Addressing pandemic backlog: Nurse Practitioner-led Pap Teaching Clinics

Lauren Scott, MN, NP-PHC1,2; Jessica Bawden, MScN, NP-PHC1,2; Courtney May, MN, NP-PHC1; Erin Coghlan, MN, NP-PHC1; Sara Smith, RPN student; Lara Vinokur Jeinson, RPN student; Nicole Bourgeois, MSc RD1,2

1Women’s College Hospital, Toronto; 2Department of Family and Community Medicine, University of Toronto; 3Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

Contact: lauren.scott@wchospital.ca

BACKGROUND

- The Women’s College Family Practice Health Centre (FPHC) is an Academic Family Health Team, with a focus on teaching family medicine residents and health disciplines learners
- Pandemic-related reductions in in-person health services has resulted in a 40% increase in the number of patients with overdue Pap tests in our practice (~4500 patients due)
- Pap tests are within the scope of family physicians, nurse practitioners (NPs), as well as nurses working under a medical directive (RNs and RPNs)
- Recent recommendations have reduced the interval and delayed age at which to get cervical cancer screening. This, as well as interruptions in clerkship/training put family medicine residents and nurse practitioner students at risk of limited opportunity to consolidate this skill

AIM

- Initiate NP-led Pap Test Teaching clinics to: 1) support patients in catching up on their cervical cancer screening, 2) build capacity of learners in performing Pap tests
- Goal to reduce the number of overdue Paps by 450 tests (about 10% reduction) over 6 months, by holding a minimum of 2 teaching clinics/week

PROGRAM DESCRIPTION

- Identify number of overdue Paps at baseline, and date of last Pap
- To patients with email addresses and consent on file
- Information on the Pap test, and invitation to call and book (at a Pap clinic or with their provider)
- Phone outreach to patients without email and those most overdue
- Chart review of all patients booked – identify additional gaps (FIT tests, mammograms)
- NP supervised Pap clinics (family medicine clerks and residents, NP students, RPN students)

MEASURES

- Process measures:
  - Number of clinics held; Number and type of learners participating
  - Number of patients: 1) sent an email invite, or 2) receiving an outreach call
- Outcome measures
  - Number of patients getting cervical screening (Pap tests)
  - Number of additional/opportunistic women’s health services offered at the clinics

RESULTS

4500 Patients overdue for Pap tests

63% (n=2579) sent an email invite
10% (n=513) received an outreach call
2% (n=80) identified as transferred

Over 6 months:
- 46 clinics held
- 26 medical learners (residents and clerks), 2 NP students, 2 RPNs students

After 6 months:
- 504 Pap tests performed at Clinics (7% requiring follow-up)
- 60 IUD insertions, 6 endometrial biopsies
- Counseled on and offered Gardasil prescriptions to 57 patients

DISCUSSION & LESSONS LEARNED

- NP-led Pap test teaching clinics are a feasible model to support filling pandemic-related preventative care gaps. They are also a promising model in filling learning gaps for healthcare learners impacted by pandemic reductions in services.
- These clinics provide a unique learning opportunity where learners with a wide range of scopes (RPN, RN, NP, clerks, residents) can learn to perform Paps independently, alongside each other. Training a wide range of professionals can help build capacity in the healthcare workforce for Pap tests in future.
- Email outreach is a simple approach to reach many patients. Phone outreach, while valuable in reaching some patients, is not feasible long term. Similarly, we have insufficient resources to continue chart reviews of booked patients to arrange mammograms/FIT tests in advance.
- Despite the success of these clinics, additional strategies will be needed to manage significant pandemic-related backlogs.

LEARNER FEEDBACK

- “…such a rich experience as a learner. In addition to the skills I was able to expand upon, the team was inclusive, supportive, and pushed us to challenge ourselves all while prioritizing the patient’s experience.”
- “…not only helped me improve my nursing skills, but helped me grow personally and professionally.”

NEXT STEPS

- Our team plans to continue the clinics, and assess capacity to continue and scale up as needed
- A formal evaluation is planned to explore the unique interprofessional learning environment

ACKNOWLEDGMENTS

Supported by the Toronto Central Regional Cancer Program Quality Improvement Project (QIPs) Initiative