

IMPROVING ACCESS AND SCREENING FOR CERVICAL CANCER
IN THE UNDERSERVED
POPULATION

Lakisha Teschemaker

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Approved by:

Carolyn Hoskin, DNP, MSN, FNP-BC

Project Team Leader

Akina Alcime, MSN, RN-BC

Project Team Co-Leader

Wanda M. Williams, PhD, MSN, RN, WHNP-BC, CNE

DNP Program Director

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Dedication and Acknowledgments

I would like to thank my wonderful family for all their support throughout this journey. I would also like to thank my faculty advisor Dr. Hoskins and Akina Alcime senior nurse manager for all their guidance and support.

Abstract

Background: Cervical cancer continues to impact women annually with approximately 13,000 new cases of cervical cancer detected each year. Over the years, the incidence of cervical cancer has decreased. However, concerns about delayed screening can contribute to cervical cancer detection at a later stage. The impact of the COVID pandemic also led to delayed screening for cervical cancer in various healthcare settings, particularly among the underserved populations.

Purpose: The purpose of this project was to improve cervical cancer screening at an urban clinic in North Carolina. **Methods:** To carry out the project there was a collaboration with stakeholders at various levels in the clinic to implement methods to improve screening. The project aimed to prepare patients for an appointment and properly stock supplies before appointments. An educational tool was included to assist staff with answering questions regarding PAP smears.

Results: Results from the study were not statistically significant as there remained a decrease in PAP screening completion over the three-month timeframe. **Recommendations:**

Recommendations for future studies includes the implementation of a weekly or monthly women's health dedicated to completing PAP screening.

Background and Significance

The U.S. Preventative Services Task Force (USPSTF) initiative is to reduce the incidence of cervical cancer through Papanicolaou (PAP) testing (US Preventive Services Task Force, 2018). Although cervical cancer incidences have decreased over the years, ensuring proper screening remains one of the Healthy People 2030 objectives (*Healthy People*, 2023). Even with this initiative to improve screening, some populations may be unable to follow screening guidelines based on the USPSTF (2018) guidelines. According to the CDC there are approximately 13,000 new cases of cervical cancer detected each year. The goal is to ensure proper screening guidelines are followed to prevent incidences of cervical cancer. Depending on the patient's age and history, screening guidelines may vary. Cervical cancer screening remains an area of concern in healthcare, particularly the underserved population which includes low-income, minority women in urban areas, or women in rural areas. These women continue to face barriers that may limit their ability to follow proper screening guidelines. Reduced PAP screening can lead to improper follow-up and poor health outcomes if cervical cancer goes undetected (Akinlotan et al., 2017).

Over the years, the USPSTF (2018) has presented evidence supporting the importance of following screening guidelines to reduce the incidence of cervical cancer. In 2000, the death rates related to cervical cancer in the United States were 2.8 per 100,000. After the implementation of the updated screening guidelines, cervical cancer death rates reduced to 2.3 per 100,000 in 2012 (National Cancer Institute, n.d.). However, according to the Healthy People (2030) objectives, there is a decrease in the number of women that undergo screening especially among some populations.

Based on the National Health Interview Survey (NHIS) data from 2019 showed a higher number of overdue cervical cancer screenings in African American women, women living in rural areas, and women that were uninsured or receiving government assisted health insurance and limited access to care (Winstead, 2022). Insurance coverage can also be a barrier that affects follow-up and can limit access to proper care for many women. According to the USPSTF (2018), 23.1% of women without insurance have not received a PAP in the 5-year timeframe. The concern with delays in screening is that this can reduce the chances to detect cancer and early intervention.

The COVID-19 pandemic impacted various levels of health care including preventative screening. The Epic Health Research network collected data from 28 states for 5 months in 2020 and found that there was a drastic 95% drop in screening rates for cervical cancer during the pandemic. Early in the pandemic healthcare facilities were impacted in areas such as staff availability and available appointments for PAP screening (Wentzensen et al., 2021).

