# Ensuring Appropriate Abnormal Breast and Pap Smear Follow-up Utilizing the Tickler/Tracking System

**Satellite Conference and Live Webcast**
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## Purpose of This Presentation

- The purpose of this presentation is to ensure the participants will understand:

  - The ADPH requirements of abnormal breast and Pap smear follow - up

  - The importance of correctly using the tickler follow - up / tracking system to reduce risk of improper follow - up and provide safe, high quality patient care

## Purpose of This Presentation

  - How to utilize the CHR - 1 to assist with ensuring anyone opening the CHR of a patient with a result requiring follow - up, will be alerted to check on the status of any abnormal finding and the follow - up process

## Normal CBE and Mammogram and / or Ultrasound Results

- Follow - up/tracking requirements for normal CBE patients and screening mammogram with the following results:

  - BI - RADS 0 = This is an inconclusive test result requiring follow - up diagnostic studies as directed by radiologist on this report

## Normal CBE and Mammogram and / or Ultrasound Results

- A Tickler card must be started for follow - up/tracking until a BI-RADS 0 result is resolved

  - BI - RADS 1 = negative finding and no follow - up is required

  - BI - RADS 2 = negative finding and no follow - up is required

## Normal CBE and Mammogram and / or Ultrasound Results

- Follow - up requirements for patients with a normal CBE and screening mammogram with the following results:

  - BI - RADS 3 = Follow-up studies are required as directed by radiologist on this report (usually either 3 or 6 months from the date of this report)

    - The patient must be notified of this

## Normal CBE and Mammogram and / or Ultrasound Results

  - BI - RADS 4 or 5 = Automatic surgical referral is required ASAP upon receipt of results

## Normal CBE with Abnormal Mammogram and / or Ultrasound

- A tickler card must be started and placed in the follow – up/tracking system for all of the following Mammogram and / or Ultrasound results listed below:

  - BI - RADS 0*, 3, 4, and 5

## Normal CBE with Abnormal Mammogram and / or Ultrasound

- * If the follow - up study (diagnostic mammogram and / or ultrasound) after the BIRADS 0, results in a BI - RADS 1 or 2, no further follow - up is needed

- The tickler card can be closed

## Normal CBE with Abnormal Mammogram and / or Ultrasound

- A tickler card must be started and placed in the follow - up/tracking system for:

  - Results of all BI - RADS 3, 4, 5 and results must be sent to the Central Office for the Collaborating Physicians review.

## Normal CBE with Abnormal Mammogram and / or Ultrasound

- Other info required to be sent for Central Office review includes:

    - Latest CBE results and family history (BI - RADS 3, 4, 5 results)

    - Surgeon's plan of care and pathology report (BI - RADS 4 and 5 results)

## Normal CBE with Abnormal Mammogram and / or Ultrasound

- If a previous BI - RADS 3 reverts to a BI - RADS 1 or 2 result at follow - up, this result must also be sent to the Central Office for review until the follow - up is closed

## Abnormal CBE

- A Clinical Breast Exam (CBE) determined by the Nurse Practitioner's (NP) clinical discretion/judgment to be abnormal requires:
  – Immediate surgical referral / evaluation utilizing the ADPH referral form (CHR 5)
  – Diagnostic Ultrasound for < 30 yo and Diagnostic Mammogram for ≥ 30 yo

## Abnormal CBE

- Tickler card must be started for on any abnormal CBE referred to a surgeon for tracking/follow - up purposes

## Abnormal CBE

- Send ASAP upon receipt to the Central Office for Collaborating Physician review:
  – CBE results and family history
  – Surgical evaluation plan of care, any test results including: mammogram and / or ultrasound reports, pathology reports (if done)
  – ALL progress notes related to this issue

## MRI Recommendation on a Mammogram and / or Ultrasound Result

- Women eligible for the ABCCED Program must be evaluated by a surgeon to have an MRI ordered and must meet at least one of the following criteria to have the MRI covered:

## MRI Recommendation on a Mammogram and / or Ultrasound Result

  – Patient is BRCA 1 or 2 positive
  – First degree relative (parent, sibling, child) BRCA 1 or 2 positive
  – Lifetime risk of 20 - 25% or > risk assessment determined by the surgeon
- Tickler card must be started for follow - up/ tracking on patients with an MRI recommendation

## MRI Recommendation on a Mammogram and / or Ultrasound Result

- For women <u>not</u> eligible for the ABCCED Program
  - A referral to a surgeon or a Breast Problem Solving Clinic is required

## MRI Recommendation on a Mammogram and / or Ultrasound Result

- Any MRI performed must be done by an approved facility (The ABCCEDP Area Screening Coordinator has this information)
- All information related to MRI follow - up must be sent to the Central Office for review

## Ductogram Recommendation

- Women eligible for the ABCCED Program must have this ordered by a surgeon and meet the following criteria for the ductogram to be covered:
  - Must have a spontaneous bloody nipple discharge, <u>AND</u>
  - Must have had a mammogram <u>and</u> ultrasound with <u>no abnormal findings</u>

## Ductogram Recommendation

- A tickler card must be started for follow - up/tracking for any ductogram recommendation

## Abnormal Pap Smear Follow-up

- A tickler card should be completed on any patient with an abnormal Pap smear result
- The next steps in the follow - up tracking process depends on the result and the algorithm guidelines

## Abnormal Pap Smear Follow-up

- Many factors determine what should be done:
  - Age
  - Last Pap Smear or HPV result
  - High - risk patient status
  - Technique issue

## Documentation of Results Received and Reviewed

- The Pap log must be checked weekly for outstanding Pap results

- The Lab must be contacted about delinquent results and notation of findings documented on the CHR - 10

