



HEALTH & DISABILITY AUDITING NEW ZEALAND
Aratakenga ā-Hauora, ā-Hauātanga o Aotearoa

**FINAL PROGRAMME REPORT
MOH NATIONAL SCREENING UNIT
NATIONAL CERVICAL SCREENING PROGRAMME
COLPOSCOPY AUDIT PROGRAMME**

DATE OF REPORT	30 June 2017
ON BEHALF OF THE MINISTRY OF HEALTH NATIONAL SCREENING UNIT	National Cervical Screening Programme
SERVICE AND REPORT PROVIDED BY	Health and Disability Auditing New Zealand Limited

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MIHI

Unuhuia te rito o te harakeke kei whea te korimako e ko?

Whakataerangitia – rere ki uta, rere ki tai:

Ui mae koe ki ahau he aha te mea nui o te ao,

Maku e ki atu he tangata, he tangata, he tangata!

Take away the heart of the flax bush and where will the korimako sing?

Proclaim it to the land, proclaim it to the sea,

Ask me what is the greatest thing in the world and I will reply

It is people, it is people, it is people!

ACKNOWLEDGEMENT

Health and Disability Auditing New Zealand Limited (HDANZ) thank the MoH's National Cervical Screening Programme's personnel, HDANZ's colposcopy audit network and all the DHB Colposcopy services who have been involved in the audit programme for their assistance and cooperation with the programme.

1. INTRODUCTION

Health and Disability Auditing New Zealand Ltd (HDANZ) was contracted by the Ministry of Health's National Screening Unit to complete Colposcopy Audits on behalf of the National Cervical Screening Programme (NCSP) with the 20 District Health Boards (DHBs) across New Zealand. This was a 3-year audit programme. Following the set-up phase of the programme the audits commenced from February 2015 and were completed on 3 May 2017. The purpose of this report is to provide the final programme report for the Colposcopy Audit Programme.

The audit programme provides an independent assessment by HDANZ and the objectives of the Colposcopy services audit are to:

1. Ensure compliance with NSU contractual requirements and the NCSP Policies and Standards, and the NCSP Guidelines.
2. Ensure that Providers maintain a high quality service for women attending colposcopy services.
3. Promote continuous quality improvement which includes but is not limited to:
 - i. Ensure that all services are safe, effective and efficient to women.
 - ii. Ensure that colposcopy services are effective for all women and that providers are working toward accessible and equitable services for women of all ethnicities and abilities.
 - iii. Give the audited provider an opportunity to improve their management function and service delivery.
 - iv. Assess and document the relevant risks resulting from any partial or non-compliance and the mechanisms/processes of addressing these.
 - v. Identify and recognise good performance by the providers.
4. Provide the NSU with information to support service development and assess service coverage.

The Colposcopy audits were completed by a three person HDANZ audit team that consisted of a Lead Auditor, and two technical experts, a Colposcopy Nurse and Colposcopist. The audits ranged from 1 – 2 days on-site with most being a one day audit visit.

Standardised audit methodologies were applied that included; notice to the providers, a comprehensive audit tool for each audit, planning and coordination by HDANZ, completion of the audit with skilled and experienced audit teams, and reporting processes with both the Colposcopy service and the NCSP.

This report provides a summary and overview of the achievements of all 20 Colposcopy audits completed for this 3-year audit programme. The report is structured to provide an overview of audit results in a non-identifiable way and there is an appendix that summarises the results for each audited DHB service.

2. EXECUTIVE SUMMARY

In 2015 - 2017, audits were completed with twenty DHB Colposcopy services. An overview of the key results based on the audit tool is as follows.