Purpose

The purpose of this project was to improve the rates of cervical cancer screening at an urban clinic located in North Carolina. The clinic offers income-based healthcare and lower healthcare costs for the uninsured and underinsured population. Many socioeconomic factors may limit access to annual women's health appointments. It remains necessary to implement interventions so that patients are scheduled, prepped and knowledgeable of the importance of completing cervical cancer screening prior to appointments. This project attempted to improve the rate of screening within a three-month timeframe for women due for PAP screening based on the current USPSTF guidelines.

Review of Current Evidence

The purpose of this literature review was to identify recent literature supporting the importance of improving cervical cancer screening for the underserved population. The aim was to find prior literature that addressed population needs, patient knowledge, potential barriers, and methods used to improve overall patient outcomes in meeting cervical cancer screening guidelines. The terms searched included cervical cancer, cervical cancer screening, PAP smear, Papanicolaou test, uninsured, knowledge, underserved and underinsured. The various databases searched included CINAHL, ProQuest, and PubMed. The inclusion search criteria included literature from 2017-2022 that was peer-reviewed, with access to the full text, and took place in the United States. Excluded from the search was non-English language literature. The number of articles identified based on the databases was CINAHL with 68 results, ProQuest with 41 results, and PubMed yielded 4 results. From the search, the 17 articles that specifically related to cervical cancer screening in the uninsured population were chosen for the review. The various study designs used include descriptive surveys, retrospective chart reviews, randomized control trials, retrospective cohort studies, and population-based studies.

To evaluate variables or factors that may impact a patient's ability to follow the USPSTF guidelines, it remains essential to find articles that address potential barriers such as knowledge, socioeconomics, and insurance status. Each health care organization uses different PAP screening guidelines for patients. The clinic where the project will take place follows the USPSTF guidelines. Therefore, literature focused on the USPSTF guidelines were chosen for the review.

Underserved Population

From the current state of knowledge based on population studies, it remains evident that the underserved population continues to have lower outcomes in following the current guidelines. Current literature concludes that there remains a need to fully address why the underserved population continues to face health disparities which could be related to barriers such as limited access to care and decreased knowledge of when to follow up (Dennis et al., 2021). Data from the NIH survey revealed that women were not aware that screening was needed and received no notification from their healthcare provider (Winstead, 2022). Data from the National Cancer Institute (2021) revealed that cervical cancer rates were higher in African American and Hispanic women, and the African American population has the highest mortality rate. The other women impacted included women living in rural areas, uninsured women, and those included in the LGBTQ+ community (Winstead, 2022). Considering the demographics of each population, it remains evident women may face barriers to care that limit their ability to follow screening guidelines (Suk et al., 2022).

Patient Awareness

The survey method is a common technique used in literature to gain insight into the patient's perspective about knowledge and potential barriers. Knowledge was an identified barrier in the study conducted by Akinlotan et al. (2017), as many participants were not aware of risk factors that can lead to cervical cancer. Another study used the survey questionnaire to determine patient knowledge of cervical cancer and looked at demographics and maternal input (Alafifi et al., 2019). Based on the study's results many participants who underwent PAP smear

testing had limited awareness and knowledge of the relation between Human Papillomavirus infection (HPV) and PAP smears (Alafifi et al., 2019).

The pre-and post-intervention survey is also a method used in previous studies. This method was utilized in studies to gain the participant's perspective of the use of technology for the promotion of PAP screening, cervical cancer knowledge and staff input on how to improve screening in the underserved population (Kiser & Butler, 2020; Le & Holt, 2018). However, one of the studies could not conclude if this intervention impacted cervical cancer screening (Le & Holt, 2018).

Locklar and Phuong (2021) used data from the Behavioral Risk Factor Surveillance System (BRFSS) national survey to compare cervical cancer screening rates in rural and urban areas. Data from the BRFSS survey and two other national surveys, The Health Information National Trends and Health Center patient survey, were also used in the study conducted by Harper et al. (2020). Findings revealed that using data from these surveys can assist in determining trends in cervical cancer screening rates among populations (Harper et al., 2020). Based on the studies data women in rural areas were less likely to undergo screening (Locklar & Phuong, 2021).

