A Microsystems Approach to Assessing Ambulatory Colposcopy: Addressing Patient Satisfaction, Quality, & Safety

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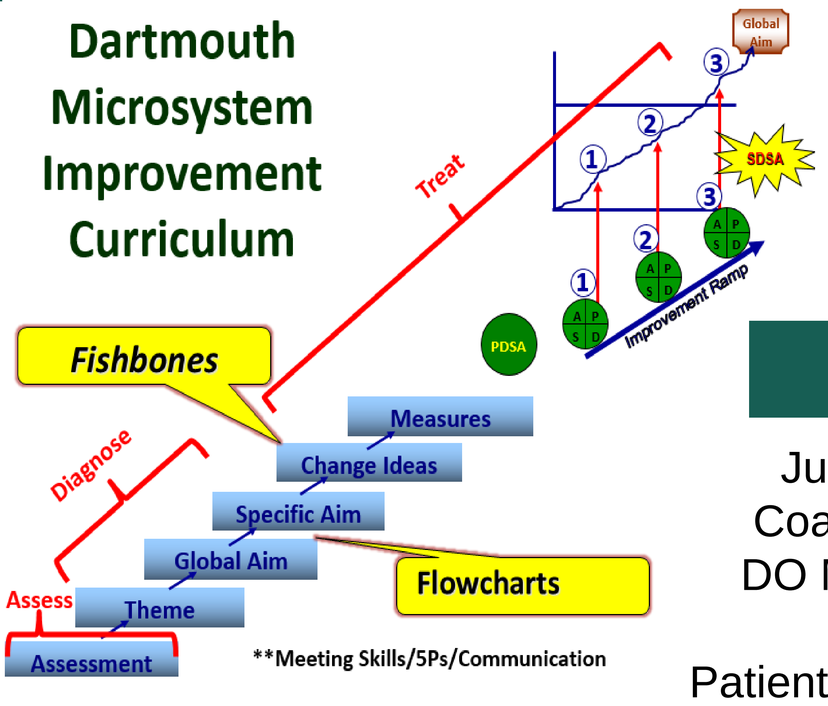
Background

Colposcopy is the diagnostic step that occurs after an abnormal cervical cancer screening. Because it is an office procedure, safety measures such as timeouts and checklists may not be performed. At Dartmouth-Hitchcock Medical Center, we measured deficits in patient experience and found opportunities to enhance quality and safety. We used a microsystems analysis to diagnose problems and identify change ideas.



Global Aim

To enhance the quality and safety for in-office colposcopy and improve the patient experience at all phases of patient care.