- The total number of audit findings with corrective actions for improvement was 110 which is an average of 5.5 per audit.
- For the 110 total partial attainment findings 79 (72%) were rated as low risk and 31 (28%) rated as moderate risk.
- The number of these partial attainment findings has ranged from 0 to 14 per audit.
- Areas working well as identified from the sections of the audit tool include:
 - Section A: Key Areas of Section 6: Providing a Colposcopy Service (NCSP Polices and Standards)
 - Providing information to women during and after a colposcopy visit (section A1),
 - Providing information about results (section A4),
 - Follow-up to treatment (section A7),
 - Failure or refusal to attend appointments (section A8) and
 - Providing an adequate clinical environment had no findings along with 3 recommendations (section A9).
 - Section B: Support of Women, Staffing and Key Quality Processes
 - Colposcopy staffing (section B2) with the remainder of part B nearly all achieved with only one finding and one recommendation identified across all the completed audits.
- The key areas from the audit tool identified with the majority of improvements include: Referral for colposcopy (section A2), Work practices (section A3), Outpatient treatment (section A5) and Colposcopy Staffing (section B2).
- The key trends for improvement were for the following criteria: A2.2.2, 3.1.5, 3.1.6, 3.2.1, 3.2.3, 5.1.1, 5.2.1 and B2.2.1 (refer section 3.4 of this report).
- The audit can also provide recommendations for consideration by the service for fully attained criterion. There have been 10 recommendations identified at 7 of the 20 audits for the following criteria: A1.1.3, 1.1.6, 3.1.4, 3.1.5, 9.1.1, 9.1.4 and B4.1.1 (refer section 3.5 of this report)

HDANZ's audit satisfaction survey results, based on a 75% response rate on returned surveys, included an overall satisfaction rating with a positive score of 6 or 7 (1-7 scale) for 87% of responses.

3. OVERVIEW OF THE COLPOSCOPY AUDIT PROGRAMME RESULTS

This section of the report provides an overview of the key results and achievements of the programme to date.

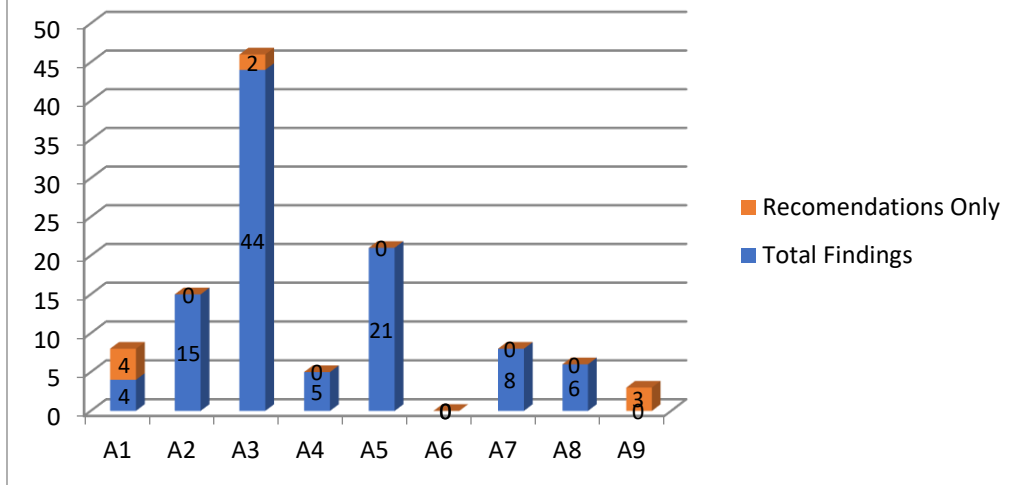
3.1 OVERVIEW OF THE AUDIT TOOL AND RESULTS

The audit tool for the colposcopy audits includes two sections as follows with their corresponding summary of results:

