

System Improvement for Age and Gender-Appropriate Health Screening Practices

Lisa Aldrich, BSN, RN

Doctor of Nursing Practice Candidate

Ann Marie Hart, PhD, FNP-BC

Associate Professor

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UNIVERSITY OF WYOMING
Fay W. Whitney School of Nursing

Background

- Preventive health screenings
 - Essential to primary care practice (Institute of Medicine, 1994)
 - All demographic groups not screened equally (Gupta et al., 2014)
- United States Preventive Service Task Force (USPSTF)
 - Evidence based recommendations (*The Guide to Clinical Preventive Services 2014*, 2014)
- Provider difficulty assessing screening status
 - Time constraints
 - Forgetting (Brennan et al., 2014)
 - Knowledge gaps (Klabunde et al., 2010)

Background

- Free clinics face unique challenges
 - Focus on disease management vs. prevention (Darnell, 2010)
 - Variety of volunteer personnel (Gertz, Frank, & Blixen, 2011)
- Address screening with volunteers
 - Organizational change to address screening (Gertz et al., 2011; Gupta et al., 2014)
 - Not sufficient to provide education alone (Davis et al., 2013)
 - Need to connect to community resources (Sabatino et al., 2012)

Purpose

- Implement and evaluate a system level improvement at a free primary care clinic
- Utilize non-provider personnel to
 - Assess client preventive health screening history
 - Identify preventive screening needs
 - Disseminate age and gender specific information regarding routine health screening recommendations and resources