Project Team

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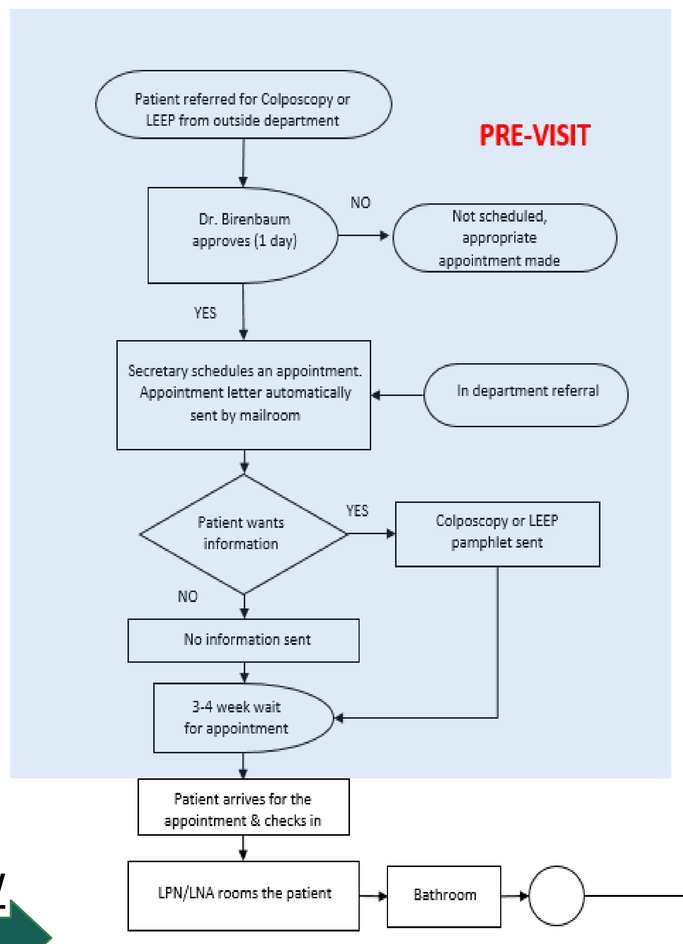
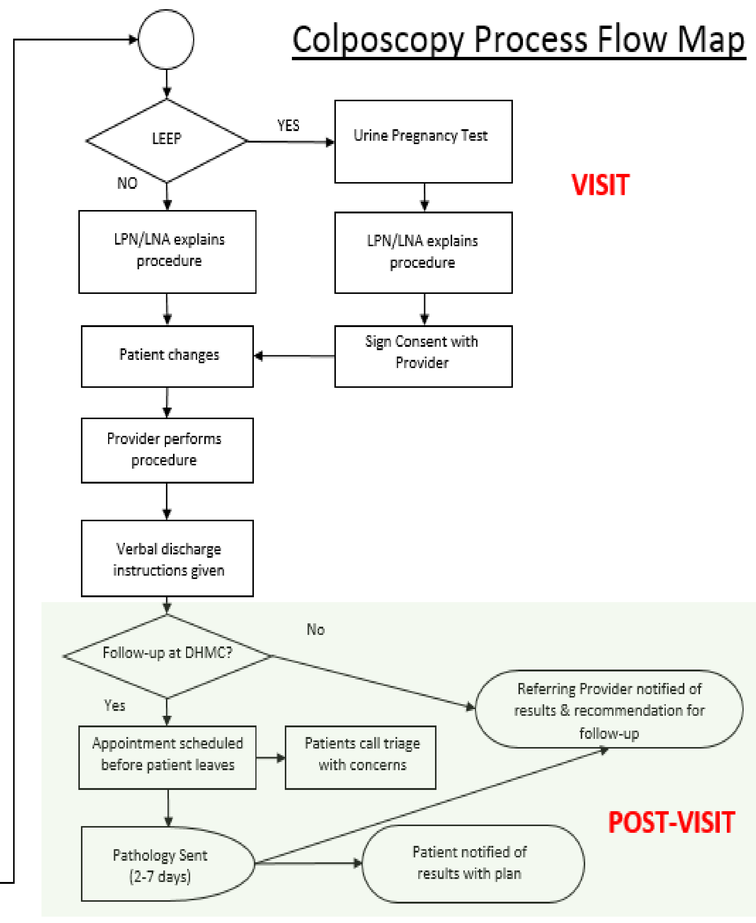
Patient Reps: Anna Berez, Christina VanderClute
Coach: Alicia Zbehlik MD MPH

Assessment and Problem Diagnosis

Ambulatory Colposcopy Background (2016-2017)

- ~430 procedures/year in gynecology clinic
- 35% referrals from outside Ob-Gyn
- 4 Providers perform all procedures
- Checklist in EMR not utilized
- Variation in contacting patients with results and documenting plan
- Of 30 charts, none had 100% of the ASCCP colposcopy quality standards elements





Assemble Multi-Disciplinary Team including: Schedulers, Nurses, Providers, Patients

