IMPROVING ACCESS AND SCREENING FOR CERVICAL CANCER IN THE UNDERSERVED POPULATION

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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 underserved population.

• 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.

BACKGROUND

• Based on the National Health Interview Survey (NIH) 2019 data overdue cervical cancer screenings was higher in women in the underserved population.

• The USPSTF (2018) report concluded that 23.1% of women without insurance had not received a PAP in the 5-year timeframe.

• The Epic Health Research network data from 28 states for 5 months in 2020 and found that the screening rate for cervical cancer declined to 94% during the COVID 19 pandemic.

METHOD

Plan

The plan action involved communication with stakeholders biweekly regarding the status of PAP smear completion based on interventions.

Do

The do action was to implement the knowledge tool, appointment reminders, preparing patients ahead of appointments, and prompt scheduling for the PAPs.

Study

The study action involved the review of monthly reports were evaluated to determine if the clinic's metrics improved.

Act

The act portion was used to identify which actions worked well to improve cervical cancer screening in the underserved population.

RESULTS

PAP SCREENING METRICS

<table>
<thead>
<tr>
<th>Month</th>
<th>Precent</th>
</tr>
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<tbody>
<tr>
<td>August</td>
<td>80%</td>
</tr>
<tr>
<td>September</td>
<td>70%</td>
</tr>
<tr>
<td>October</td>
<td>60%</td>
</tr>
<tr>
<td>November</td>
<td>70%</td>
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</tbody>
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DISCUSSION

• Results from the study were not statistically significant.

• Preparing patients, PAP carts, and use of the visual tool improved results.

• Loss of the women’s health clinic due to limited staffing and patient participation was a limitation.

CONCLUSION

• Even with interventions patients arrived to appointments but decline screening to focus on other health concerns.

• A designated day and time for PAP screening could be beneficial for future project implementation.

• Determining if the knowledge tool was a successful intervention was difficult to measure.

REFERENCES