



System Improvement for Age and Gender-Appropriate Health Screening Practices

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Background

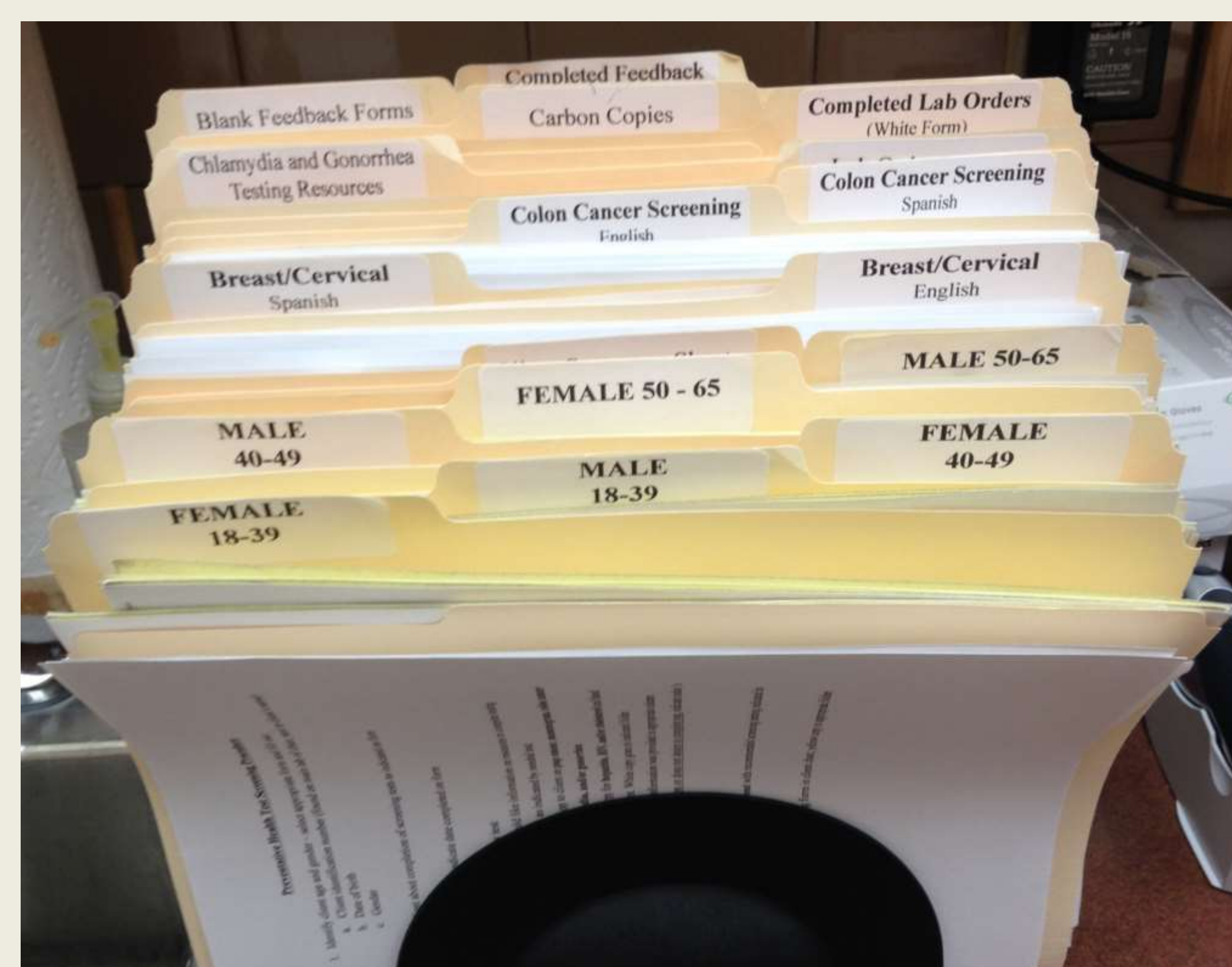
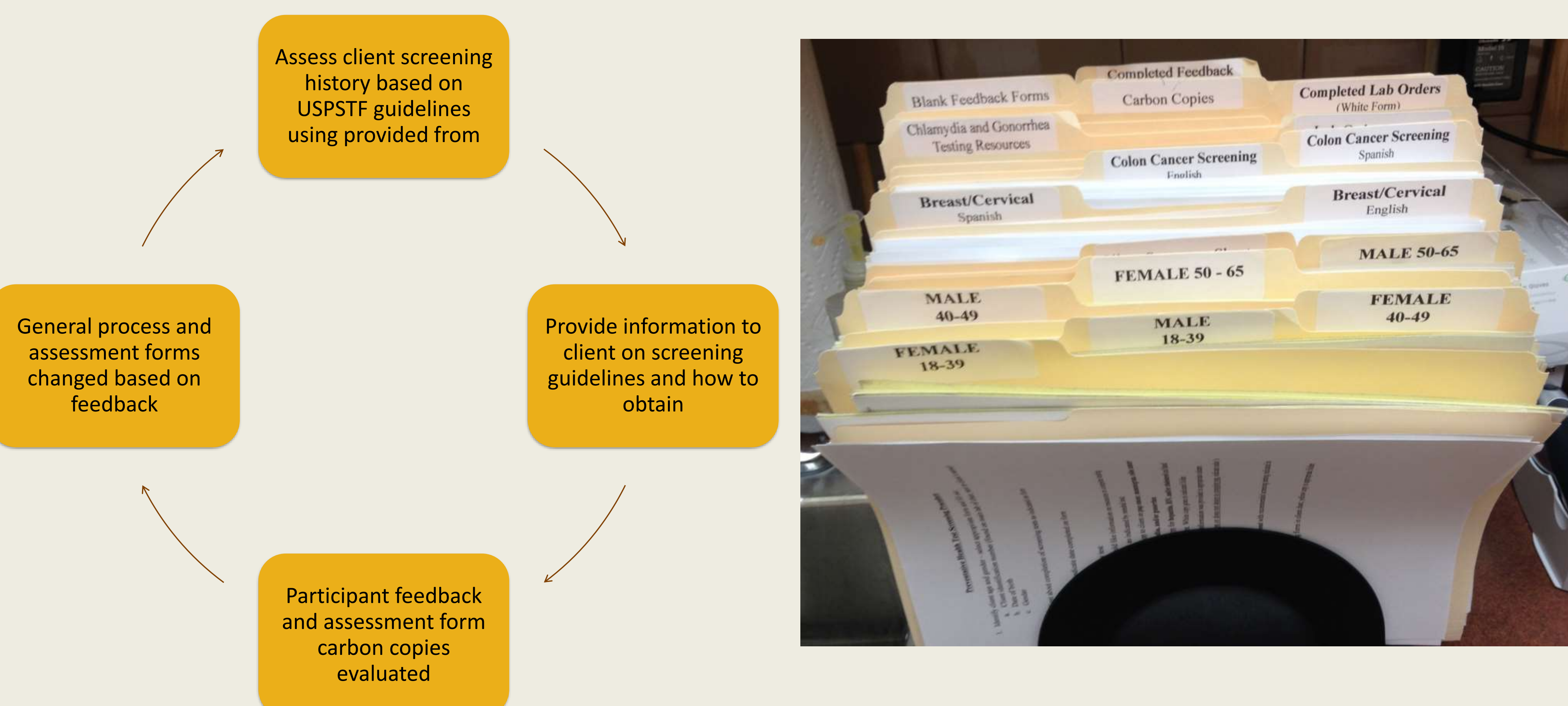
- Routine health screening is essential to primary care practice¹.
- The United States Preventive Services Task Force (USPSTF) generates evidence based guidelines for screening².
- Client adherence to guidelines is often unknown by providers (i.e. MD, NP, PA), yet other personnel (i.e. RN, CNA, EMT, MA) within clinics can successfully assess screening status³.
- Clients want information regarding screening⁴ and to be connected to available screening resources⁵.
- Organizational change is necessary to address rates of preventive health screening⁶.
- At free clinics, the majority of care is focused on disease management, so special efforts must be made to address preventive screening.

