

ADPH Abnormal Pap & Breast Follow Up

Protocol & F/U Management Training

**Satellite Conference and Live Webcast
Tuesday, August 1, 2017
9:00 a.m. – 12:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health
Distance Learning and Telehealth Division**

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Goal

- **To provide the highest quality care for the patients by following the ADPH guidelines in the f/u process**

Objectives

- **Discuss ADPH requirements of pap smear and abnormal breast follow-up by:**
 - 1. List the six steps in the follow-up process**
 - 2. Demonstrating the importance of documentation and follow through**
 - 3. Outline management priority**
 - 4. Review proper documentation**

ADPH Protocol

❖ If the patient comes back to Health Dept. for f/u post colposcopy – we are to obtain paps according to our protocol (ADPH pap management protocol follows ASCCP guidelines and ADPH follows post colposcopy recommendations outlined by UAB)

ADPH Protocol

(If the patient prefers to remain with the private provider for post colposcopy follow-up they can obtain paps with PMD according to the PMD recommendations)

Framework of Safe Practice

Abnormal PAP Follow-Up/Tracking Steps:

- 1. Abnormal results received**
Date stamped
Signature required by the RN
Initiate the tickler tracking system

Abnormal PAP Follow-Up/Tracking Steps:

3. Within 2 weeks of receipt of results:

Initiate notifying patient

Counsel regarding abnormal

Make follow-up appointments

Abnormal PAP Follow-Up/Tracking Steps:

Document all on the Pap Follow –up

Notes

Follow-up appointment made – CHR

Referral form

signed and faxed to referral entity

Time Line

Suspicious cervical lesions, abnormal pap smear &/or HPV, colposcopy, post colposcopy: F/U should be initiated within a two week time period

Time Line

Abnormal breast follow-up: Initiated within two week time period

Abnormal CBE

Abnormal mammogram/ultrasound

Birads 0, 3, 4, 5

Abnormal PAP Follow-Up/Tracking Steps:

4. If patient is unreachable, continue using escalating attempts (i.e. phone call, first class letter, certified letter) per protocol until colposcopy appointment is made or until the patient is lost to follow-up.

Abnormal PAP Follow-Up/Tracking Steps:

(Once patient is lost to follow-up or declines treatment follow-up, chart should be flagged; the RN or CRNP will address and document follow-up needs with the patient at every clinic visit)

Abnormal PAP Follow-Up/Tracking Steps:

5. Assure follow-up appointments kept and all records received

(e.g. Colposcopy, MD notes with Colpo biopsies, ECC results and if Colpo was adequate, pathology reports, procedure notes- like LEEP, LOOP, CKC, and the plan of care).

Abnormal PAP Follow-Up/Tracking Steps:

6. The patient is to be followed until post-Colposcopy or post-procedure cytology or co-test & possible ECC are completed and patient returns to routine pap or co-test schedule.

Documentation

“If it’s not written, it didn’t happen”

Notification/Education

Educating the patient/guardian regarding:

- A. The meaning of the abnormal finding**
- B. Recommendations for treatment & f/u**

Notification/Education

- C. Setting up a follow-up appointment**
- D. Consequences of not following the advised recommendations**

Documentation of Notification/Education should include:

- 1. Who was counseled (patient/guardian)**
- 2. Where/how counseling occurred (telephone versus clinic visit)**
- 3. Description of abnormal finding**
- 4. Treatment recommendations**
- 5. Follow-up appointments**
- 6. Consequences of not following the recommendations**

Example

The patient (32 y/o) was reached today by phone (# 256 55-55555) and counseled regarding her 7/15/17 pap smear, which was ASCUS negative. She was recommended to have a repeat pap smear every three years because of the lifelong risk of possible progression to a precancerous lesion.

Example

The patient was further counseled that an annual physical examination is recommended because we address other health concerns at that time. Her next pap smear is due 7/2020. Patient verbalized her understanding; her questions were answered.

