Promoting GYN CARE for HIV-Infected Women

Best Practices from New York State

New York State Department of Health AIDS Institute
2000 Edition
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INTRODUCTION

This booklet is designed to supply health care practitioners who provide or design health care services for women with HIV/AIDS with practical solutions to the problems of attracting and retaining women in GYN care.

Performance of an annual pelvic exam which includes a Pap smear has long been a standard of care for women infected with HIV, yet a review of performance data from 1992-99 showed that many HIV ambulatory care facilities throughout New York State had not fully met this standard. As a result, the New York State Department of Health/AIDS Institute's (NYSDOH/AI) Quality of Care Program launched a Pelvic Exam Performance Improvement Campaign.

Through its Performance Improvement Campaign, the NYSDOH/AI conducts numerous interventions which are designed to assist facilities to improve their performance, including dissemination of data to recognize facilities with high performance; technical assistance to other facilities to improve their performance; targeted mailings to remind providers about the importance of routine GYN care; free Continuous Quality Improvement (CQI) consultation; and the distribution of a free software program, HIVQUAL, to assist facilities in tracking their progress in standards related to GYN care and other clinical indicators.

This brochure identifies some best practices and creative solutions that have been found to attract and retain women infected with HIV into routine GYN care. They have been culled from a series of face-to-face and telephone interviews with seventeen clinicians and administrators working in hospitals, community health centers, and drug treatment programs. It is hoped that by sharing the insights and perspectives of these successful colleagues, readers will develop and implement similar programs in their facilities. Providers are encouraged to adapt the strategies outlined in this booklet to most effectively meet the needs of different medical settings.

This booklet is divided into several sections:

**Recommendations** — In this section recommendations regarding routine GYN care are summarized.

**Best Practices** — In the second section, we present a variety of best practices that have been demonstrated to be effective at health care facilities across New York State. Best practice topics include increasing patient access to education and convenience to GYN care, getting patients to their appointments, utilizing staff resources effectively, creating patient-friendly examining rooms and providing services for women and children.
Case Studies — In the third section, we take a more in-depth look at issues affecting the delivery of GYN care at health care facilities and what individuals have done to counteract those problems. Issues addressed include focusing on patient comfort, co-location of services, and scheduling of appointments.

Quality Improvement — In the fourth section, we demonstrate the use of a storyboard. This visual tool can be useful in quality improvement activities.

Resources and Tools — The final sections of this booklet provide clinicians and administrators with tools that can be used during the office visit as well as free or low-cost educational materials targeted to patients.
WHY ROUTINE PELVIC EXAMS ARE IMPORTANT

Routine GYN care has been demonstrated to be especially important for women living with HIV/AIDS. While cervical cancer is an important AIDS-defining illness and may be the most common AIDS-related malignancy in women (Maiman 1997), its relationship to HIV is not clearly understood and remains under investigation. It is known, however, that HIV-infected women have much higher rates of persistent infection with human papillomavirus (HPV), particularly those types most strongly associated with the development of invasive cervical cancer (Sun 1997). HIV-infected women also have significantly higher rates of cervical intraepithelial neoplasia (CIN) with increasing prevalence as the severity of immunodeficiency advances (Maiman 1998). Other risk factors for cervical cancer include lower socioeconomic status, tobacco smoking, early onset of sexual intercourse, and a history of multiple sex partners.

The Medical Care Criteria Committee (MCCC), an advisory group of clinicians from across New York State that develops clinical practice guidelines, has made the following recommendations regarding routine GYN care for women with HIV infection:

**RECOMMENDATIONS**

A Papanicolaou (Pap) smear should be performed at least annually to monitor the presence of human papillomavirus (HPV) and cervical dysplasia.

Pap smears that show atypia, dysplasia, atypical squamous cells of uncertain significance (ASCUS), squamous intraepithelial lesion (SIL), or cervical intraepithelial neoplasia (CIN) should be investigated by a trained colposcopist.

Patients with a history of an abnormal Pap smear require more frequent follow-up with repeated Pap smears at least every 6 months.
Screening for sexually transmitted diseases (STDs) is an important aspect of the pelvic exam for two reasons. First, risk behaviors for HIV infection are similar to those which place women at risk for STDs. Second, the presence of untreated, but curable STDs increases the probability of HIV transmission (Centers for Disease Control and Prevention). The MCCC has made the following recommendation with respect to screening for STDs:

**RECOMMENDATION**

Women with HIV infection should be evaluated for other sexually transmitted diseases. Evaluation should include culture for gonorrhea and chlamydia, a "wet mount" for trichomoniasis, and serology for syphilis. Tests for gonorrhea and chlamydia should be done yearly and whenever patients complain of consistent signs or symptoms. The course of syphilis may be modified by HIV disease, and close follow-up is necessary.
The GYN service providers and administrators interviewed for this booklet have identified methods for engaging and retaining women into routine GYN care. Their comments and suggestions regarding best practices are summarized below. Not all of these activities may work in every facility. The listings below represent a "menu" of options from which to choose the most appropriate method(s) for your facility.

