

Improvement of PAP smear screening

Project Selection

Cervical smear screening is routinely performed in our outpatient clinics, including the Women's 24-hour clinic. It is important to ensure compliance to the national cervical cancer screening programme. If abnormal smear results are encountered, prompt and correct intervention must be instituted. Our intervention aims to reduce the number of smears that are not done after 3 years or more to 0 cases over 6 months. We also aim for correct intervention and follow-up action to be conducted 100% of the time. A total of 3 PDSA cycles were conducted for our study.

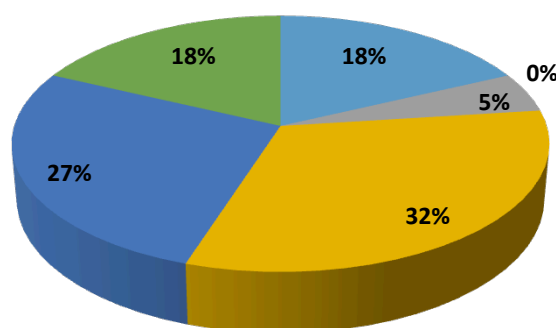
PDSA cycle 1

We randomly audited 58 clinic case notes and found that 31 cases were compliant with up-to-date smears. 27 cases were non-compliant, i.e. 21 cases had no smear result entry but were within the 3-year screening interval, and 6 cases had no smear result entry and screening interval was more than 3 years ago. There were no cases of abnormal smears with incorrect interventions.

PDSA cycle 2

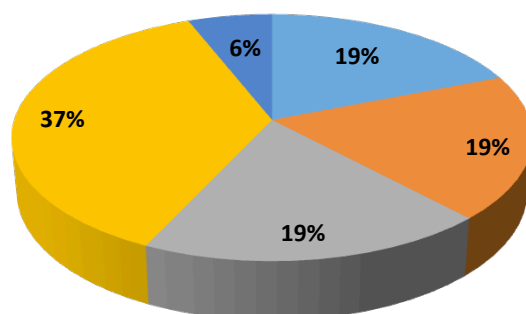
In view of this finding, we surveyed our colleagues to determine the reasons for non-compliance to up-to-date smears.

Why are smears not routinely done in KKH outpatient clinics?



- Busy clinic session (n = 4)
- Difficult patients who have other concerns/issues that they want to discuss resulting in long consults (n = 0)
- Complicated patients with multiple medical problems (n = 1)
- Patient having menses during clinic visit (n = 7)
- Patient declined - costs, male doctor, lack of patient education (n = 6)
- Others (patient requests to do at OPS/GP) (n = 4)

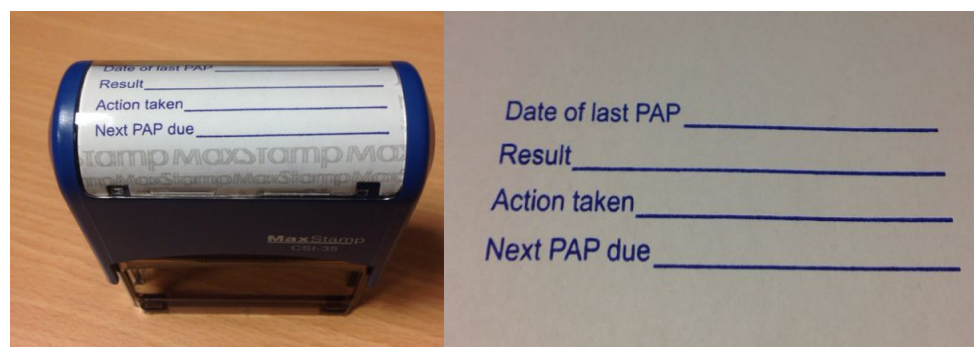
Why are abnormal smear results missed out or not followed up appropriately?



- Doctor's ignorance/wrong actions carried out (n = 3)
- Overlooked results (n = 3)
- Unsure of standardised protocol for management of abnormal PAP smears (n = 3)
- Patient defaulted (n = 6)
- Others (n = 1)

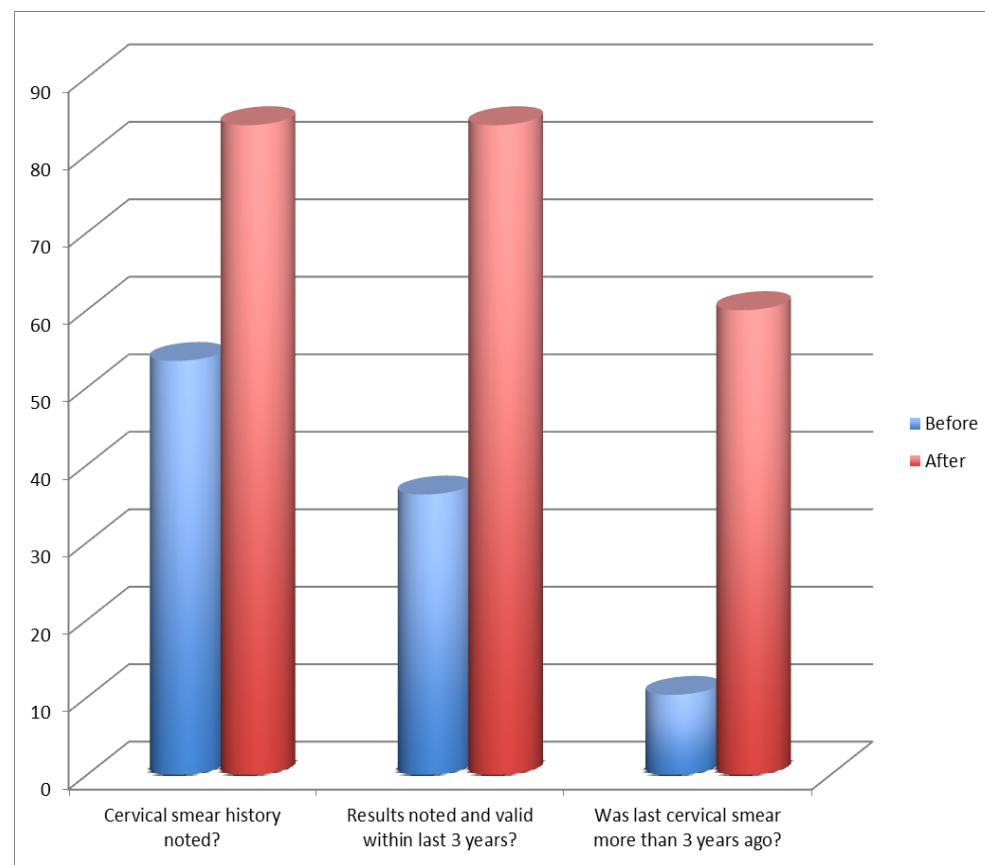
PDSA cycle 3

We designed a PAP smear stamp to serve as a reminder to comply with up-to-date smears.



The stamp is used at each gynaecological visit, whether new case or follow-up and doctors can be reminded to fill in the information accordingly. 62 case notes were audited randomly over 5 days.

Comparison of results from PDSA cycles 1 & 3



Results and conclusions

PDSA cycle 3 revealed that the PAP smear stamp improved compliance with the screening programme and ensured that correct actions were taken. Informal feedback from doctors and clinic assistants were also positive. Most felt that the stamp was easy to implement and did serve as a useful reminder. We feel that there is potential to increase the usage to across all outpatient settings. More time and planning needs to go into future projects to ensure adequate PDSA cycles and data collection for validity of results.