

A Nurse Practitioner led colposcopy service for rural Aboriginal women

Presented by:

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Purpose

To improve access for rural Aboriginal women to:

- Gynaecological cancer screening services
- Diagnosis and treatment for those at increased risk of developing cancer of the cervix

Longer Term Objectives

- Fewer cancers of the cervix
- Fewer deaths related to cancer of the cervix
- Fewer hospitalisations from all causes of cervical pathology

What is Colposcopy?

Colposcopy is the examination of the cervix under magnification, from which abnormalities can be detected and biopsies taken.

It is most often used when an abnormal pap smear result is identified.

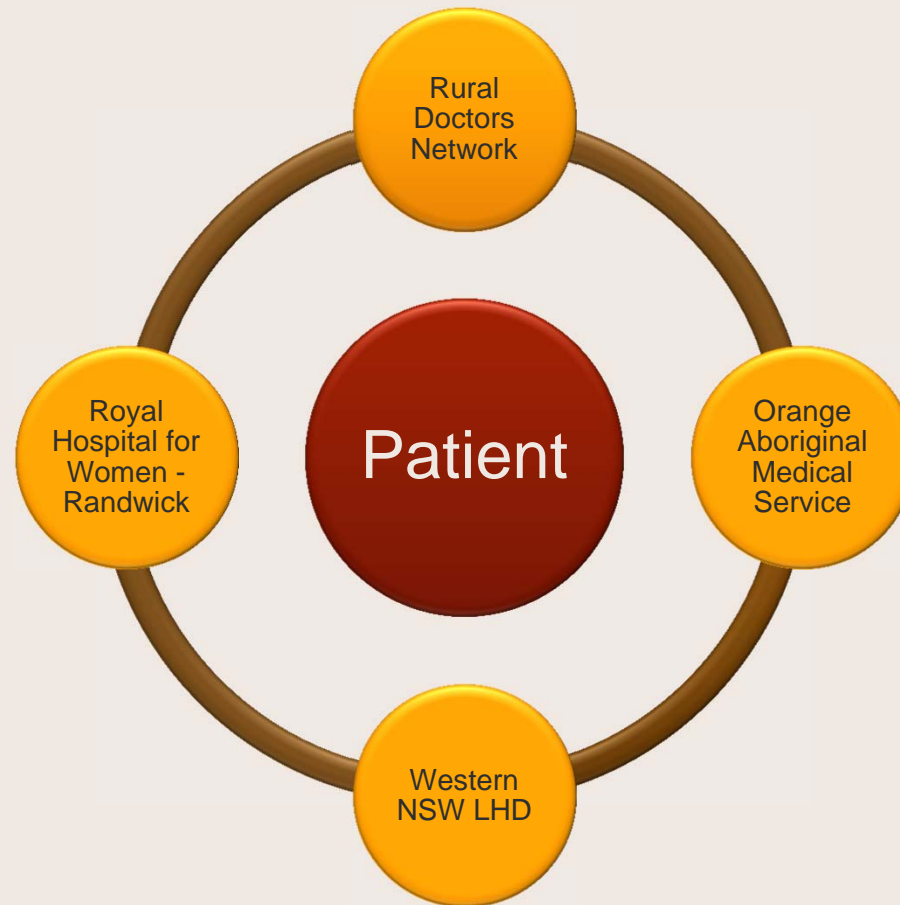
Why a nurse-led model for colposcopy?

- Address the health risk: Aboriginal women have a greater risk of developing and dying from cervical cancer than non-Aboriginal women in general and the need for surveillance, once a high-grade cervical lesion is found, is life-long.
- Address the access barriers: cost, culture and continuity