Increasing Patient Knowledge and Access to Information

Patient knowledge and access to information may be increased through utilizing the suggestions outlined below. Many educational materials may be ordered free or at low cost from organizations listed in Appendix A, page 27.

- **Create one-page information sheets** at a range of literacy levels and in languages that reflect your patient population. Fact sheets should include the importance of GYN care for women infected with HIV, what to expect during a GYN exam, and the importance of follow-up care.

- **Create a lending library** of GYN-oriented health education videos which clients may take home and watch on their own or with a partner.

- **Turn waiting rooms into "education rooms"** by playing educational videotapes promoting GYN care or by providing health education presentations.

- **Invite speakers**, after having secured the group’s permission, into support groups and other settings where clients can be reached. Speakers can provide valuable information about women’s health issues, including GYN care.

- **Offer individualized, one-on-one patient education** on GYN care for all clients. Brochures, drawings and diagrams can visually reinforce the information discussed.

- **Reinforce general prevention messages**, including reminders about routine GYN screening, through case managers, nurses, doctors, social workers, and others who work with patients.
Increasing Patient Access and Convenience to GYN Care

- Make GYN care available on a same-day or walk-in basis (see Focus on Enhancing Access to Care, page 13).

- Coordinate GYN care with other clinic appointments so that patients do not have to make a special trip to obtain GYN services. For example, incorporate GYN care into routine HIV primary care visits, and/or provide GYN care at the initial visit or during the return visit for blood test results and medical evaluation.

- Enhance accessibility by (1) offering transportation or bus/subway fare to and from GYN services and (2) providing case management escorts to and from appointments as needed (see Focus on Offering Incentives, page 15).

Getting Patients to Their Appointments

Prevent Missed Appointments:

- Schedule an integrated appointment that includes a pelvic exam as part of the periodic physical exam. This makes an additional appointment unnecessary.

- Train staff who schedule appointments to avoid scheduling GYN appointments during times when a client is menstruating or has conflicting medical or business appointments.

- Implement patient reminder systems, including:
  
  - Memory triggers to help patients remember appointments by associating appointments with certain milestones or times of year, such as saying to the patient, *I'll see you again at Christmas time* or *The next time I see you it will be spring, and the flowers will be in bloom*.
  
  - Reminder letters and/or telephone calls prior to the appointment. Patient confidentiality regarding communication with other family or household members who may not be aware of the patient’s diagnosis should always be taken into consideration. Clear with the patient during scheduling whether or not it is okay to send a letter or make a call.
Following Up on Missed Appointments:

- **Make phone calls and send letters or postcards** to clients who have missed an appointment, reminding them to reschedule. Ensure confidentiality, as stated on previous page, prior to communication with the patient.

- **Use multi-disciplinary case conferencing** to develop coordinated strategies for clients who repeatedly miss their GYN appointments.

- **Ask clients** what the medical provider/clinic can do to improve their access to care.

Utilizing Staff Resources Effectively

- **Staff leadership** should encourage routine GYN care. As one provider wisely counseled, "A couple of highly motivated individuals can alter the entire environment for the better." Staff meetings and medical conferences should be used to reinforce staff awareness about the importance of regular pelvic exams for women living with HIV/AIDS.

- **Ideally the HIV primary care provider should be able to perform the pelvic exam.** If referral to another provider is needed, more than one should be available. The availability of two or more clinicians capable of delivering GYN care at any given time helps avoid scheduling delays. These delays can result in increased stress for patients and providers, backup for providers, long waiting periods for clients, dissatisfaction with the facility, decrease in return visits, or other unfavorable outcomes. Hiring and/or cross-training of nurse practitioners and other providers to deliver GYN care will help ensure that various health care providers are available to offer GYN care at all times.

- **Female providers** should be available. Most of the providers interviewed agreed that offering patients the option of being examined by a female provider is an important element of patient-friendly GYN care. Since patients are often hesitant to explicitly request a female provider, facilities should take the initiative of informing patients that this option is available to them.