Evaluated Clinic Flow

Interviewed & Surveyed Patients and Staff

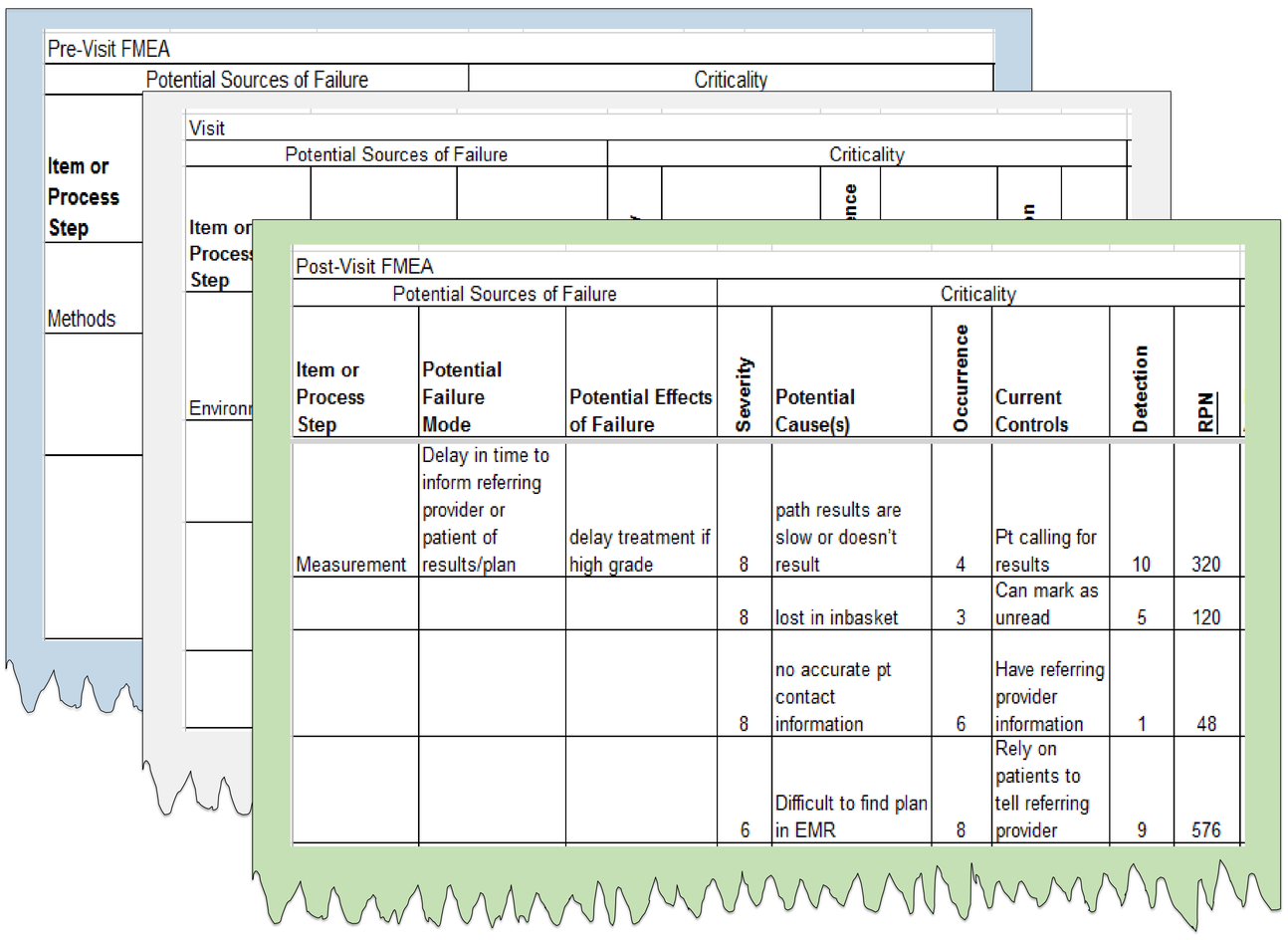
Patients (n=92):

- 25% received information prior to their appointment
- 50% had a prior colposcopy
- 58% rated their pre-procedure nervousness ≥3 of 5
- 97% were told the purpose of the appointment prior to arrival

