

# HAILEYBURY FAMILY HEALTH TEAM CLINICAL PROTOCOLS

HFHT-02

## CATEGORY: Well-Women Screening

- Well-Women Screening Notice
- *What You Should Know About Screening Tests*
- Well-Women Flow Sheet

APPLICATION: Physicians, Nurse Practitioners & Registered Nurses

DATE OF CREATION: April 2007

## APPROVED:

---

Dr. Mark Churman

Date

---

Dr. Peter Hutten-Czapski

Date

---

## Preamble

The Haileybury Family Health Team (HFHT) recognizes its unique opportunity and role in the prevention and early detection of abnormalities relative to women's health. Visits by women to the HFHT not only present tremendous opportunities for health care providers (HCPs) to address women's general health issues, but to also offer relevant screening options to minimize the risk of disease. Our objective is to provide a level of care that ensures all relevant means are initiated to optimize the health of woman patients. It is important to note that this protocol is applicable to 'well women' as opposed to those who have already been diagnosed with a female-related disease process.

## Principles

Providing care that addresses women's health issues is based on the following principles:

1. It is anticipated that all HCPs (physicians, nurse practitioners, registered nurses) of the FHT will participate in providing care that aims to optimize women's health.
2. The investigative components of a healthy women visit include weight, BP, Pap smear, cultures as indicated, bone mineral density (BMD), stools for OB, RBS, lipid profile, CBC, breast exam and mammogram. PLEASE NOTE: Additional

investigations are based on clinical findings and other risk factors, and are therefore not considered part of routine screening (e.g. TSH, HIV screening etc.).

3. Additional components include exploring areas such as nutrition, exercise, smoking, substance abuse, spousal abuse, menopause, stress and sexual concerns, and providing supportive counseling and teaching as indicated.
4. All nurses must have appropriate training in the techniques of obtaining adequate Pap smear samples and conducting breast exams, by a designated team member, prior to undertaking these responsibilities. PLEASE NOTE: The accuracy of the practical technique of Pap smear sampling is further confirmed by smear results.
5. The physicians delegate the ordering of BMD, RBS, CBC, lipid profiles, stools for OB, Pap smears, cultures and mammograms to the nurses.
6. The criteria for Pap smear screening is adopted from the Ontario Cervical Screening Practice Guidelines (OCSPG). Screening is:
  - carried out annually until 3 consecutive negative Pap tests, after which screening is done every 2 years
  - discontinued after age 70 years, if there have been 3 or more negative Pap tests in 10 years
  - carried out in those women who are sexually active, or who ever been sexually active, and should be initiated within 3 years of vaginal sexual activity
  - carried out annually for those women who are immunocompromised or HIV positive
  - discontinued in those women who have undergone a total hysterectomy for benign causes
  - continued for those women who have undergone a subtotal hysterectomy with an intact cervix
  - carried out in pregnant women exempting use of the brush
  - carried out in those women who engage in sex with other women
7. Guidelines for breast screening are adopted from the Canadian Cancer Society:
  - women between the ages of 50 and 69 are to have a mammogram every 2 years
  - women between the ages of 40 and 49 may have a baseline mammogram at the discretion of the practitioner (positive family history or abnormal physical exam)
  - women over 70 years are to have mammograms at the discretion of the practitioner (as above)
  - women over the age of 40 are to have clinical breast exams at least every 2 years
  - women of all ages should be taught to do breast self-exam

8. Fecal occult blood tests are recommended at least every 2 years for individuals over 50 years (Canadian Cancer Society).
9. Clinical breast exam by a trained health professional is recommended at least every 2 years for women over 40 years.
10. BMD is recommended for all those over 50 years.
11. The Pap screening recall feature on MD2 is the chief mechanism used to identify those women to be contacted.
12. At a designated time, the list for Pap screening recalls is generated according to specific conditions e.g. aged 20-70 yrs., non-cancer-related hysterectomies.
13. Once the list is generated, the receptionist in each office mails a Well Woman Screening Notice to each patient.??
14. It is expected that patients will initiate contact with the clinic to arrange an appointment to meet with a HCP.
15. Patients who do not initiate contact to arrange an appointment will be contacted by phone by the receptionist.??
16. Initial visit with the nurse is scheduled for 1 hour.

***Rationale:*** Because the nurses do not have two examining rooms, they do not have the flexibility to see two patients concurrently.

17. The HCP completes all applicable requisitions and makes arrangements during the visit for procedures needing to be done.
18. Nurses are to communicate abnormal findings to the appropriate physician for further direction or follow-up. The need for referral to a specialist is confirmed with the physician.
19. A follow-up appointment is made to review the results of the screening tests with the patient and discuss plans for additional follow-up, if indicated
20. To activate the recall system on the patient file in MD2, click **Clinical, Recall, Pap Smear** and choose the selected time interval. A recall notice will automatically appear on the patient's file at the appropriate time.
21. Women eligible for Pap smears will be generated through MD2 **Recall** mechanism.

## **References**

Early Detection and Screening for Breast Cancer, Canadian Cancer Society, 2007  
<http://www.cancer.ca/ccs/internet/standard/>

Ontario Cervical Screening Practice Guidelines, revised June 2005

Screening for Cervical Cancer, Canadian Cancer Society, 2007  
<http://www.cancer.ca/ccs/internet/standard/>

Screening for Colorectal Cancer, Canadian Cancer Society, 2007  
<http://www.cancer.ca/ccs/internet/standard/>

Thompson MD, Donald W. Adequate PAP Smears, A Guide for Sampling Techniques in Screening for Abnormalities of the Uterine Cervix, Laboratory Proficiency Testing Program, Toronto, 1996