- **Bilingual providers** should be available. The availability of staff members who are bilingual and of diverse ethnic backgrounds facilitates communication with various patient populations.
Case Managers can promote routine GYN care by:

- functioning as trusted "intermediaries" between patient and medical provider by reminding patients of upcoming GYN appointments, encouraging them to return for care, and reinforcing the importance of routine GYN care;
- escorting patients to GYN care and/or follow-up services, and
- acting as patient advocates.

Locating case management services near the medical team facilitates continuous communication between staff from both units.

Making Documentation Easier

Documenting information during the clinic visit

- Develop easy-to-read HIV flow sheets and checklists to promote ease of documentation and to prompt clinicians to deliver routine GYN care. GYN data should include, but certainly not be limited to, the following:
  - date and results of last Pap test;
  - first and last date of the patient's most recent menstrual period;
  - date and results of last mammogram;
  - birth control methods, and
  - STD (e.g. chlamydia, gonorrhea, syphilis) test results and dates.

- Create a special GYN section in patients' charts. Use a divider to clearly separate this section from the rest of the chart to facilitate quick and easy access to each patient's GYN information.

- Develop and have available a list of resources to facilitate prompt referrals to other services. This resource list may include specialty referrals such as endocrine, colposcopy and mammography, as well as social service, prenatal care, or abortion providers, domestic violence hotline numbers, legal services, and HIV counseling and testing services for partners.
Documenting information after the clinic visit

- Use a "Pap Log" to track Pap exam results and to ensure provider follow-up. Designate a central contact person - a clerk or clinician - to be responsible for using the log to keep track of the date of each patient’s exam and Pap results. Enter results into the Pap Log, and flag abnormalities for provider follow-up. A similar log could be created to track follow-up and treatment of STDs.

Examining Room Considerations

- Make all examining rooms GYN-compatible. This will allow for more efficient use of the provider’s and patient’s time. For example, as one patient is being examined, medical staff can be working with the next patient regarding other medical issues, answering any questions, or assisting with exam preparations. Making all examining rooms GYN-compatible eliminates the need for patients to move between examining rooms for different parts of their medical visit.

- "Patient-friendly" examining rooms should be created.
  - Put locks on doors or a curtain in the room to ensure privacy during the exam;
  - Ensure that examining rooms are well heated and otherwise comfortable;
  - Provide well-made patient gowns that do not fall off or tear during the exam;
  - Situate examining tables so that patients face away from the doorway during their examination;
  - Use examining lamps that do not have steel shades as these become quite hot and can cause patients discomfort;
  - Cover foot rests with cloths so they are not cold, or encourage women to keep their socks on;
  - Stock exam rooms in advance with the necessary supplies to allow the GYN exam to proceed as quickly and efficiently as possible;
  - Have sanitary pads available for women in case of vaginal spotting after the exam;
  - Keep a range of speculum sizes on hand to make the exam as physically comfortable for the client as possible, and
  - Warm the speculum prior to use.
• **Patient comfort** should be fostered.
  
  • Devise ways to help your patient relax through verbal reassurance, breathing exercises, visualization, or other techniques;
  • Verbally prepare your patient by explaining each upcoming step in the examination process before carrying it out;
  • Ask your patient what you can do to make the exam more comfortable for her, and
  • Communicate with the patient about findings. Use neutral, asexual words, such as "Your cervix looks normal" as opposed to "Your cervix looks great."

### Providing Services for Women with Children

- **Explore offering on-site child care** through cooperative linkages with local organizations (see **Focus on Offering Incentives**, page 15). Since patients may be uncomfortable being examined or discussing private matters such as sexual history and/or HIV with their children present, on-site child care is an important part of offering mother-friendly GYN services. Women who prefer to have their children with them for the duration of their appointment should be allowed to do so.

- **Co-locate GYN services and pediatric services** so that women can obtain medical care for their children and themselves under one roof. The availability of on-site pediatric services can also help attract women into care (see **Focus on Offering Incentives**, page 15).
Focus on Access and Client Comfort

Highlights of Best Practices at This Site

- Full-time staff is available to provide GYN care
- GYN exams are available daily on a walk-in basis
- Patient privacy and comfort are prioritized during the GYN examination process

Background

The HIV Program at Yonkers General Hospital is in a Designated AIDS Center (DAC) located in Westchester County. Southwestern Yonkers, the area where the hospital is based and its services directed, is a disenfranchised community with one of the highest rates of homelessness in the nation and the highest rate of HIV/AIDS in the county as a whole.