A planned approach

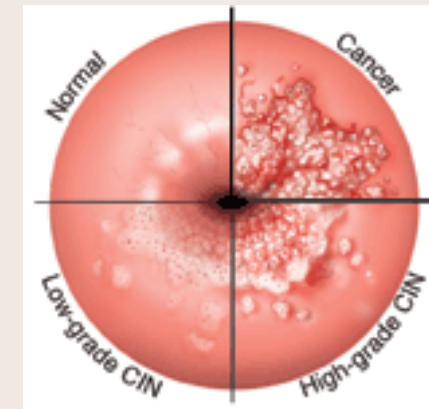
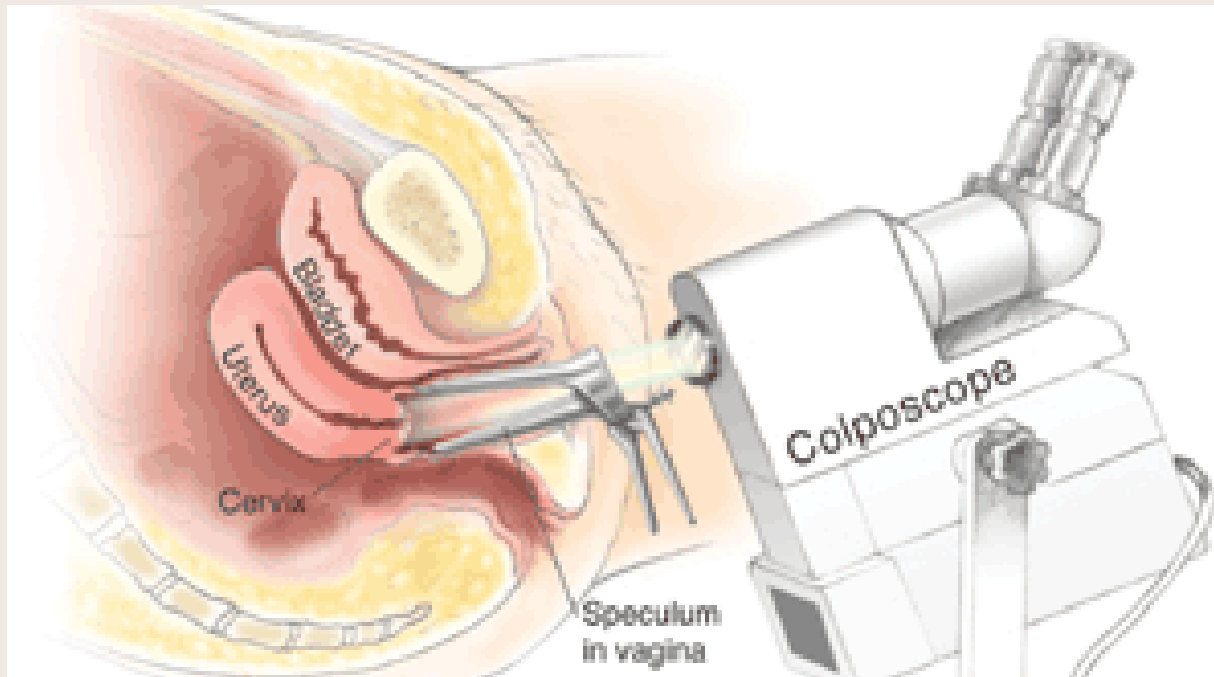
- Building collaborative partnerships
- Establishing the Service Level Agreement
- Training and mentorship
- Commencing clinics
- Overcoming hurdles
- Broadening Scope of Practice