Other interventions used in literature to improve cervical cancer screening include the European Health Literacy Survey Questionnaire used to assess patient knowledge of cervical cancer (Galvin et al., 2021) The study concluded that health literacy impacted adherence to following screening guidelines. Factors such as health literacy, demographics, or lack of insurance can impact an individual's ability to follow screening guidelines (Galvin et al., 2021). Another method included a multi-intervention approach using education, navigation services to

assist patients with scheduling, and frequent reminders to assist patients having difficulty completing their PAP screening in the scheduled timeframe (Shokar et al., 2021).

Insurance Status

Lack of insurance was also a barrier identified in the Senkomago et al. (2021) study. Biddell et al. (2021) used a survey method to determine financial barriers patients may have. From the studies, it was evident that a decrease in screening among various populations had to do with a lack of insurance. Several studies reviewed the differences in screening for the uninsured population in comparison to the patient that was insured or underinsured (Biddell et al. 2021; Llanos et al. 2018; Saraiya et al. 2021; Tsui et al. 2019). Findings from each supporting literature provided evidence that lack of insurance can impact the ability to follow cervical cancer screening among underserved populations.

Garrido et al. (2018) and Tangka et al. (2020) discussed insurance changes after the Affordable Care Act (2010) (ACA) was implemented. Given the changes that occurred with the ACA, the goal was to see improvements in access to care. However, gaps remained after the implementation of the ACA and the number of women eligible to receive cervical cancer screening services from programs such as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) had decreased from 9.6% to 3.9% (Tangka et al., 2020). An identified cause for a decrease in screening that contributed to women who lose coverage was also due to income increase or gaining coverage for an ACA plan or the cost-sharing payment was removed from preventative services (Garrido et al., 2020; Tangka et al., 2020).

Jang et al. (2021) and Kenny et al. (2021) looked at other underserved populations at increased risk of not undergoing PAP smear screening including refugee, minority, and

immigrant women. Each study determined that decreased screening rates may also be due to limited access to health care or insurance (Jang et al., 2021). Suggestions were to provide additional information about screening locations and educational material to women among these populations (Kenny et al., 2021).

Insurance concerns continue to impact health care screening. Various studies reveal that poorer health outcomes are associated with a lack of insurance. According to the Behavioral Risk Factor Surveillance System (BRFSS) data from 2014, the PAP screening rate for insured women was 87.9% in comparison to 68.2% of uninsured women (Price et al., 2020). Even with the implementation of the ACA, there continues to be individuals without insurance or that are underinsured. Strengths noted through most of the literature were that patients with insurance are more likely to follow the current PAP screening guidelines (Suk et al., 2022).

Programs Funding Cervical Cancer Screening and Interventions

Programs to fund cervical cancer screening for the underserved population were allotted money to improve cervical cancer screening in populations in need. Some of the programs included were The Building Relationships and Initiatives Dedicated to Gaining Equality in Health Care Program (BRIDGE) and the Well Woman Check Program, which was an implementation tool used to see improvements in PAP screening in the clinic setting (Kiser & Butler, 2020; Price et al., 2020).

Various programs were initiated and evaluated data from nationally recognized programs to see if women that met the inclusion criteria were appropriately enrolled in the programs and underwent PAP screening. Some studies used data from state ran or nationally recognized funding programs like the New Jersey Cancer Education and Early Detection Program (Llanos et

al., 2018; Saraiya et al., 2021; Tsui et al., 2019). Kiser and Butler (2020) implemented same-day scheduling in an underserved clinic, which led to an increase in PAP screening of 87%, particularly in the Hispanic population which increased screening to 86%. Price et al. (2020) incorporated a student clinic that offered free PAP screening to women included in the BRIDGE program. Screening rates were higher than national screening averages as the BRIDGE program offered same-day scheduling or referral to gynecology to women who met the criteria to enroll in the program (Price et al., 2020).