The HIV Program, initiated in 1993, has implemented a variety of strategies to optimize its delivery of routine GYN care to the women it serves. A full-time Family Nurse Practitioner (FNP) sees about 90% of all clients within the program, which provides a spectrum of integrated HIV primary care services including GYN care. The HIV Program delivers care on-site at the hospital as well as at a nearby satellite clinic. The FNP spends one day a week at the satellite clinic to provide GYN care and other forms of primary care to approximately 30 clients with HIV/AIDS.

Increasing Access for the Patient

The HIV Program’s standard of care is to conduct two pelvic exams per client each year. To maximize accessibility, the HIV Program accommodates walk-ins for GYN exams at both its hospital-based and satellite clinics. Should a patient in
need of GYN care arrive at the hospital site on a day when the Nurse Practitioner is at the satellite clinic, that client is escorted to the clinic for care. Flexibility is very important, explains the HIV Program Coordinator. We try to make GYN care as easy to access as possible because folks aren’t into schedules.

**Focusing on Client Comfort**

The HIV Program works hard to promote the delivery of routine GYN care by minimizing the unpleasantness and fear that can be associated with pelvic exams and by creating an atmosphere that conveys respect for its clients. For many clients, that means taking the GYN examination process one step at a time. If on the client’s first visit, I encounter resistance to the GYN exam, I avoid being heavy-handed, explains the Family Nurse Practitioner (FNP). I say to the patient, Let’s go as far as you’re comfortable with. Today I’m just going to talk to you and ask you some questions. And here’s what we’ll cover today and over the next two visits. Then I take a comprehensive GYN history and set up a preliminary examination for the next time. I make a point of dealing first with whatever issues the patient has established as a priority. I also let the client know that I do the GYN exam very gently, and I encourage her to talk to the other women clients to confirm this.

The FNP’s techniques for increasing client comfort during the exam itself involve continuous verbal and nonverbal communication, as well as helping the client to acclimate to the examination process incrementally: I begin the examination with the breast exam so the patient can start off sitting up, the FNP says, I drape her legs, so they’re completely covered, tucking the sheet down, so the patient isn’t exposed until she needs to be. Next, I have the patient lie flat on the table, and I complete the breast exam. Once we are done with the breast exam, I cover the patient’s breasts before moving on to the pelvic exam. The point is to only expose the area that needs to be exposed at any given point in the exam. When I’m ready to have her scoot forward toward the leg rests, I give her my hand to help her into the footrest. Now I am ready to begin the pelvic exam. I touch her on the leg or knee first to desensitize her. I talk her through the examination, letting her know what to expect throughout. Keeping the exam as brief as possible also eases the experience for clients. I make sure all my collection devices are ready ahead of time, so I’m not looking around for my equipment during the pelvic exam itself, says the FNP.

Considering the patient’s physical and emotional comfort is also key. When doing the exam, I use the smallest speculum I can, the FNP explains. And I do the exam without anyone else in the room, so there’s no gawking. At the end, I help the patient up from the table. The key, I think, is anticipating the woman’s needs and what will make her comfortable. I talk her through what I’m doing, and I explain what I’m going to do next before I do it. At the end of the process, most women walk away saying That wasn’t so bad!
Background

For thirty-one years the South Brooklyn Health Center has provided comprehensive medical services to Brooklyn's Red Hook community. The HIV Program serves approximately 269 active clients, the majority of whom—like the Health Center's client population as a whole—are African-American and Hispanic. Forty-five percent of the HIV Program's clients are women.

Routine GYN care for women with HIV/AIDS and other patients is provided by two Health Center staff members: a full-time OB/GYN physician and a Family Practitioner.
Enhancing Patient Access to Care

As with most of the programs mentioned in this booklet, the Health Center continually grapples with appointment cancellations and no-shows as major barriers to delivering routine GYN care. As one of the Health Center's physicians observed, The problem of breaking appointments is further complicated by substance abuse or by being in a relationship with substance abusers. For women coping with their own substance use problem or dealing with a partner's drug use, the daily challenges of life can often eclipse their determination to keep clinic appointments.

Methods for overcoming this barrier include scheduling appointments to match clients' needs. We don't schedule appointments on check-cashing days or when clients have meetings at their methadone program, explains the Program Director of the HIV Program. Ongoing contact and rapport with patients yields the personalized information needed to schedule care during times when the patient is most likely to access it. While advance appointments are preferred, pelvic exams are also available daily with same day appointments offered to accommodate walk-ins.