Part A: The key areas of Section 6 from the NCSP Policies and Standards for Providing a Colposcopy service.				
Section	Outcome Title	# of Criteria	Total findings (all 20 audits)	Total Recommendations (all 20 audits)
A1	Providing information to women during and after a colposcopy visit	6	4	4
A2	Referral for colposcopy	10	15	0
A3	Work practices	10	44	2
A4	Providing information about results	2	5	0
A5	Outpatient treatment	6	21	0
A6	Ablative therapy	3	0	0
A7	Follow-up to treatment	4	8	0
A8	Failure or refusal to attend appointments	4	6	0
A9	Providing an adequate clinical environment	5	0	3
A1 – A9	Total Part A	50	103	9
Part B: Support for Women, Staffing and Key Quality Processes (from NCSP section 6 and the DHB agreement).				
B1	Support for women policy	5	0	0
B2	Colposcopy staffing	7	5	0
B3	External quality assurance policy	2	0	0
B4	Internal quality control	1	0	1
B5	Providing colposcopy data to the NCSP Register	2	1	0
B6	Consumer rights and linkages are established (From DHB Main Agreement and Variation)	7	0	0
B1 – B6	Total Part B	24	7	1
All	Total Part A and B	74	110	10

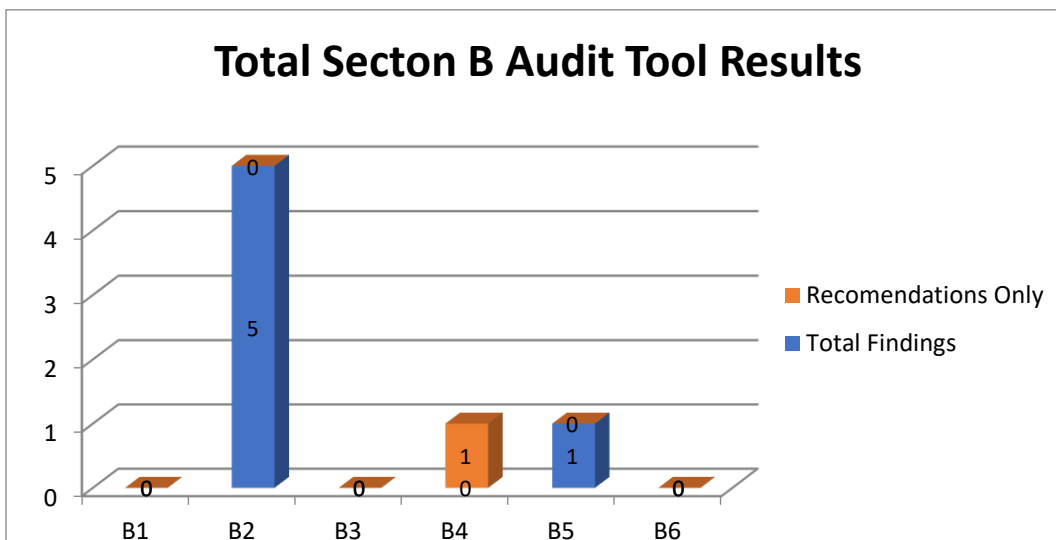
- The total number of audit findings with corrective actions is 110 which is an average of 5.5 per audit.
- The audit can also provide recommendations for consideration by the service for fully attained criterion. There were 10 recommendations identified for fully attained criteria.

Total Section A Audit Tool Results



- Areas working well include: Providing information to women during and after a colposcopy visit (section A1), Providing information about results (section A4), Follow-up to treatment (section A7), Failure or refusal to attend appointments (section A8), and Providing an adequate clinical environment (section A9).
- Referral for colposcopy (A2), Work practices (A3), Outpatient treatment (A5) and Colposcopy Staffing (section B2) were the areas identified with the majority of improvements.