Conceptual Framework

A conceptual framework to ensure changes across healthcare systems is The Health Belief Model. There are six areas included in the health belief model, each area is related to the individual's perspective. The areas include the individual's perceived risk of a disease, what they can do to reduce the risk associated with the disease, barriers they may face, the ability to accept health care recommendations, and the individuals ability to move forward with screening recommendations (LaMorte, n.d.)

The Health Belief Model was utilized in this DNP project to evaluate the various stages patients may face when making decisions about health care. Patients may be faced with evaluating the risk associated with cervical cancer and the benefits of following recommended screening guidelines. Providers can also use the concepts as a guide to evaluate behaviors and factors that can influence how a patient may view current screening guidelines for cervical cancer. Providers and staff can use the model to encourage patients hesitant to undergo screening by assisting them to make an informed decision about following screening guidelines.

Methods

The purpose of this project was to improve the rates of cervical cancer screening at an urban clinic located in North Carolina. The population of interest was underserved women due for cervical cancer screening based on the USPSTF (2018) guidelines used in the clinic. The population will include women who may be uninsured, have Medicaid insurance, or those on an income-based payment plan determined by the clinic's financial department. As this population continues to face healthcare deficits, there is a need to implement measures that can improve adherence to PAP smear screening guidelines. This QI project will further expand on intervention measures already utilized in the clinic. Currently the clinic schedules appointments before patients leave the clinic and sends appointment reminders. The project will assist with preparing patients for PAP smears before appointments by providing staff with a knowledge tool to use during scheduling or at the patients' appointments. The time frame for this project is three months.

Design

The DNP project used a quality improvement (QI) design. The quality improvement design was suitable for the project as the purpose was to determine if PAP screening metrics improved over time with intervention. This project design was also used to implement various methods to reach the project aims to prepare patients for PAP screening before appointments.

Translational Framework

The translational framework that guided the QI project was the Plan-Do-Study-Act. The plan involved communication with stakeholders biweekly regarding the status of PAP smear completion based on interventions, and the data was collected using the population report. The

do action was to implement the knowledge tool, appointment reminders, preparing patients ahead of appointments, and prompt scheduling for the PAPs. The study part of the cycle included evaluating monthly reports to determine if the clinic's metrics improved. The act portion was used to identify which actions worked well to improve cervical cancer screening in the underserved population.

Population

The focus population included female patients 21 to 65 years at an underserved clinic in North Carolina. The inclusion criteria involved patients due for a routine PAP smear screening. Patients needing a repeat PAP or with a history of abnormal PAP were referred to the OBGYN clinic in the same facility and excluded from the project. Other exclusion criteria included women who underwent removal of their cervix, were less than 21 years old or were greater than 65 years old.

Setting

The QI project occurred at an urban clinic that offers health care for an underserved population. The clinic is part of a not-for-profit public healthcare organization that provides services and resources for many individuals. One resource the clinic offers is PAP screening, and the clinic where the QI project was implemented can see up to 90 patients daily. Based on provider availability there may be a total of 5-9 providers working each day. Depending on the daily schedule, 1 to 3 physicals in a day may require PAP screening.

Project Implementation

The stakeholders involved in the project at the start of implementation included the nurse manager and a provider in the clinic. Other stakeholders involved with the implementation of the

project included the nurse supervisor, administrative staff, and nursing staff. The interventions chosen for the project were an educational tool, scheduling patients in advance for the women's health clinic or annual exam, reminding patients of the need for PAP screening before appointments, and stocking PAP carts with supplies (see Appendix A). The first intervention of providing an educational tool was chosen as a quick guide for staff to use if questions occur during scheduling. Another intervention was to schedule patients for PAP screening in advance to see if this would improve show rates, and another intervention was to improve workflow by having PAP carts fully stocked with supplies before appointments.