Another aspect of drawing clients into care involves the co-location of on-site pediatric services at the Health Center. As the staff here observe, Women with children are more likely to access GYN care when they bring their children in for pediatric services. We make an active effort to recruit these women into getting care for themselves, as well as for their children. Ongoing coordination and communication between the pediatric program and primary care program facilitates this process.

Other factors which draw clients into care and keep them coming back to the South Brooklyn Health Center include its full integration of a wide spectrum of on-site health services, its multilingual staff (English, Spanish, French/Creole, and Tagalog are spoken), and its long history and solid reputation in the community. The pediatricians here are now seeing the children of people who came here as children, observes the HIV Program Director, so there's a strong basis of trust.
FOCUS ON OFFERING INCENTIVES

Highlights of Incentives to Attract Women into HIV Care

• Hospital has set up agreements with local organizations to provide transportation and on-site child care
• Activities such as women's socials and cultural events are offered
• Hospital offers food vouchers as an incentive to engage women in GYN care
• Food and beverages are offered to women in an effort to make the clinic comfortable and inviting

Background

For almost 80 years the Erie County Medical Center (ECMC), a large, urban 550-bed public hospital, affiliated with the State University of New York at Buffalo has served Western New York. The medical center is the Designated AIDS Center serving the eight-county Western New York region. In 1996, the ECMC AIDS Designated Center served approximately 70% (920 patients) of Western New York’s estimated AIDS cases. The Designated AIDS Center’s client population reflects the growing population of African-Americans and Hispanics who are at risk of becoming infected with HIV. The Center offers a spectrum of incentives to women to attract and retain them in routine GYN care.
Offering Incentives

Most providers agree that creating an environment designed to meet women's needs is vital to attracting women into GYN care. Perks or incentives can be a part of this package. With creativity, a variety of incentives may be offered without straining budgets and staff time.

Incentives offered by various facilities include lunch, snacks, tokens, social events, women's support groups, movie tickets, and on-site peer counseling. They can serve a variety of purposes. Serving snacks and beverages, for example, helps create an inviting, caring atmosphere in which clients are more likely to remain engaged. On-site peer education and support groups create a supportive psychosocial and informational environment.

ECMC has also made use of incentives to attract women into care. For example, they have forged an agreement with a local community agency to transport women to and from the clinic for GYN care. In addition, child care is provided on-site through a local YWCA. Women's socials, which include lunches as well as guest speakers and celebrations of cultural events such as African-American History Month, are also offered.

Erie County Medical Center also uses grocery store vouchers as an incentive to engage women in care. We set up criteria for dispensing the food vouchers based on the specific problems we were encountering, says the Program Administrator. For example, some women were not coming in for routine pelvic exams or follow-up colposcopies, so the case manager would talk to them and offer a food certificate if they'd come in for two GYN exams or for their colposcopy.

Creating a Comfortable Environment

The clinic itself is also set up to be comfortable and inviting. Tea and coffee are provided, and a local company donates juices and other beverages. In addition, lunch is provided for women who must remain at the clinic for long procedures.

It's worth remembering that even small courtesies can be beneficial. One clinic, for example, distributes free notepads and pencils for patients to jot down their concerns and questions while waiting to see their provider. Another makes drinking water available in the waiting area. Whether simple or involved, perks and incentives can, as one provider remarked, give clients something to look forward to, something that encourages them to come in for care.
Storyboards are visual tools that can be useful for quality improvement team members. They help the team focus on its goals and methods for improvement, and concentrate on how to measure whether improvement is taking place. Storyboard presentations can:

- be an effective method for communicating progress on a quality improvement project;
- be updated over time to reflect current stages in the quality improvement process, and
- allow team members and other personnel to follow the process being used to arrive at a solution and the improvements being made by team members and the organization at large.