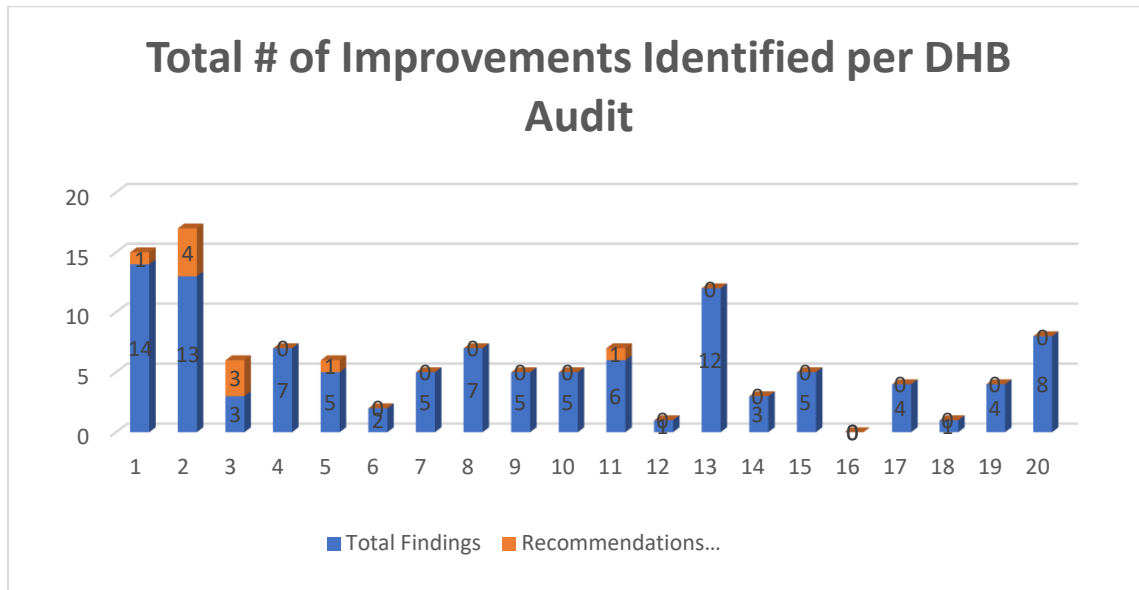
Total Section B Audit Tool Results



- Areas working well include nearly all of part B of the audit tool except Colposcopy staffing (section B2).

3.2 SUMMARY OF IMPROVEMENTS IDENTIFIED PER DHB AUDIT

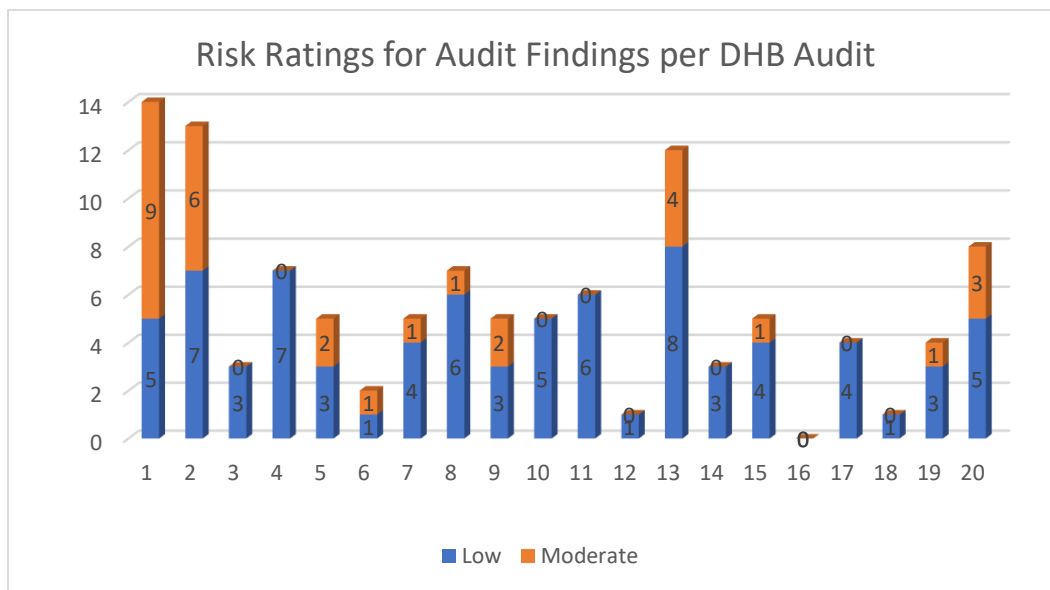
The following graph provides a picture of the total number of improvements per DHB audit. Refer to the Appendix for a summary of the specific improvements per named DHB Colposcopy audit.