Actions taken/ resources used to implement plan

An education tool was created using the information provided by the CDC website (see Appendix F). The tool was available to administrative and nursing staff and shared electronically by the nurse manager. Based on the need to improve screening metrics in the clinic, the goal was to prepare patients in advance for their upcoming appointments. Administrative staff utilized a population report to call and schedule patients due for a PAP for the women's health clinic or during their annual appointments before leaving the clinic. To improve the workflow, a meeting with nursing staff occurred to review the supplies needed to stock PAP carts.

IRB Approval

Institutional Review Board (IRB) approval was received from the University of North Carolina at Greensboro and the IRB review board for the clinic's organization. Data provided by the clinic included aggregate data, and individual patient information was not included in the data metric reports. This data was only accessed through the secure email system. The population

reports were also accessed through the organization's secure email system and were password protected.

Steps implemented

The QI project followed up with the manager biweekly. This follow-up was completed to review if the population reports showed that PAP screening was scheduled or rescheduled if an appointment was missed. The educational material contained the updated information referenced from the CDC website and was made available to all staff responsible for scheduling and preparing patients for PAP screening. This educational tool was shared with all staff using the clinics database. This educational intervention was chosen as studies continued to address the need to provide knowledge discussing PAP screening in the underserved population. The goal was that staff had this information available electronically if questions occurred while calling patients to confirm and prep patients for appointments. The nursing staff also had access to the documents through the organization's document-sharing website to be printed out and given to patients during their appointment.

Other interventions involved improvement in stocking and preparing PAP carts daily in the clinic so that the carts were ready when patients arrived at their appointments. With the support of the stakeholders in the clinic, staff received education on properly stocking PAP carts and preparing lab specimens, as this was an identified barrier in the clinic. This was implemented to avoid delay in screening by having PAP carts set up and each patient placed in a gown before the provider enters the room at the start of their appointment. Visual diagrams of the items to be placed in each PAP cart were also created and placed on each PAP cart as a reference.

How data were collected

Data from the PAP smear screening metric report were obtained through the organization's performance improvement coordinator by secure email. The data reports include the target PAP monthly screening percentage and the monthly metric. This data was obtained through a password-protected email and password-protected excel sheet. Data included in the clinic's population report detailed the staff's attempts to schedule PAP smear testing.

Data Analysis

Given that PAP screening metrics declined due to the increase in virtual visits during the pandemic and the loss of the monthly women's health clinic since January 2022 due to limited staffing, the clinic was 21.41 % below the target goal. In April 2022, the clinic saw a further decline and was below 23.41% of the target goal. Given the decline at the start of spring, the goal was that at the start of the project implementation in August, the clinic would begin to see improvements in the monthly PAP screening metrics for August through November 2022. The quantitative data analysis plan included collecting the PAP screening data metrics and reviewing the clinic's population report for three months. For the data analysis, an excel spreadsheet was used to show differences in PAP screening metrics during the project implementation. Data for August-November are included in the excel spreadsheet, and the graph provides a visual representation of the data changes in the project over the three months.

Results

Evaluate Outcomes

For the project, meetings occurred with the clinic manager. There were also two providers, administrative staff, and nursing staff involved in carrying out the project. The data

metrics reports include aggregate data for all patients in the clinic due for a PAP. Excel spreadsheets were utilized to visually represent the changes in the PAP screening over the project's three-month timeframe (see Appendix B and Appendix C). From August to September, there was a 1.1% increase in PAP screening. However, there was only a slight increase in PAP screening of 0.40% from September to October. Since there was only a slight increase in the clinic's metrics additional interventions were added to the project. However, even with the implementation of further intervention, the results for November remained low. Results from November showed a 1.0% percent decrease in PAP screening in the clinic.