On the following pages a GYN storyboard from a New York City hospital’s project is presented. In this presentation clear goals are stated, data reflecting prior performance are displayed, implemented improvement measures are described, and follow-up data are reported. While this facility used the "FOCUS Approach" to performance improvement, a different but similar process could be used by any facility to improve the delivery of GYN or other care. For more information on quality improvement methods, please contact the Director of Continuous Quality Improvement (CQI), NYSDOH/AIDS Institute, at (212) 268-6142.
Use FOCUS Approach to Performance Improvement

F = Find an Opportunity for Improvement
O = Organize a CQI Team
C = Clarify the Existing Problem
U = Understand Process Variations (i.e.: Breakdowns)
S = Select Improvement Measures

F = Find an Opportunity for Improvement
External and internal chart reviews identified the need for improvement.
Set goals for care of HIV-infected women in ambulatory setting:
• Increase performance of annual pelvic exams from 33% to 100% in 6 months
• Increase documentation of reproductive options from 22% to 100% in 6 months

O = Organize CQI Team

Team Leader: Medical Director
Facilitator: Director, QA
Timer: Administrator, AIDS Center
Scribe: Secretary, AIDS Center
Members: Associate Director, Dept. of Medicine
Director, Ambulatory Care Nursing
I.D. Attending Physician
GYN Attending Physician
Nurse, HIV Ambulatory Clinic
Pap Smear Nurse
Administrator, Dept. of Surgery
C = Clarify Existing Practice in Various Clinic Settings

<table>
<thead>
<tr>
<th>GYN Clinic</th>
<th>Medical Clinic</th>
<th>HIV Clinic</th>
<th>ID Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic/Pap</td>
<td>Some MDs Do Pap</td>
<td>Most MDs Don't Do Pap</td>
<td>GYN History; No Pap</td>
</tr>
<tr>
<td>Done</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refer to GYN Clinic
Don't Refer to GYN Clinic

Lost
Lost
Lost

U = Understand Process Variations (i.e.: Breakdown)

SYSTEMS
- No patient-tracking system
- No system to follow-up abnormals
- Many patients overdue for annual pelvic exam
- Long wait from HIV clinic to GYN clinic

EQUIPMENT/MATERIALS
- Some exam tables lack stirrups
- Exam room lacks cytobrushes
- Lack of patient education materials regarding GYN care and reproductive options

STAFFING
- Lack full-time GYN Attending
- Housestaff not trained to do pelvics; no time in schedule for training
S = Select and Implement Improvement Measures

SYSTEMS
Developed Policy & Procedures and Forms to:
• Log pelvic exams in HIV clinic
• Log results
• Direct lab results to both Ambulatory Care and MD
• Schedule abnormals for GYN clinic follow-up
Scheduled backlogged patients to GYN clinic immediately

STAFFING
• Trained Housestaff to do GYN assessment and Pap smears (one-day training by GYN Attending)
• Schedule set by Chief Resident
• AIDS Center Medical Director began monitoring Housestaff to ensure they perform GYN exams when patient is due

EQUIPMENT & MATERIALS
• Nursing Care Coordinator began ensuring exam rooms are set up for Pap smears and started ordering cytobrushes
• Staff-created flyer (English/Spanish) emphasizing importance of GYN care for all women and special risks for HIV-infected women

North General Hospital Pelvic Exams/Paps Performed

<table>
<thead>
<tr>
<th>Quarter</th>
<th>1995 2nd Qtr</th>
<th>1995 3rd Qtr</th>
<th>1995 4th Qtr</th>
<th>1996 1st Qtr</th>
<th>1996 2nd Qtr</th>
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</thead>
<tbody>
<tr>
<td>Pelvic Exams/Paps Performed</td>
<td>17%</td>
<td>33%</td>
<td>44%</td>
<td>67%</td>
<td>78%</td>
</tr>
</tbody>
</table>
North General Hospital Reproductive Options Discussed

Follow-Up Steps

- Focused chart reviews conducted in August 1996 (5 months later) to check progress.

- GYN quality indicators (annual pelvic performed and reproductive options discussed) established as part of AIDS Center’s monthly chart review cycle.

- Progress report and performance review presented at each quarterly AIDS Center Principal Investigator Committee meeting.
CONCLUSION

Routine GYN care is an essential component of a complete health care plan. We hope that this booklet will assist providers as they continue to strive to provide women with HIV infection with the highest quality of care.

It is hoped that the best practices, solutions, and quality improvement tools outlined in this booklet will be useful to health care practitioners who provide or design health care services for women with HIV/AIDS. Each of the facilities identified in this booklet went through the process of identifying which interventions or tools worked best at their sites. Readers of this booklet are encouraged to do the same.
REFERENCES


Many publications, educational videos and on-line resources, including those listed here, exist for patient education. Prices of publications and videos are subject to change.

**Publications**

**Abnormal Pap?**
American Social Health Association.
This patient-friendly brochure explains what an abnormal Pap result means and gives possible causes. It also explains HPV and the importance of regular Pap smears for women of all ages. Colposcopy, biopsy and the difference between a Pap smear and pelvic exam are defined. Tips for preparing a Pap smear and space to write in the next appointment and questions for the doctor are included. Price: up to 499: 26 cents each; 500-999: 24 cents each; 1000 or more: 22 cents each. To order call 1-800-783-9877 between 8 am — 4 pm (EST).

