**TITLE X PERFORMANCE MEASURES ACTION PLAN**

**Cancer Screening Follow-Up**

**Agency: Acme Family Planning**

**Benchmark**: **100%** of all women with a positive high-level Pap result receive documented appropriate follow-up care within 6 months

**Agency Result: 75%**

**Title X Sites Below Benchmark:** 4 of 8

| Cancer Screening Follow-Up ACTION PLAN CREATION (due 8/31) | ACTION PLAN COMPLETION (due 12/31) |
| --- | --- |
| Mark an X For All Chosen Items | Action Item | Progress Notes/Documentation | Date Completed |
| Possible Cause: Misunderstanding of Criteria Used During Chart Review |
|  | A. | We will review the charts which were found out of compliance during the original chart audit to confirm that proper criteria were used to score. Follow-up was considered appropriate if ANY of the following 6 items occurred:1) HSIL result: Received colposcopy evaluation at agency within 6 months2) AGC result: Treated per ASCCP 2006 Consensus Guidelines at agency within 6 months3) HSIL/AGC: Obtained proper follow-up (as described in 1 & 2) elsewhere & documentation of care received with records in chart4) HSIL/AGC: Obtained proper follow-up elsewhere (as described in 1 & 2) & documented client comment of where she received care and records release in chart5) HSIL/AGC: Obtained proper follow-up elsewhere (as described in 1 & 2) & documented client comment of where she received care and instructions for client to return to sign records release6) Lost to follow-up with proper documentation of attempt to contact including a minimum of 3 telephone calls and 1 certified letter sent. If after reviewing all such charts, we find our results at 100% in compliance, we will note it here and no additional action will be necessary. |  |  |
| Possible Cause: Need for Additional Provider/Staff Knowledge/Training |
|  | B. | We will train providers and other staff on the importance of documenting communications and follow-up care in the patient’s record. |  |  |
|  | C. | We will request additional training from the Medical Specialist (describe): |  |  |
|  | D. | Other (describe): |  |  |
| Possible Cause: Need for System Changes to Visit Flow, PMS/EHR, etc. |
|  | E. | We will institute a paper or electronic tickler/log system to flag all abnormal Paps (describe): |  |  |
|  | F. | We will begin having all patients who come in for abnormal Pap results and are referred for follow-up care elsewhere sign a release of records that is kept on file to make it easier to obtain records. |  |  |
|  | G. | We will add provider reminder alerts to our PMS/EHR. |  |  |
|  | H. | We will modify our protocol for Pap testing and treatment (describe): |  |  |
|  | I. | Other (describe): |  |  |
| Possible Cause: Need for Patient Education/Outreach |
|  | J. | Other (describe): |  |  |
| Other Possible Cause |
|  | K. | Other: We will conduct additional chart reviews to assure progress towards compliance with the benchmark (describe): |  |  |
|  | L. | Other: We will incorporate this measure into our agency’s overall Quality Improvement process (describe): |  |  |
|  | M. | Other (describe): |  |  |
|  | N. | Other (describe): |  |  |