To determine if PAP cart preparation, calls made to schedule PAP screening, and using the project's education tool improved monthly metrics, the population data report was evaluated monthly to determine how many patients were screened in the office along with reasons patients may not undergo PAP screening in the scheduled time frame. Results from this report showed barriers that delay screening. Some barriers include complex patients that were unable to have screening performed during an appointment, others who chose not to schedule an appointment, some who prefer to delay screening, and individuals who were unable to be reached by administrative staff after multiple attempts. Based on this report, only a few patients showed knowledge as a barrier to delaying PAP screening. Tables and Figures were created to visually represent any changes in barriers that impacted PAP screening appointments during the project implementation (see Appendix D and Appendix E).

The PAP screening data from August 2022-November 2022 was reviewed with stakeholders in the clinic. The project remained focused on improving PAP screening in the underserved population, and no changes were made regarding the focused population. Data collection occurred about every two weeks. Results from the study were not statistically

significant as there remained a decrease in PAP screening completion over the three-month timeframe.

Based on feedback from the nurse manager and providers in the clinic, the most impactful project interventions included the preparation of the PAP carts and visual inserts that represented items in the carts. This tool was used to improve the workflow in the clinic so that PAP carts were stocked, and patients were prepped and ready to have their PAP completed during their appointment time. The nurse manager also revealed that even with the interventions the clinic still had difficulty completing all PAP smear screenings. Considering the patient's complex health history, she noticed that even with preparation, some patients still chose to focus on other areas of their health during that appointment instead of completing PAP screening. Stakeholders in the clinic also discussed that it was difficult to track how often the project's educational tool was used or if it impacted the results.

Barriers to Success

Since the implementation of the project, many unforeseen circumstances occurred and impacted the project. Due to limited funding, the project could not provide an incentive to encourage patient participation. The monthly women's health clinic in place to improve PAP screening was also closed due to poor show rates and limited staffing. Another barrier included a delay in the start of the project while awaiting IRB approval from the clinic.

Strengths to overcome the barriers

Due to the circumstances, additional interventions were implemented to determine if the project would improve PAP screening. The decision was made to properly stock PAP carts and use a visual insert representing all items to include in the carts to decrease the delay in PAP

screening during appointments. After the implementation of the visual inserts, there were improvements in results in October.

Discussion

The purpose of this project was to improve cervical cancer screening at an underserved clinic in North Carolina. After meeting with the stakeholders in the clinic it was determined that improvements in the workflow were needed. Therefore, after a month of implementation, the added intervention of stocking PAP carts and making inserts of the items in the PAP cart was suggested by stakeholders. This discussion occurred after reviewing the patient call log and noticing that many patients in August and September came in for their appointments but did not have a PAP smear completed during the appointment. Considering the demographics and potential barriers, many patients came into their appointments but, due to their complex health history did not complete PAP screening or requested that the screening be delayed.

Other key findings in the project were that the initial intervention of providing an educational tool was not enough to see results within the project implementation. This could be related to the loss of the women's health clinic, where patients would come to appointment specifically for PAP smear screening and where the educational tool could have been reviewed. As referenced in studies completed by Akinlotan et al. (2017) knowledge is a potential barrier to patients following screening guidelines however, there has been difficulty in determining if providing an education tool could impact cervical cancer screening (Le & Holt, 2018). The project intended to use the tool in a way that would improve the overall cervical cancer screening during the project implementation. However, similar to past studies, this data was difficult to measure.

Funding was not a concern with individuals in the clinic, as the clinic is specific to treating patients in the underserved population. After discussion with the stakeholders, an identified barrier was that when many patients arrived at their appointment, they remained focused on other complex health conditions taking the focus away from completing the PAP screening. Other literature implemented specific dates when patients were only seen for PAP screening (Kiser & Butler, 2020). In this case, it would have been beneficial to have the monthly women's health clinic focus on PAP smear screening only. However, due to limited staffing and poor show rates, this monthly women's health clinic was canceled before the implementation of the project.