**GYN Exams Can Save Your Life!**
Planned Parenthood Federation of America.
This pamphlet stresses the critical, lifesaving importance of routine gynecological care. Written and designed to be read quickly and easily, it contains no complex, lengthy explanations, just the hard and fast reasons why every woman must have regular GYN check-ups. Price: $3.00 each; or 100 -- $10.00; 500 -- $40.00; 1000 -- $60.00. To order call (212) 261-4656 or visit PPFA's website at the address given on page 33.

**Hagase la prueba Pap: Hagalo Hoy...Por su salud y su familia!**
(Have a Pap Test...For Your Health and Your Family!) National Cancer Institute, NIH
This bilingual brochure tells why it is important to get a Pap test and gives concise information about where to get a Pap test and how often the Pap test should be done. (Available also in an English version, Pap Test: A Healthy Habit for Life! ) Price: Free -- (No shipping and handling charge for orders of 20 or fewer items). To order call 1-800-422-6237 or visit NCI's website at the address given on page 33.
Having a Pelvic Exam and Pap Test,
National Cancer Institute, NIH
This easy-to-read brochure uses pictures to describe what a woman will experience when getting a Pap test and a pelvic exam from a health care provider. Price: Free -- (No shipping and handling for orders of 20 or fewer items). To order call 1-800-422-6237 or visit NCI`s website at the address given on page 33.

The Pap Test,
American College of Obstetricians and Gynecologists.
This pamphlet tells who should have a Pap test, how often the test should be done, and what the results mean. Price: $17.50 for a pack of 50. To order call 1-800-762-2264.

Pap Tests: A Healthy Habit for Life!
National Cancer Institute, NIH
This easy-to-read color brochure tells women about the importance of getting a Pap test. It explains who should get a Pap test, how often it should be done, and where to get the test. Price: Free -- (No shipping and handling charge for orders of 20 or fewer items). To order call 1-800-422-6237 or visit NCI`s website at the address given on page 33.

La Prueba Pap: Un m todo para diagnosticar el c ncer del cuello del tero,
National Cancer Institute, NIH
This 16-page booklet in Spanish answers questions about the Pap test, including how often it should be done and the significance of test results. It also describes other diagnostic tests and treatments. Price: Free -- (No shipping and handling charge for orders of 20 or fewer items). To order call 1-800-422-6237 or visit NCI`s website at the address given on page 33.

Some Questions and Answers About HPV and Genital Warts,
American Social Health Association.
This pamphlet, available in English and in Spanish versions, explains the viral infection that sometimes causes warts and answers the most frequently asked questions about HPV. It also addresses the evidence linking HPV with cervical cancer and stresses the importance of the Pap smear. Price: up to 499 items -- 30 cents each; 500-999 items -- 28 cents each; 1000 or more items -- 26 cents each. To order call 1-800-783-9877 between 8 am — 4 pm (EST).
Taking the Mystery Out of GYN Exams,
Presbyterian Hospital HIV Clinical Education Initiative, Columbia-Presbyterian Medical Center, New York, NY.
This eight-panel educational brochure, available in English or Spanish, provides a detailed description of what to expect before and during a GYN examination. In clear, straightforward language, the brochure explains the reasons why GYN care is so important as well as other ways that women can protect their health, such as safer sex, healthy diet, stress management, and routine health care. Price: Free -- to New York State providers. To order call (212) 305-2985.

What You Need to Know About Cancer of the Cervix,
National Cancer Institute, NIH
This pamphlet discusses symptoms, diagnosis, treatment, emotional issues, and questions to ask the doctor. It also includes a glossary of terms and other resources. Price: Free -- (No shipping and handling charge for orders of 20 or fewer items). To order call 1-800-422-6237 or visit NCI's website at the address given on page 33.

Your Key to Good Health: The Gynecological Exam,
Planned Parenthood Federation of America.
Regular gynecological check-ups are critical to women's good health and preventing serious, life-threatening illnesses. This pamphlet dispels all mysteries with a thorough explanation of everything that happens in an exam and why. It also covers how often women should have an exam and how they should prepare for it. Price: $3.00 each; 100 -- $30.00; 500 -- $125.00; 1000 -- $200.00. To order call (212) 261-4656 or visit PPFA's website at the address given on page 33.
Educational Videos

Taking Control of Your Health: The Pap Test and Cervical Cancer,
National Cancer Institute, NIH
This nine-minute video lists the reasons why Native American women need to get Pap tests regularly. The video features Native American health care and medical professionals from several tribes. Price: Free -- (No shipping and handling charge for orders of 20 or fewer items). To order call 1-800-422-6237 or visit NCI’s website at the address given on page 33.