- The number of partial attainment findings has ranged from 0 to 14 for a DHB.
- There have been 10 recommendations identified at 7 of the 20 audits.

3.3 RISK RATINGS FOR THE AUDIT FINDINGS

The following graph identifies the risk ratings improvements per DHB audit.



- For the 110 total partial attainment findings 79 (72%) were rated as low risk and 31 (28%) rated as moderate risk.
- There were no high or critical risks identified within the scope of the completed audits.

3.4 KEY TRENDS IDENTIFIED FOR IMPROVEMENT

The following criteria have been identified for improvement with corrective actions at five or more of the twenty audits (25%).

Ref #	Criteria	Comments for this report
A 2.2.2	Women who have high-grade cervical smear abnormalities, including glandular abnormalities, must receive a colposcopy appointment to be seen within the next 20 working days from when the colposcopy unit received the referral from the smear taker/referrer.	Identified in 5 audits
A 3.1.5	The colposcopist must: <ul style="list-style-type: none"> provide the laboratory with a full relevant clinical history to accompany a smear or biopsy (the laboratory will access the screening history online) advise the pathologist whether the biopsy is considered diagnostic or excisional when a biopsy is taken, and indicate where each biopsy is taken from 	Identified in 6 audits
A 3.1.6	The colposcopist must attend operational and quality meetings at least quarterly with colposcopy staff to discuss: <ul style="list-style-type: none"> policy/quality issues NCSP biannual monitoring reports volumes (wait list data, DNA rates, referral data) findings of audits peer review. 	Identified in 5 audits
A 3.2.1	Accurate and complete documentation of initial and subsequent colposcopy assessments must include: <ul style="list-style-type: none"> the name of the GP, nurse or other provider who made the referral, and their facility the date the colposcopy referral was received and the appointment date provided the reason for referral (eg, cytological abnormality, abnormal cervix, other reason) an indication of whether it is a first assessment (new case) or subsequent (follow-up) a review of the full screening history (cytology, hrHPV and histology) the cytological abnormality grade - high grade (HSIL, ASC-H, AGC, AIS, suspicious or consistent with cancer, cancer), low grade, abnormal cervix, other - for which the woman was referred whether a colposcopy was performed the site the colposcopy was performed (cervical, vaginal or both) visibility of the squamo-columnar junction and limits (whether completely or partially visible or not at all) colposcopic appearance: note the presence or absence of a visible lesion or whether normal, abnormal or inconclusive a diagram of the cervix (with squamo-columnar junction, biopsies, number of quadrants involved, findings and a plan of management); a diagram should be a compulsory part of examination documentation, but a photo would be preferable as it is more accurate and allows for peer review at a later date predictive abnormality grade: low-grade squamous, high-grade squamous, glandular, micro-invasive, invasive cancer visibility of the limits of the lesion actions taken during the visit (biopsy, treatment) results of the histology and whether a biopsy was taken suitable for interpretation whether local or general anaesthesia was used the site and type of biopsy taken reasons for not performing a biopsy recommendations for management and follow-up as per colposcopy referral, visit and DNA data requirements 	11 of the audits had some aspects of this criterion identified