The conceptual framework used to guide the project was the health belief model. This model allows the patient to go through several steps when evaluating care and treatment. Concerning the project, patients could determine if they would undergo PAP smear screening during appointments after various calls from staff and preparation before their appointments. However, even after the project's interventions, some women decided against screening even when prepped before appointments. Based on the HBM, it is important to evaluate other causes that may impact a patient's decision to receive screening including if screening is a priority even with receiving education about the perceived risk. The project took many steps to inform patients about PAP screening. However, some patients may face barriers and choose to decline health care recommendations and screening.

The translational framework The Plan-Do-Study-Act was also used to guide the implementation of the project. The plan to improve PAP screening remained the same. Changes occurred in the do action after initiation of the study due to limited results and other interventions were included. The study action was to evaluate the interventions used. The act portion was to

continue to prep patients prior to appointments, stock PAP carts and provide a visual reference of all the supplies included in the cart.

Conclusion

Recommendations for future projects that involve increasing cervical cancer screening in the underserved population would be to provide an incentive to patients who complete PAP screening during the project's timeframe. Another suggestion would be to have a designated day and time for PAP screening. This could be beneficial for future project implementation and would allow the focus to remain on PAP smear screening and more use of the educational tool.

Also, consider starting the project before the holiday months, as there was a decrease in staffing which could impact the project results. For the dissemination of the project's results, it would be beneficial for the clinic site to share some interventions used for this project on the organization's employee site, so similar settings will have access to methods to implement. This information could also be shared with other leaders in similar settings outside of the organization. The efforts of this QI project were to improve PAP screening. Even with all the efforts, there was no statistically significant change in the results. To see an improvement in results, there remains the need to determine ways to motivate patients with limited access to care or who choose to delay screening due to other health concerns.

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Appendix A:**Timeline and critical milestones**

Table 1

August 2022	<ul style="list-style-type: none"> -Provided staff education on PAP carts and updating PAP screening completion of PAP screening in chart -staff given access to education tool -Collection of initial data metrics
September 2022	<ul style="list-style-type: none"> -Every 2 weeks check in with stakeholders to determine if tool is useful and if any changes were needed -Collect monthly metrics and review population report -Assisted with PAP cart preparation
October	<ul style="list-style-type: none"> -Every 2 weeks check in with stakeholders to determine if tool is useful and if any changes were needed -Collect monthly data metrics and review population report -Continue to monitor PAP carts, visual diagram created with cart items to place on carts and ensure they are stocked correctly
November	<ul style="list-style-type: none"> Every 2 weeks check in with stakeholders to determine if tool is useful and if any changes were needed -Collect monthly metrics and review population report