The Pap Test: What Every Woman Should Know,
American College of Obstetricians and Gynecologists.
This video answers questions such as: Who should get a Pap test? How is a Pap test performed? What do Pap test results mean? The 20-minute video is packaged with ACOG’s The Pap Test pamphlets. Price: $25.00 each. To order call 1-800-762-2264.

Woman to Woman on the Pap Smear, De Mujer a Mujer, It’s Happening to Us! and Nos Afecta A Nosotros,
UCLA Division of Cancer Prevention and Control Research.
Four mini-documentaries designed to help health care providers reach Latinas and African-American women with crucial messages on cervical cancer screening. The videos draw from relevant culture dynamics to engage and entertain audiences. Two additional documentaries are available on breast cancer screening. Price: $60.00 for cervix screening topic (Spanish and English versions on same cassette), $40.00 for breast screening topic (Spanish and English versions on same cassette), and $75.00 for cassettes on both topics. To order call the Division of Cancer Prevention and Control at (310) 825-3181.
On-Line Resources

American College of Obstetricians and Gynecologists (ACOG): The American College of Obstetricians and Gynecologists is a leading group of professionals providing health care for women. As a private, voluntary, non-profit organization, ACOG serves as a strong advocate for quality health care for women; maintains the highest standards of clinical practice and continuing education of its members; promotes patient education and stimulates patient understanding of and involvement in medical care; and increases awareness among its members and the public of the changing issues facing women’s health care.  http://www.acog.org

American Social Health Association (ASHA): ASHA is an authority on sexually transmitted disease (STD) education and patient advocacy. Its mission is to stop sexually transmitted diseases and their harmful consequences to individuals, families and communities.  http://www.ashastd.org

National Cancer Institute (NCI): NCI coordinates the government's cancer research program. NCI is the largest of the 17 biomedical research institutes and centers at the National Institutes of Health (NIH). Established under the National Cancer Act of 1937, it is the Federal Government’s principal agency for cancer research and training.  http://www.nci.nih.gov

The Henry J. Kaiser Family Foundation: The Henry J. Kaiser Family Foundation is an independent health care philanthropy which focuses on four main research concentrations: health policy, reproductive health, HIV policy, and health and development in South Africa. The Foundation also maintains a special interest in health policy and innovation in its home state of California.  http://www.kff.org

Planned Parenthood Federation of America (PPFA): The Planned Parenthood Federation of America provides comprehensive reproductive and complementary health care services. It advocates public policies that guarantee these rights and ensure access to such services; provide educational programs on human sexuality; and promote research and the advancement of technology in reproductive health care.  http://www.plannedparenthood.org

National Cervical Cancer Public Education Fund: The National Cervical Cancer Public Education Fund works in partnership with the American Medical Women’s Association, an organization of women physicians and medical students dedicated to improving women’s health. The organization’s web site plans to educate women about the need for regular Pap smear screening for early detection of cervical cancer as well as about the link between human papillomavirus (HPV) and cervical cancer.  http://www.cervicalcancercampaign.org
APPENDIX B
SAMPLE OFFICE SYSTEM TOOLS

• Sample GYN Progress Note Page

• Sample GYN Sticker

• Sample Clinical Management Patient Information Sheet
GYNECOLOGY

A. History

G____ P____
LMP:
Menses:
STD History:

Last PAP: Results:

Last Mammogram:

Surgical History:

Sexual Activity:

Contraception/Protection:

B. Pelvic Exam

Breasts:

Pelvic:

Wet mount/KOH:

C. Assessment/Plan

Follow-up Appointment:
GYN HISTORY

Present Symptoms: None _______ Yes: _________________________________________

Past Infections: None _____ GC _____ Chlamydia _____ Syphilis _____ PID _____ Other: _____

Previous PAP smears: Normal _______ Abnormal: ___________________________________

L.M.P. _____________________________

Sexually active: No ___ Yes ___ HIV Education Given: Yes____ Referred: _________
PAP/STD Education Given: Yes _____ Referred: ________ GYN Referral: No ____ Yes____

Partner Notification: New Partner(s): _____________________________________________
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