

Implementation of Same-day Cervical Cancer and Chlamydia Screening In a University Clinic Setting

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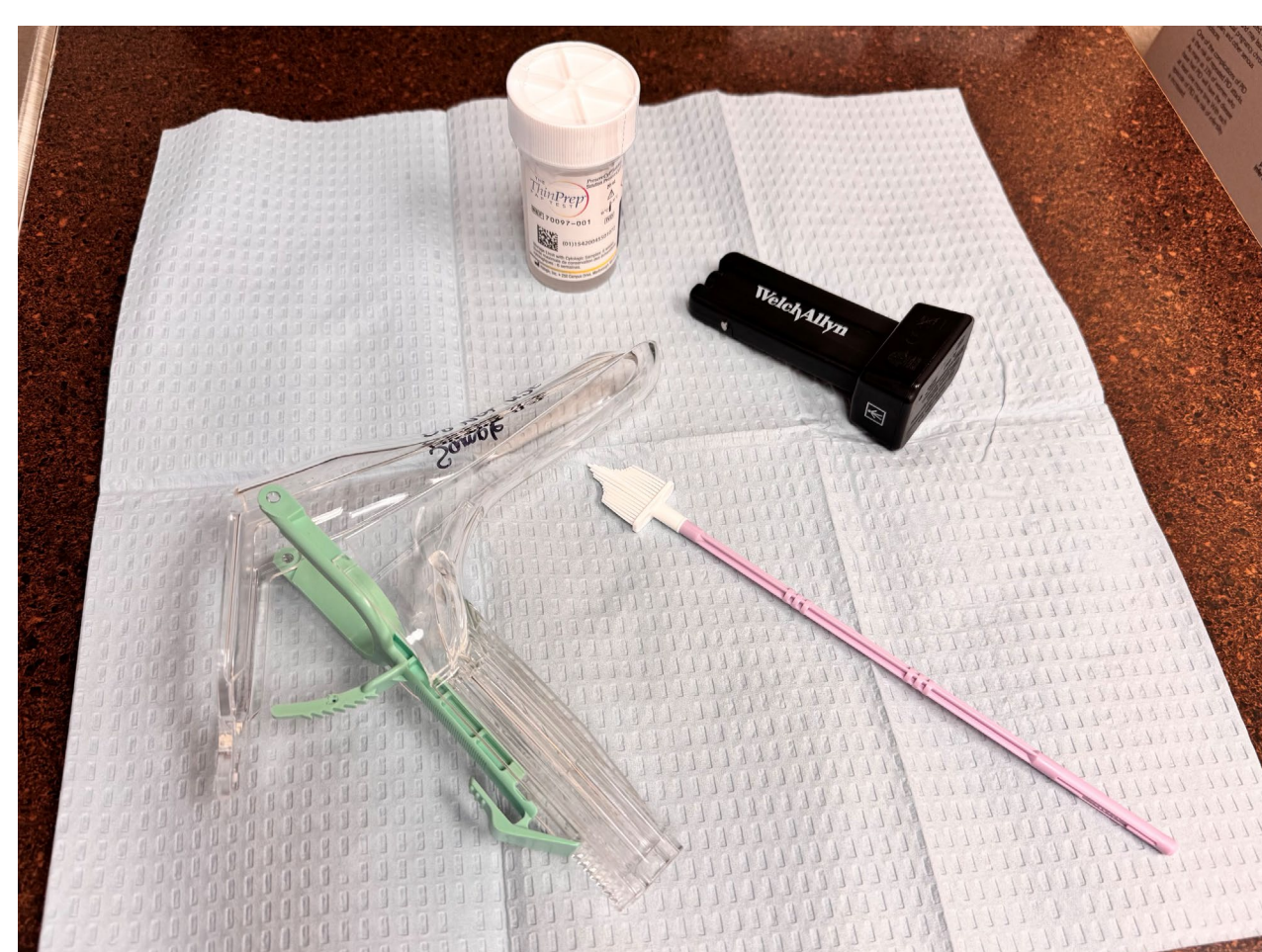
BACKGROUND

This project was implemented at a university-based health center in the Rio Grande Valley (RGV) of Texas with a student population of 31,559. Female students comprise 60.3% of the total population.

Salcedo et al., (2023) write that the Rio Grande Valley has cervical cancer incidence and mortality rates approximately 25% higher than the rest of the state and 55% higher compared with the rest of the US. The RGV is a medically underserved community with no public hospital, with 30% of the population living below the poverty line and approximately 40% having no health insurance (Salcedo et al., 2023). University students have access to no-cost medical visits and low-cost testing while enrolled.

Facilitating access to these screenings is an intervention that can improve the health of the community.

In the university-based clinic, cervical cancer and chlamydia screening status are reviewed at each visit as part of addressing care caps. Standard procedure for those identified as needing screening is to schedule them for an appointment to complete these screenings. It was observed that students missed or failed to schedule these appointments, resulting in failed opportunities to update screening while the student was in the clinic.



PURPOSE AND HYPOTHESIS

The purpose of this quality improvement project was to implement an education session for staff, with the development of a screening questionnaire, and offer same-day screening. By offering same-day screening in a university student health center, it was hypothesized that the rates of up-to-date cervical cancer and chlamydia screening would increase.

MATERIALS AND METHODS

Development

After discussion with clinical staff and administration, it was determined that a solution for increasing the capture of cervical cancer and chlamydia screening at non-gynecologic visits was a priority. A screening questionnaire was designed to be used at check-in to collect data and determine eligibility to participate in the project. This questionnaire was given to every female patient at check-in and then reviewed by the staff member who performed the intake.

Education

Staff members attended a 1-hour education session to learn their roles and expectations regarding project implementation. They were given ample time for questions and, during the project, the primary investigator intermittently rounded with staff and was available for questions or clarification.

Implementation

- Project ran for 12 weeks, 11/2023 through 2/2024.
- All exam rooms were set up for collection.
- Patients scheduled for non gynecologic visits were eligible to participate in same day screening if they were not up to date on screening and did not report a vaginal complaint during intake screening.
- Pt counseled on eligibility and educated on implications for screening and then given the opportunity to participate in the same-day screening project. Data was also collected on the reported up-to-date cervical cancer and chlamydia screening information that patients provided.



RESULTS

During the twelve-week study period, 252 questionnaires were distributed, and 11 patients declined to participate. Participants eligible for same-day cervical cancer screening was 144. Of the eligible patients, 59% either accepted screening or provided up-to-date cervical cancer results. Participants eligible for the same-day chlamydia screening were 160. Of the eligible patients, 55% either accepted the same-day screening or provided up-to-date results. Post-project up-to-date cervical cancer screening rates were 37.5% up from 21.5% pre-project. This is a 16% increase in up-to-date cervical cancer screening. Post-project up-to-date chlamydia screenings were 36%, down from 40%. While chlamydia screening did fall below pre-project rates, the rate of cervical cancer screening increased by 16%.

	Pre Project	Post Project	% Change
Cervical Cancer Screening	21.5%	37.5%	+16%
Chlamydia Screening	40%	36%	-4%

CONCLUSIONS

Implementation of a screening questionnaire aimed at improving up-to-date cervical cancer screenings, when combined with the offering of same-day screening, helps improve rates of up-to-date screenings being captured. This helps improve patients' overall health and quality improvement measures for reimbursement purposes. More study is needed to determine the efficacy of same-day screening on chlamydia screening rates.

References