Ref #	Criteria	Comments for this report
A 3.2.3	<p>Colposcopists should endeavour to participate in multidisciplinary meetings (MDMs) monthly for case review, where practical.</p> <ul style="list-style-type: none"> • Every effort should be made to attend those meetings at which the colposcopists' own cases are discussed. • The minimum attendance expected of colposcopists at MDMs is two monthly. 	Identified in 11 audits
A 5.1.1	<p>Women with confirmed high-grade lesions are treated within eight weeks of histological confirmation.</p>	Identified in 6 audits
A 5.2.1	<p>Eighty percent of women receiving LLETZ treatment are managed as outpatients/day patients under local analgesia.</p>	Identified in 14 audits
B 2.2.1	<p>Colposcopy units must ensure the maintenance of skill levels of staff performing colposcopy through:</p> <ul style="list-style-type: none"> • maintain a minimum of 50 new cases per annum in New Zealand (the ideal number is 100 per annum), or a minimum of 150 cases over a three-year period; note: this differs from the minimum C-QulP volumes required for certification, and has been discussed with RANZCOG; <u>case volumes can be a combination of cases from different practices (eg. combined DHB and private) but evidence is required for each practice</u> • maintain a minimum number of 10 treatments per year, as per C-QulP guidance (or 30 treatments in each three-year period) • maintain certification and demonstrate participation in the C-QulP Professional Development Programme (Recertification and Audit) as per the C-QulP website • participate in continuing medical education, as per RANZCOG guidelines (i.e., attendance at one dedicated educational course/meeting related to colposcopy, which is recognised by C-QulP, every three years) 	Identified in 5 audits

3.5 SUMMARY LIST OF RECOMMENDATIONS FROM THE AUDITS

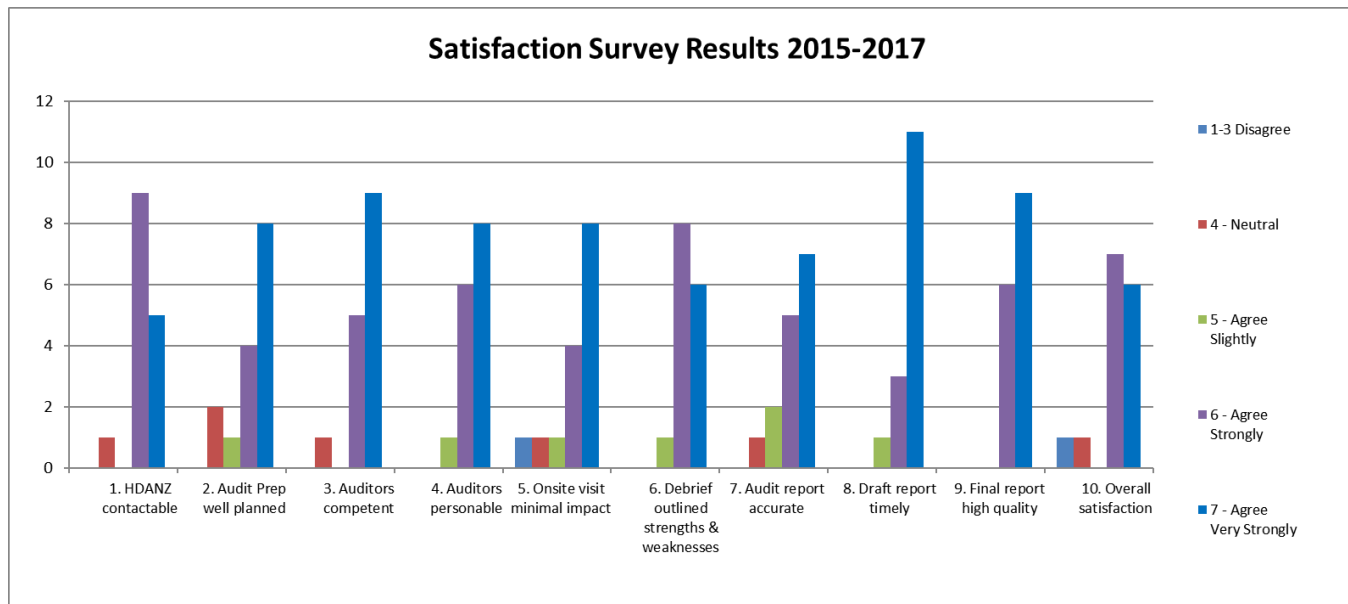
The Colposcopy audit is able to support a continuous quality improvement philosophy by identifying recommendations for fully attained criteria for consideration by the service. The following list is a summary of the recommendations from the twenty audits.