Appendix B:
PAP Screening Metrics

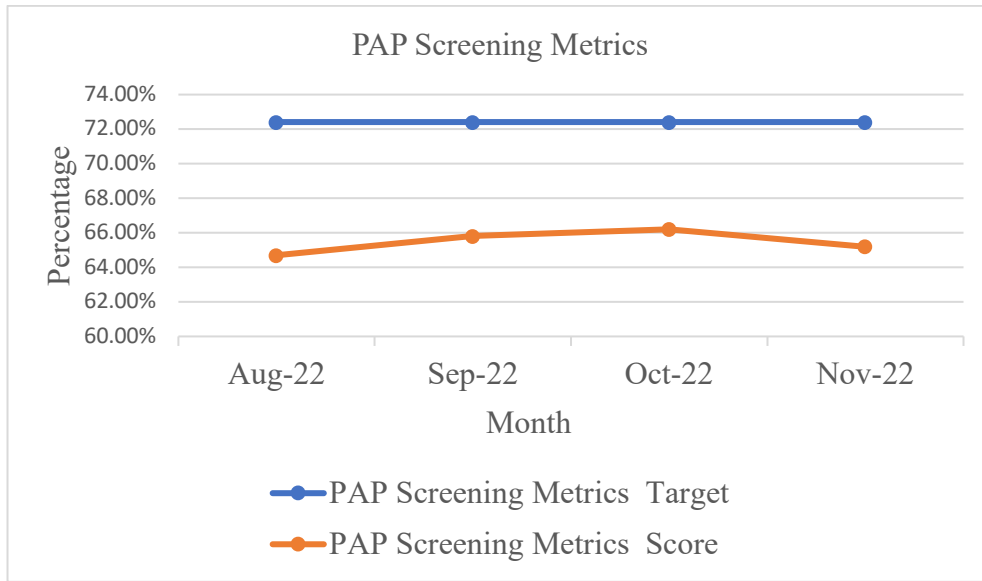
Table 2

PAP Screening Metrics		
Month	Target	Score
Aug-22	72.41%	64.70%
Sep-22	72.41%	65.80%
Oct-22	72.41%	66.20%
Nov-22	72.41%	65.20%

Appendix C:

PAP Screening Metrics Graph

Figure 1



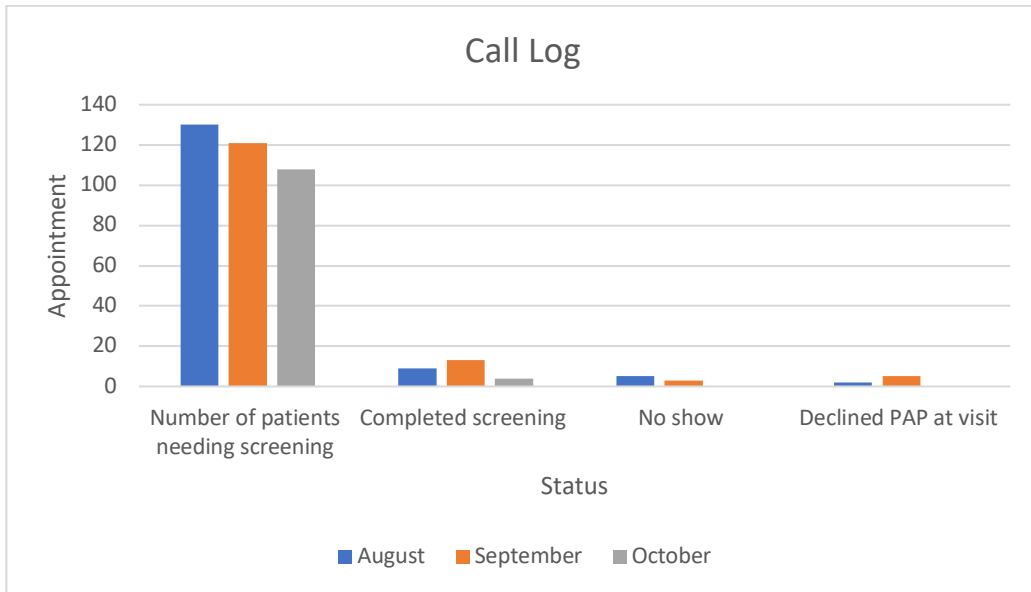
Appendix D:
Call Log Attempts

Table 3

Patients due for PAP August 2022-October 2022	August	September	October
Number of patients needing screening	130	121	108
Completed screening	9	13	4
No show	5	3	0
Declined PAP at visit	2	5	0
Declined screening/ unable to reach /PAP scheduled with OBGYN	114	100	104

Appendix E:
Call Log Graph

Figure 2



Appendix F:
Educational Tool

Fast Facts about PAP Screening:

Why screening is important?

- PAP screening helps to detect abnormal cells that can lead to cervical cancer if not properly treated.
- If needed HPV testing will also be completed to monitor for the virus that can cause abnormal cells

When can I complete the screening?

- Screening can be completed during your annual visit with your primary care provider or during the women's health clinic.

How to prepare for my exam?

- Before the exam, you should avoid sex, tampon use, douching, and creams that may affect the test results.

When will I receive my results?

- Your results can take up to three weeks before they are available. For any abnormal results, your provider will contact you at your preferred method of contact.

Centers for Disease Control and Prevention (2021)