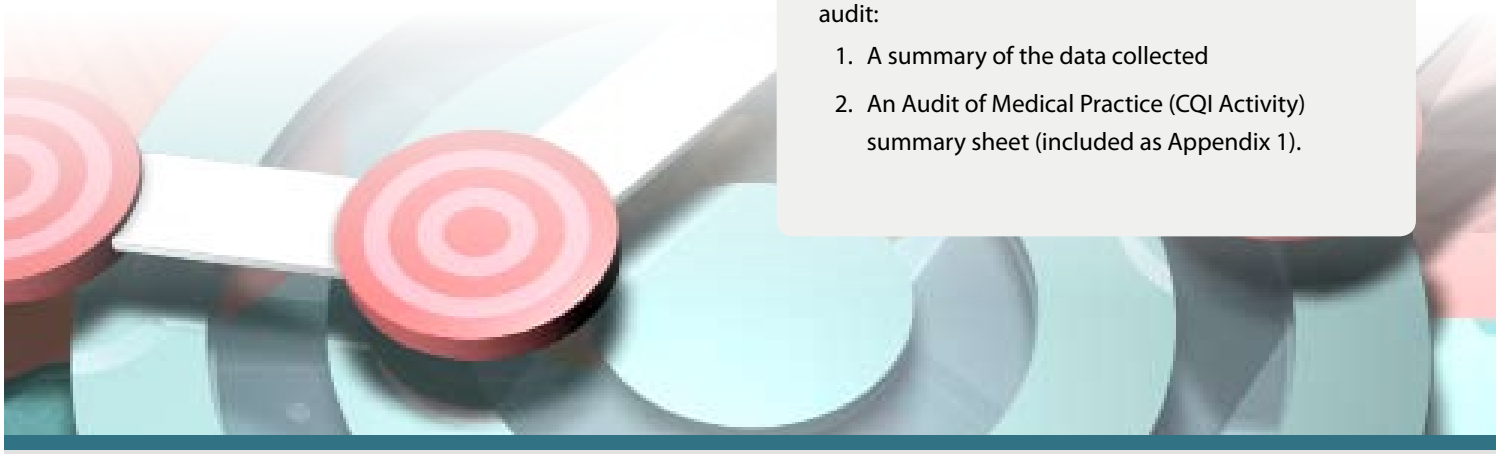
This audit has been endorsed by the RNZCGP as a CQI Activity for allocation of MOPS credits; **10 credits** for a first cycle and **10 credits** for a second cycle. General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until **October, 2019**.

To claim points go to the RNZCGP website:
www.rnzcgp.org.nz

Record your completion of the audit on the **MOPS Online credit summary**, under the **Continuous Quality Improvement/Audit of Medical Practice** section. From the drop down menu, select the audit from the list or select "Approved practice/PHO audit" and record the name in the notes. 'MOPS online' can be completed by vocationally registered doctors or 'CPD online' for general registrants. Alternatively MOPS participants can indicate completion of the audit on the annual credit summary sheet which is available from the College on request.

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
2. An Audit of Medical Practice (CQI Activity) summary sheet (included as Appendix 1).



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Data sheet – cycle 1 Cervical Cancer Screening

Female patient aged 20–69 years	**A:** Evidence in patient's notes of cervical smear within the last three years and appropriate recall in place	**B:** No evidence of a cervical smear within the last three years but the notes show repeated reminders*	**C:** Evidence of a clinical reason why a cervical smear is not required	**D:** Evidence that the woman has declined to have cervical smears
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	1. Number of patients with a tick in Column A divided by the total number of patients (target is > 80%):
	2. Number of patients with a tick in Column A, B, C or D divided by the total number of patients (target is 100%):

* In addition, an alert should be placed on the clinical notes as a reminder to discuss the patient's cervical screening status when they next present

Please retain this sheet for your records to provide evidence of participation in this audit.

Data sheet – cycle 2 Cervical Cancer Screening

Female patient aged 20–69 years	**A:** Evidence in patient's notes of cervical smear within the last three years and appropriate recall in place	**B:** No evidence of a cervical smear within the last three years but the notes show repeated reminders*	**C:** Evidence of a clinical reason why a cervical smear is not required	**D:** Evidence that the woman has declined to have cervical smears
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Total				

	1. Number of patients with a tick in Column A divided by the total number of patients (target is > 80%):
	2. Number of patients with a tick in Column A, B, C or D divided by the total number of patients (target is 100%):

* In addition, an alert should be placed on the clinical notes as a reminder to discuss the patient's cervical screening status when they next present

Please retain this sheet for your records to provide evidence of participation in this audit.

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APPENDIX 1

Audit of Medical Practice (CQI activity) Summary Sheet

Topic:	**Cervical Cancer Screening**
The activity was designed by (name of organisation if relevant):	**Bpac^{nz}**
Doctors Name:	

FIRST CYCLE

DATA:	Date of data collection:

CHECK:	Describe any areas targeted for improvement as a result of analysing the data collected.

ACTION:	Describe how these improvements will be implemented.

MONITOR:	Describe how well the process is working. When will you undertake a second cycle?

Please retain this sheet for your records to provide evidence of participation in this audit.

SECOND CYCLE

DATA:	Date of data collection:

CHECK:	Describe any areas targeted for improvement as a result of analysing the data collected.

ACTION:	Describe how these improvements will be implemented.

MONITOR:	Describe how well the process is working.

COMMENTS:	

Please retain this sheet for your records to provide evidence of participation in this audit.