Purpose

At a free primary care clinic, utilize non-provider personnel to assess client preventive health screening status based on USPSTF recommendations, identify screening needs and disseminate information about screening and how to obtain screening using available resources.

Methods

Participants worked in clinic intake (i.e. RN, CNA, EMT). Qualitative data were collected from participant written or oral feedback over 8 weeks. Quantitative data were collected from carbon copies of completed age and gender specific forms.



Results

	Total Clients Assessed	Client Provided Information	Client Declined Information	Mixed Decline/ Accept	Insufficient data on form	Completely Up To Date with Screening
Total	41/101	29/41	6/41	2/41	2/41	2/41
Percentage	41	70	15	5	5	5

- Over 8 weeks, 101 clients were seen at clinic.
- Main implementation barrier was perceived lack of time by intake personnel to assess every client.
- Clients appreciated assessment of screening status.
- More clients were inquiring about how to complete screening.
- Intake personnel need more preparation and training on how to complete assessment process.
- More diverse languages need to be represented in provided materials.

Conclusions

- Screening status assessment must be built in clinic system.
- Utilizing intake personnel allows clients to receive comprehensive care while burden is off primary care provider.
- With sufficient time, others within a clinic can inquire about screening status and provide information to complete.
- Future endeavors at the clinic should: 1) Evaluate rate of completed screening in clients who received recommendation, 2) increase diversity in language of provided materials, and 3) annually review USPSTF recommendations and update forms as necessary.

References

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