Ref #	Criteria	Recommendation
A 1.1.3 (in 3 audits)	Women are informed about the availability of pain relief if required prior to or during the procedure, women are given information regarding post-procedure care, women are informed about the results of their procedures.	It is recommended that this information be provided in written format to women earlier so that they can consider their pain relief options prior to the date of their procedure.
A 1.1.6	After diagnosis, a woman must be given: <ul style="list-style-type: none"> written and verbal information on treatment options, which must include the advice that she can see her GP/primary care provider or other agencies for further information information regarding appropriate anaesthetic options information about referral to a gynaecology oncology service, where required, for a diagnosis of cancer information on referral to long-term support services, counselling, nursing or voluntary agencies, where required. 	The audit team recommends that the service consider developing additional written information for women having LLETZ under general anaesthetic in operating theatres
A 3.1.4	The colposcopist must maintain close liaison with pathologists and attend regular multidisciplinary meetings (MDMs) with the pathologist, cytologist and colposcopy staff	The audit team recommend that at least some histology and cytology slides be presented at MDMs by laboratory staff.
A 3.1.5	The colposcopist must: <ul style="list-style-type: none"> provide the laboratory with a full relevant clinical history to accompany a smear or biopsy (the laboratory will access the screening history online) advise the pathologist whether the biopsy is considered diagnostic or excisional when a biopsy is taken, and indicate where each biopsy is taken from 	That the service considers conducting an internal audit of laboratory referrals of all colposcopists to determine whether they are providing the laboratory staff with a full relevant clinical history to accompany a smear or biopsy, and whether the colposcopists advise the pathologist whether the biopsy is considered diagnostic or excisional when a biopsy is taken, and indicate where each biopsy is taken from.
A 9.1.1	Clinical environment should include: <ul style="list-style-type: none"> colposcopy clinic consulting rooms and/or procedure rooms 	The audit team recommends that local anaesthetic treatments are performed in the outpatient clinics as the space is a more appropriate space for women and would alleviate the privacy issues that occur in the day stay unit. (also refer to #5.2.1)
A 9.1.4 (in two audits)	<ul style="list-style-type: none"> space within the unit for recovery post LLETZ/laser treatment 	<p>The recovery area in the outpatients setting would benefit from the addition of a lazy boy chair.</p> <p>That consideration is given to providing a dedicated recovery area within the outpatient unit at this Hospital for the recovery of outpatients including outpatients who require recovery post colposcopy and LLETZ/laser treatment.</p>
B 4.1.1	Colposcopy services must have documented internal quality control systems that will cover all their activities and: <ul style="list-style-type: none"> provide the means of identifying potential sources of error in the colposcopy service operation implement controls to detect and minimise errors identify ways of improving the quality of service to women provide a framework for remedial action to improve operational processes when a problem is identified. 	The audit team recommends that standardised documentation is used for letters, referrals to support services and feedback from support services and that documentation should be stored in the one place within the database to improve communication and practice.

4. AUDIT SATISFACTION SURVEY RESULTS

HDANZ sends an audit satisfaction survey to the provider with the final report and we had a 75% response rate on returned surveys (15 out of 20 audits).

The ratings scale is from 1-7 and the results have been summarised in the below graph for each of the survey questions. The key results show that the office was reasonably well organised, auditors work very well on-site with the auditee, the audit report was accurate (just one neutral response) and the reporting process was timely. The overall satisfaction rating was 87% of responses rating a positive score of 6 or 7.



5. CONCLUSION

In September 2014 Health and Disability Auditing New Zealand Ltd (HDANZ) was confirmed as the auditing agency for the National Cervical Screening Programme's Colposcopy services audit programme. The Colposcopy audits commenced from February 2015 with all twenty DHB audits completed by May 2017.

Audit tools are based on the DHB contracts in place with the NCSP and these include key areas of Section 6 from the NCSP Policies and Standards for Providing a Colposcopy service. Each audit results in an individual report and action plan for identified improvements with that provider.

The summary of results for all the audits has been presented in this final programme report and the following appendix is a DHB specific summary of results for their audits.