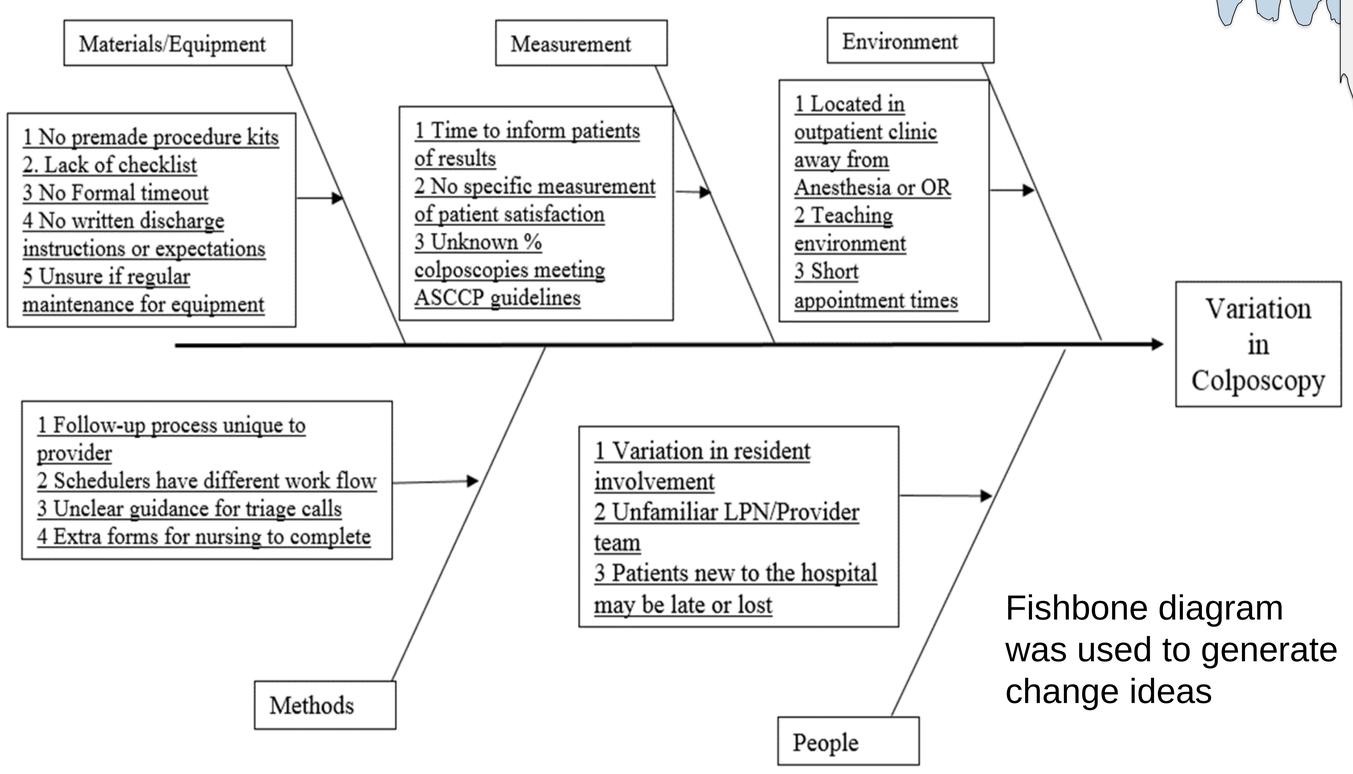
Staff (n=4-12):

- Majority of schedulers lacked confidence in answering patient questions some of the time.
- Providers worried that high risk patients were being lost to follow-up with current system
- Nurse discomfort managing post-procedure questions

Three areas of focus identified and analyzed with Failure Modes Effect Analysis



Change Ideas



Fishbone diagram was used to generate change ideas

Specific Aims

1. Provide colposcopy visit-related information to patients 100% of the time by January 2019.
2. Communicate 100% of final pathology and plan notes to referring providers by January 2019.
3. Apply ASCCP colposcopy quality standards to 100% of colposcopic documentation in the DHMC Ob-Gyn benign clinic by January 2019.