## Documentation of Results Received and Reviewed

- <u>All</u> results must be date stamped and initialed upon receipt in the CHD

- NPs are required to date & initial all abnormal results
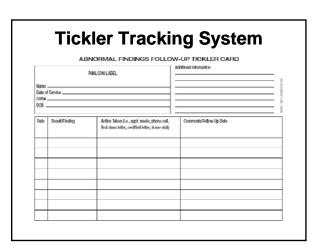
## Documentation of Results Received and Reviewed

- All abnormal breast and / or pap smear results must be signed and dated when reviewed and notes regarding follow - up must be written on the Progress note (CHR 10), not on the report

## Tickler Tracking System Purposes

- To ensure patients are notified of abnormal results and recorded on the CHR 10 (follow the CPM Tracking Protocol in the Follow-up Chapter)

- Track referrals to outside providers

## Tickler Tracking System Purposes

- Track the patient's progress in this follow-up process for the abnormal finding thereby determining the next step required in the follow-up

## Tickler Tracking System

ABNORMAL FINDINGS FOLLOW-UP TICKLER CARD

| Date | Result/Finding | Action Taken (i.e., appt. made; phone call, first class letter, certified letter, home visit) | Comments/Follow Up Date |
|------|----------------|-----------------------------------------------------------------------------------------------|--------------------------|
|      |                |                                                                                               |                          |
|      |                |                                                                                               |                          |
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## Create Your Tickler Card

- **When abnormal finding / result is received:**
  - **Create tickler card utilizing patient label**
  - **Enter date abnormal result is received, result / finding, and action taken (i.e. appt. made; phone call; first class letter; cert. letter, etc.)**

## Create Your Tickler Card

- **Brief comment and / or follow - up date**
- **Info regarding your follow - up still must be charted on the CHR - 10**

## Keeping Ticklers Organized for Tracking

- **A locked box or file should be used to file your 5X8 Tickler Cards**
  - **If box does not lock, it must be stored in a locking cabinet**
- **Monthly and weekly dividers are required**
- **Results Pending divider is also needed**

## Keeping Ticklers Organized for Tracking

- **Place the tickler in the appropriate section of the tickler file box and check the file <u>at least once weekly</u> at follow - up times, pull records of patients when the follow - up has not been accomplished and record next step on the CHR – 10.**

## Keeping Ticklers Organized for Tracking

- **It is essential the assigned person have time allotted to work the follow - up. If you do not have enough time to get your follow - up done, you must let your supervisor know.**
- **Everyone using this same system ensures a back - up person can pick up with the system if and when the need should arise**

## Tickler Tracking System

- **If you do not have enough time to get your follow - up done, you must let your supervisor know**
- **It is imperative, for good patient care and practice that results are reported in a timely fashion**

## Tickler Tracking System

- The tickler cards can be ordered from the ADPH warehouse through "Procurit" - ADPH-FHA-102 (pkg. of 100)
- These cards must be kept in a locked file due to the Private Health Information (PHI) they contain

## Tickler Tracking System

- When to Close Out Tickler
    - Once the follow - up is closed, the card is placed in the CHR on the left side behind the Support Documents Tab
    - Any chart with unresolved abnormal follow - up, MUST be flagged by noting this information on the CHR-1
        - This will alert staff when patients return to CHD

## Tickler Tracking System

- When to Close Out Tickler
    - When the abnormal result has been resolved as listed in the CPM - Follow - up Chapter
    - When you have exhausted all attempts listed in the CPM - Follow - up Chapter

## Tickler Tracking System

- Remember to Create a Tickler Card
    - If the CBE is abnormal,
    - If the mammogram and / or ultrasound is not BIRADS 1 or 2,
    - If the result of the Pap smear is abnormal, regardless of age

## Tickler Tracking System

- Be sure to notify the ABCCEDP Area Screening Coordinator about any breast or Pap biopsy + for cancer so that the process can get started immediately to assist the patient in the Medicaid application process if needed

## Case Study - How to Organize Your Tickler File

- Place your tickler card behind the appropriate tab for follow - up
- Case study example:
    - Appointment made for follow - up to BI - RADS 0 for August 10, 2015
    - Card would be filed behind August - Week 2 Tab slot

## Case Study - How to Organize Your Tickler File

– Once assured appointment was kept, the card is moved to the Results Pending Tab

– Results come in, card is pulled, dated and result of BI - RADS 3 is added to card and filed in the February - Week 1 Tab slot

## Case Study - How to Organize Your Tickler File

– At follow - up time the 1st week in February, this card is pulled, appointment for 02/10/16 for 6 month follow - up study is made and patient is notified

– Tickler card is then placed in the Results Pending Tab Slot

## Case Study - How to Organize Your Tickler File

• When the result returns, BI - Rads 2, the card is pulled, results are documented, and follow - up can now be closed and card placed in CHR on left hand side behind Support Document Tab

• Info documented on CHR - 10

## Case Study - How to Organize Your Tickler File

• If the follow - up study result had not been received by the next scheduled follow - up day, the card is pulled from Results Pending slot, the facility is contacted to ensure appointment was kept and request results

## Other Case Study Examples

• Patient has a negative CBE and the screening mammogram results is a BI-RADS 4

• Tickler card is started

• Patient is contacted ASAP and an immediate surgical referral is made

• Tickler card is place in the Surgical Referral slot

## Utilizing the CHR - 1 to Assist with Tracking

• Utilizing the CHR - 1 will assist with ensuring when a patient comes into clinic that the nurse opening the record will be alerted to check on the status of the follow - up of an abnormal result

## Charting Depo Injections

- From this point forward, <u>ALL</u> Depo injections must be charted on the CHR – 10

- This includes visits for FP Initials, FP Annuals, FP Supply, and Deferred Physicals