Escalating Attempts

Progressive steps of trying to contact the patient/guardian that have an increasing likelihood of success. Continue through the escalating steps

Phone call>letter>certified letter

No Response to Follow-up

If patient does not respond to documented escalating attempts to schedule additional diagnostic procedures or recommended management:

No Response to Follow-up

- 1. Lost to follow-up (if the patient cannot be contacted via phone, letter, certified letter)**
- 2. Workup refused (if the patient refuses additional diagnostic tests or does not show twice for scheduled follow-up appointments)**

Follow-up

Reschedule patients at their request or offer to reschedule – discuss the risks, recommended plan of care, and consequences of not having follow-up

Follow-up

Document risks & counseling every clinic visit!!!

Any person lost to previous follow-up attempts should not be denied future ADPH services

Documentation Case Study

Case Study –

H/O LGSIL age 21

H/O ASCUS age 23

H/O ASCUS age 24 = needs colpo

Documentation Case Study

Documented counseled on abnormal pap 7/16

Did not keep colpo appt. Received letter from UAB – no documentation in progress notes

Documented noncompliant with f/u – closed to pap f/u 12/16

Major Principles of Documentation

- **Accuracy**
- **Comprehensiveness**
- **Legibility**
- **Objectivity**
- **Timeliness**

Pap Smear Specific

Records from previous colposcopy or treatment procedures (LEEP, cryotherapy, hysterectomy) must be obtained to identify and manage patients at high risk for cervical dysplasia

Pap Smear Follow-up

For a noncompliant patient previously given referral for recommended management (ex: colposcopy):

- 1. Returns HD for AE – do not repeat pap < 1 year**
- 2. Returns HD for supply visit or DCS – offer to reappoint; document counseling & efforts**
- 3. Patient does not complete post colposcopy management – consult for f/u may be needed**

Pap Smear Follow-up

(Routine post colposcopy management – HD follows UAB guidelines (if patient is referred back to HD by PMD, we will follow our protocol guidelines regardless)

Pap Smear Follow-up

Case Study –

Patient 47 y/o pap was LGSIL HPV+

Had colpo at UAB, CIN 3; recommend LEEP

Pap Smear Follow-up

LEEP done, CIN 3, extends to endocervical glands, positive margins; UAB recommends pap/ECC at UAB in 6 months

*** No notification on CHR**

Pap Smear Follow-up

Case Study –

22 y/o with H/O colpo UAB CIN1

At age 25 pap HGSIL, CIN 2-3 Colpo & Cryo

Pap Smear Follow-up

At age 27 pap HGSIL, HPV+, Colpo at PMD, no biopsy obtained – recommended LEEP

LEEP done with path report CIN 3, Margins Neg

PMD recommends co-test 2018 & 2019

Breast Follow-up Notes

BREAST FOLLOW-UP NOTES		
Additional Information Patient Contact Information _____ _____ Date Results Received _____		LABEL Name _____ Date of Service _____ CHR# _____
DATE	ACTION TAKEN ENTRIES	FOLLOW-UP DATE

Abnormal Breast Follow-up

Mammogram f/u nurse will need to send information for review to collaborating MD:

1. Copies of mammogram results if Birad 0 with f/u study results of Birad 3, 4, or 5
2. CBE results

Abnormal Breast Follow-up

3. Family history of breast cancer
4. Surgical evaluations & biopsy results (ex: path. report)
5. Any follow-up testing

Abnormal Breast Case Study

Case Study – 45 y/o with palpable breast lump

A diagnostic mammogram is ordered and the patient missed her appointment

What is the next recommended step for the follow-up nurse?

Abnormal Breast Follow-up

Collaborating MD received the medical records for review. The clinical breast exam was done and the diagnostic mammogram was scheduled. The patient missed her appointment and a certified letter was sent four months later.

(There is no other documentation on the progress notes)

Abnormal Breast Follow-up

The patient had a excisional biopsy which showed adeno- carcinoma and the surgeon referred her to the oncologist for plan of care

Is follow-up complete?