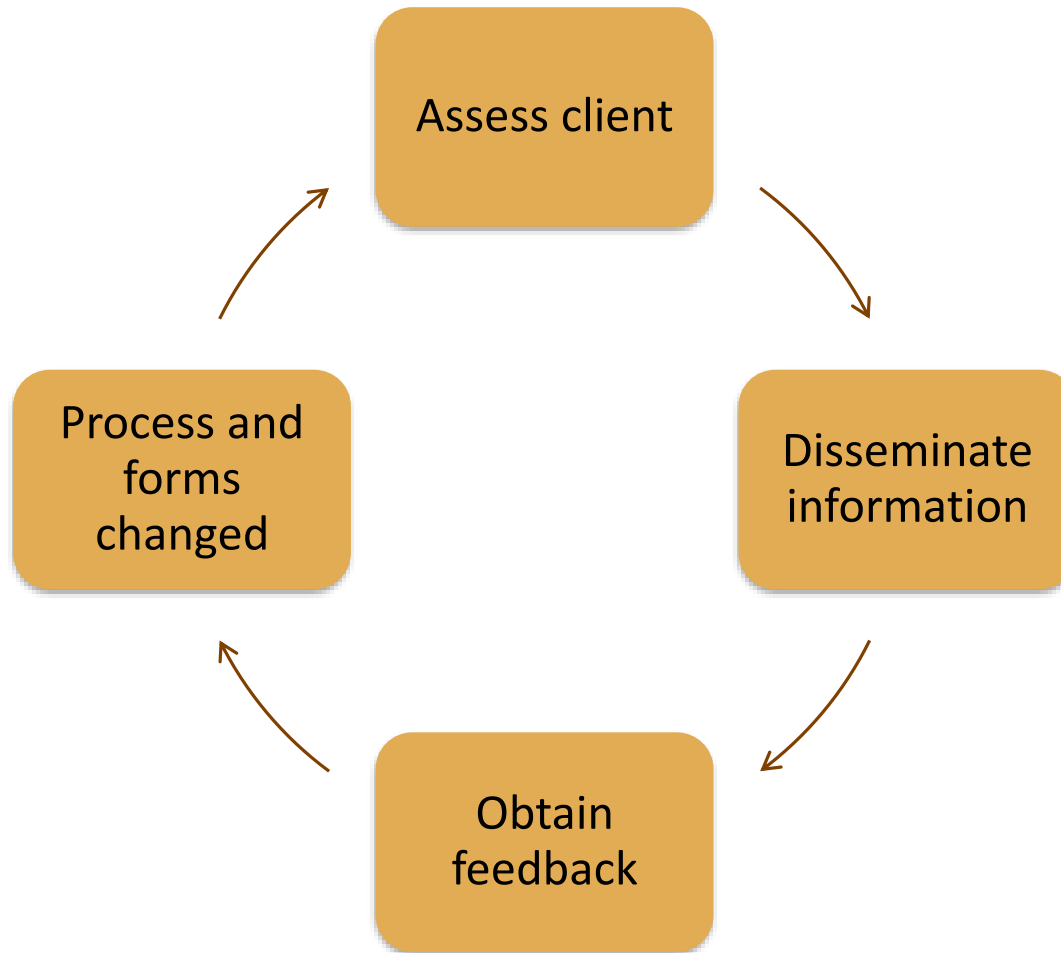
Design

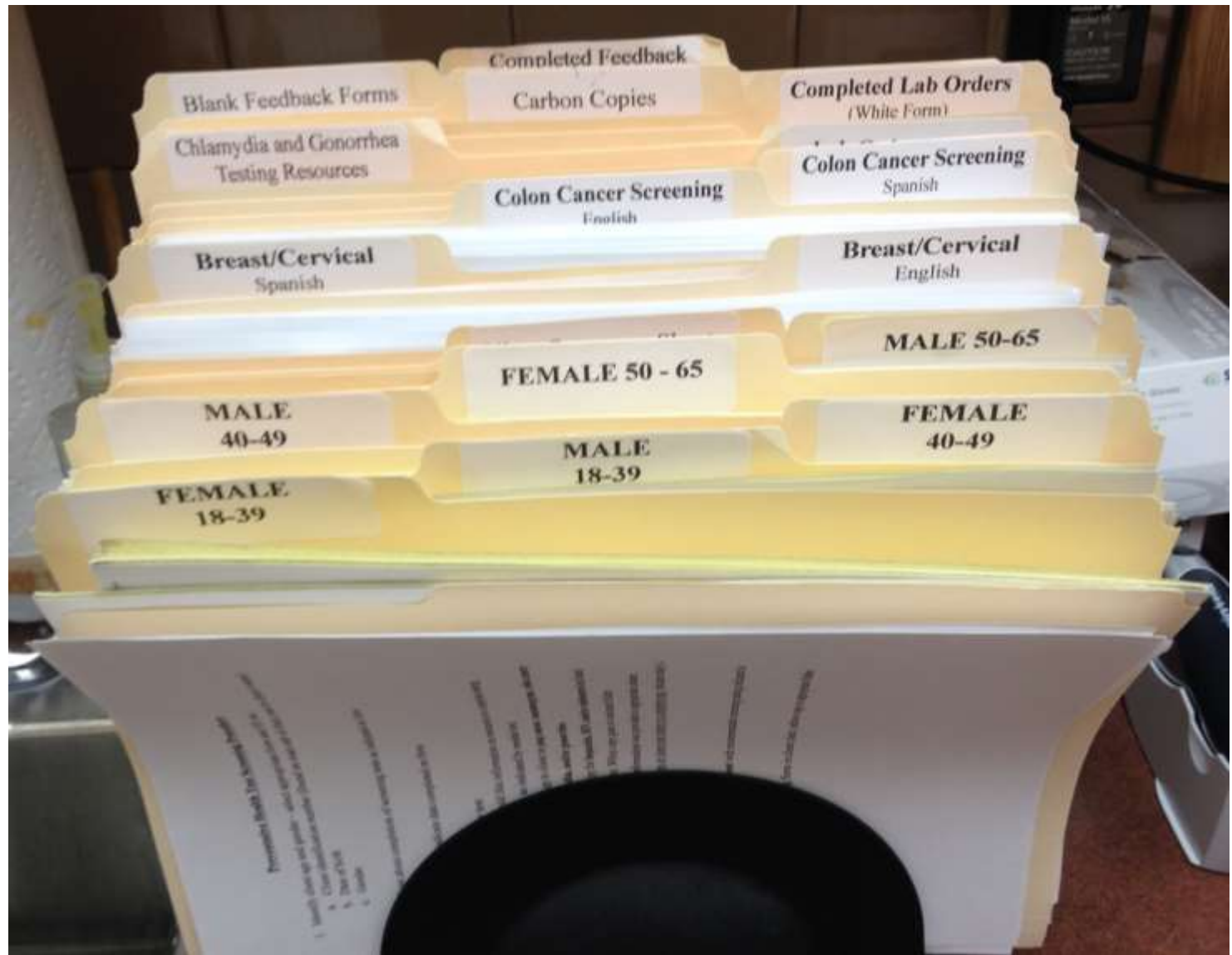
- Mixed methods design for system improvement
- System improvement to become part of standard clinic intake protocol
- Approved by University of Wyoming IRB

Participants

- Volunteers at a local free primary care clinic
 - Clinic intake
 - Lay people to trained medical professionals
 - 18 years or older
 - English speaking
- Signed consent obtained for gathering of feedback

Process





Health Maintenance Tracking -
Female Age 50-65

Client # _____ Date of Birth _____ Gender _____

Screening Test	Recommendation	Date/s Completed	Information Provided (Date)				Information Declined (Date)			
Pap Smear	At least every 3 years									
HPV Testing	Every five years with pap									
Mammogram	Every 1-2 years									
Colonoscopy	Every 10 years starting at age 50									
HIV	Once									
Cholesterol	At least every 5 years									
Hepatitis C (blood test)	Once, if born between 1945-1965									

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Health Maintenance Tracking -
Male Age 50-65

