ACADEMY FOR EXCELLENCE IN HEALTHCARE

IMPACT ASSESSMENT PAPER

Executive Summary

Pap Smear Study at Wagner Indian Health Service

The Wagner Indian Health Service (Wagner-IHS) on the Yankton Sioux Reservation in Wagner, South Dakota, is a direct-care facility that provides healthcare services to members of the Yankton Sioux Tribe, Santee Sioux Tribe of Nebraska, and Rosebud Sioux Tribe. It also services patients from South Dakota, Iowa, Minnesota, and Nebraska, and, like all IHS facilities, provides free care to any eligible Native American.

The federally funded Wagner-IHS is subject to Government Performance Results Act (GPRA) performance measures, which require federal agencies to demonstrate that they are using their funds effectively.[1] Wagner-IHS monitors 27 GPRA measures each fiscal year in the areas of diabetes, dental, immunizations, cancer screening, behavioral health, and other specialties. Patients that enter Wagner-IHS twice in three years count toward the GPRA measures on which Wagner-IHS is scored. For a majority of GPRA measures, Wagner-IHS was having trouble achieving 2017 goals (GPRA year runs July-June).

CEO Michael Horned Eagle has championed lean improvements at Wagner-IHS, and submitted an application for a cross-functional team to attend training at the Academy for Excellence in Healthcare (AEH) at The Ohio State University. The team, which included Horned Eagle, learned about lean concepts, and they scoped their project to improve the number of GPRA eligible patients receiving a pap smear: from 53 percent of eligible 24-65-year-old women to 56 percent by June 30, 2017.

When the team returned to Wagner-IHS, they conducted meetings with staff, explained the project's objectives, shared a flow map of the patient process, and sought input on how to improve the GPRA rate. They also further scoped their effort to walk-in patients; identified issues that occurred along the patient journey through registration, triage, exam, and follow-up; *and implemented countermeasures*:

Triage issues: A medical assistant reviewed two weeks of walk-in patient data and began to record data on eligible walk-ins on a weekly basis: pap smear offered, pap smear performed or scheduled, or pap smear declined and the reasons why. For the two-week period, only 15 percent of eligible walk-in patients had a pap smear, but more than 50 percent had not been flagged as needing a pap smear. Patient records often were not checked, a computer glitch did not trigger a reminder to ask, and physicians did not ask

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[1] GPRA and Other National Reporting, Indian Health Service.

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patients. — *Standard work was applied to the triage process to flag patients as eligible for a pap smear, and, if eligible, communicate the information to physicians. The team also identified and supported staff who were least likely to ask patients to submit to a pap smear, and quickly had the computer issue fixed.*

Exam issues: Many walk-in patients declined a pap smear because a female provider was not available to conduct the exam (two of seven providers were females) or because they may have had to wait for an exam during their visit. — *All physicians went through an April in-service training by an OB/GYN on how to perform a pap smear. Privacy screens were ordered for seven of the 10 exam rooms that did not have them, making more rooms available for pap smears. And nurses created pap-smear kits for each exam room to reduce time looking for supplies, time to perform an exam, and improve patient flow.*

Patient refusals: Patients typically refused the pap smear because they wanted to do it when they felt prepared for the exam, felt better, or were culturally sensitive to such exams and/or not concerned about their health. — *The team worked to differentiate the "soft no" patients (those that make an appointment but often do not show up) from the "hard no" patients (not even a $50 gift card could influence these patients). The team worked to change the cultural perspective of patients via education, and nurses and physicians encouraged and reinforced the need for patients to undergo the exams.*

Checkout and follow-up issues: Follow-up appointments for pap smears were rarely made, and, when made, cancellations and no-show rates were high. — *The checkout process was changed to request appointments for all eligible patients that did not receive the pap smear during their walk-in visit, and medical assistants planned to call and remind patients of their appointments.*

The team also developed weekly huddles to communicate GPRA performance and other conditions (these meetings eventually became daily huddles), and CEO Horned Eagle produced and posted GPRA reports on a weekly basis. By mid-March, most eligible walk-in patients had been identified and offered a pap smear, and 50 percent of those offered completed a pap smear during their visit or scheduled an appointment. In late May, the pap smear measure was at 59.2 percent (goal of 56.1 percent) and rising.

As facility attention shifted to eligible patients who are not walk-ins and do not make appointments, nurses took the initiative to mail letters and educational materials to 100 eligible women, resulting in 15 exams. Nurses are similarly addressing other GPRA goals, and the best practices applied to pap smears are improving other GPRA measures. Through mid-June, only two of 27 GPRA rates were below goals.

Read the full study of the Wagner-IHS project, which illustrates how a cross-functional team can address one problem and expand actions to a broader set of issues — apply best practices, standard work, and a daily management system to improve overall clinic operations and all GPRA scores. The project also highlights the need to thoroughly understand the customer (Native Americans) in order to improve care and meet objectives as well as the value derived from a fully engaged, hands-on senior executive.

About the Academy for Excellence in Healthcare: AEH blends in-person class time with hands-on project work, interactive simulations, and recurrent coaching, all aimed at helping healthcare teams spark actionable change at their organization. To learn more about AEH, contact Margaret Pennington, Faculty Director, or Beth Miller, Program Director.