☐
Client # _____ Date of Birth _____ Gender _____

Screening Test	Recommendation	Date/s Completed	Information Provided (Date)				Information Declined (Date)			
Colonoscopy	Every 10 years, starting at age 50									
Cholesterol	At least every 5 years									
Hepatitis C (blood test)	Once, if born between 1945-1965									
HIV	Once									
Prostate screening (blood test)	Discuss with healthcare provider yearly									

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Screening Tests Recommended For Me:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> HIV | <input type="checkbox"/> Mammogram |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Pap Smear / HPV |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Colon cancer screening |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Talk to my provider
about PSA testing |
| <input type="checkbox"/> Hepatitis C | |

Preventive Health Screening Information

Women Only

Chlamydia

- This is a common sexually transmitted infection in both men and women that can harm a women's ability to get pregnant. It is recommended for all women yearly, up to age 25 and after based on risk.

Gonorrhea

- This is a sexually transmitted infection in both men and women. It is recommended for all women yearly, up to age 25 and after based on risk.

Cervical cancer (pap smear)

- A pap smear is taking cell samples from the cervix to look for cervical cancer. This is done starting at age 21 at least every three years.

Human papillomavirus (HPV)

- This is the most common sexually transmitted infection in both men and women. It is recommended for women to get screened starting at age 30, earlier if your healthcare provider determines it is important.

Breast cancer (mammogram)

- A mammogram is a picture of the breast to look for breast cancer. You should get screened every two years starting at age 50, talk with your provider sooner if cancer runs in your family or you have breast changes.

Men Only

Discuss prostate cancer screening

- Men over age 50 should discuss this screening and harms/benefits with their provider yearly. If you are African American or you have a close family member with prostate cancer, start discussion at age 45.

Men and Women

Cholesterol

- Too much cholesterol can build up in arteries throughout your body and cause problems such as heart disease or stroke. It is recommended to get your cholesterol levels checked at least every 5 years. This is a blood test.

Hepatitis C

- If you were born between 1945 and 1965, you should be screened once for this liver disease that is usually spread through blood.

Colon cancer screening

- Starting at age 50, colon cancer screening is recommended to find pre-cancerous polyps or catch the disease early for best treatment.

Human Immunodeficiency Virus (HIV)

- This is a virus that the body cannot get rid of. It can be transmitted through blood and other certain body fluids. It is recommended that all adults get screened at least once in a lifetime, more often if certain risks are present.

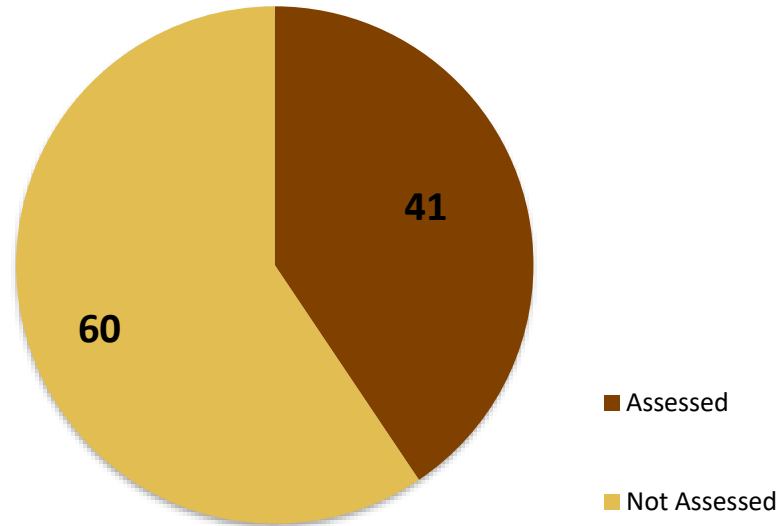


Qualitative Results

- Time was main implementation barrier
- Information not disseminated
- Need more preparation of up front
- More languages represented
- Clients appreciated assessment
- More applications for screening were utilized

Quantitative Results

Number of Clients Assessed



101 clients seen at clinic over 8 weeks
41% of clients were assessed for screening status

Quantitative Results

	Client Provided Information	Client Declined Information	Mixed Decline/Accept	Insufficient data on form	Completely Up To Date with Screening
Total	29/41	6/41	2/41	2/41	2/41
Percentage	70	15	5	5	5

Process Changes

- Streamline process
- Decrease redundancies

Limitations

- Client charts not evaluated
- Primary investigator not involved with clinic outside of project
- 8 week time frame

Conclusions

- Took burden off provider, main clinic staff
 - Clients able to receive important information
 - Meet acute and preventive needs
- Provide appropriate information to staff
 - Others within clinic can successfully inquire about history and make recommendations
- Other clinics can adapt process
- Need to make standard vs. special project

Future Directions

- Evaluate other system processes at clinic
- Determine percent of clients who complete screening recommended at intake
- Increase variety of languages represented
- Annually review USPSTF recommendations

Acknowledgements

- Thank you!
 - Downtown clinic volunteers and staff

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