A partnership approach to service planning and implementation

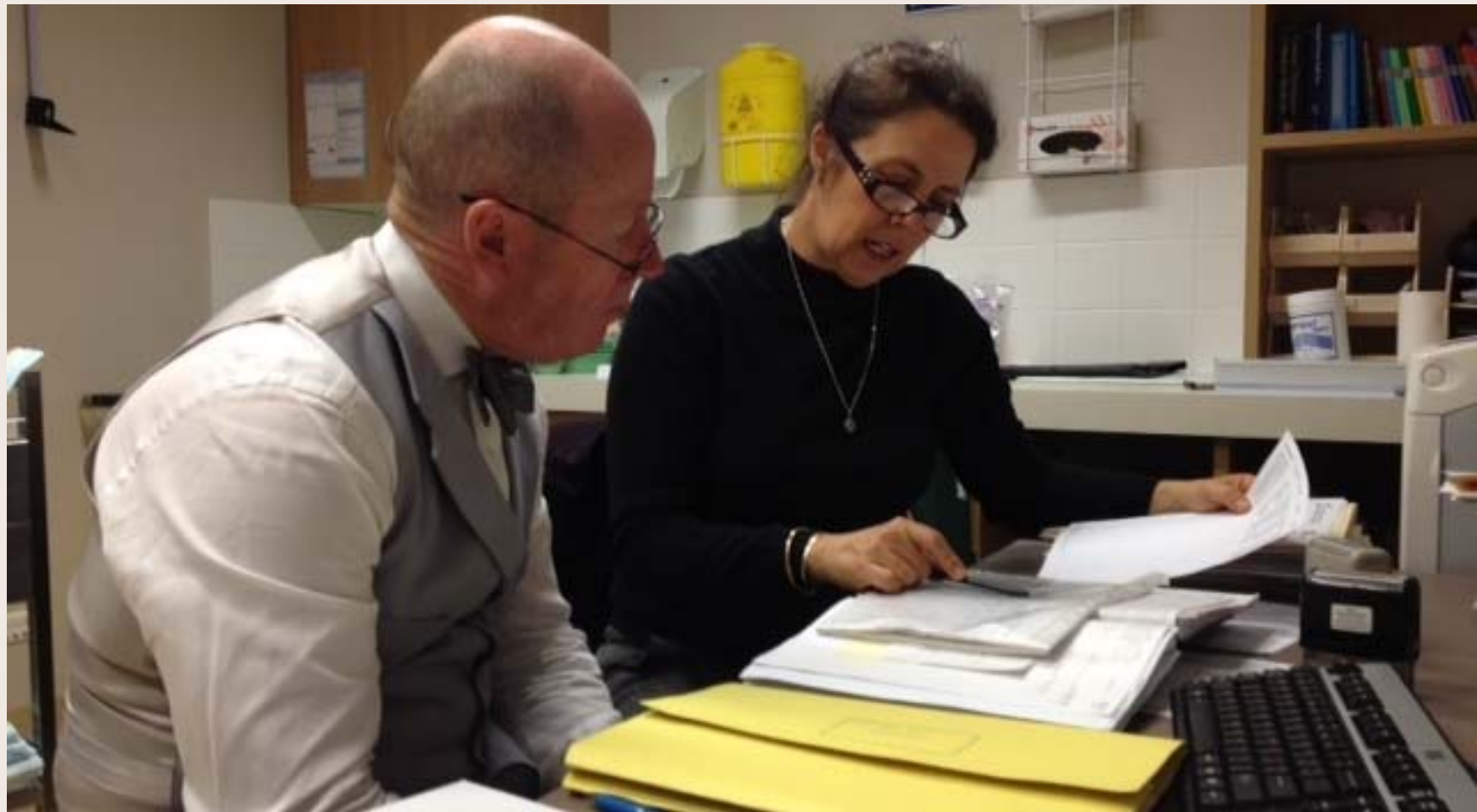


Colposcopy clinic experience

Part 1: the procedure



Colposcopy clinic experience



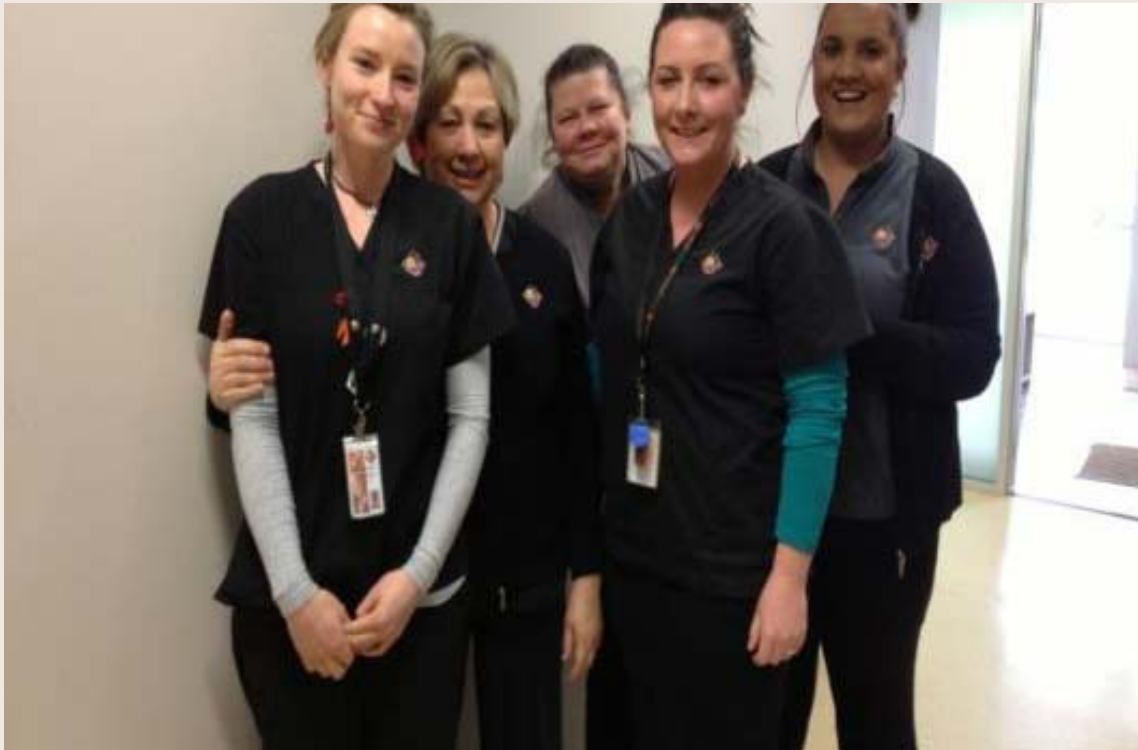
Evaluation

- Early data
- Adherence to KPIs illustrating:
 - Timely diagnosis and treatment
 - Keeping women healthy and preventing hospital admissions
- Client satisfaction

Early Data

| Reason for consultation | Number | Procedure performed | | Outcome | | | | | | | Further treatment/procedures or investigations proposed | |
|----------------------------------------|------------|---------------------|-----------|------------|-----------------|-----------------|-----------|------------------------|----------|----------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| | | | | PAP smears | | | | Histology after biopsy | | | | |
| | | Colposcopy | Biopsy | Neg PAP | LSIL/pos s LSIL | HSIL/pos s HSIL | HPV | CIN1 | CIN2 | CIN3 | LLETZ | Other |
| PH/ possible HSIL/HSIL | 21 | 21 | 15 | 6 | 2 | 12 | 12 | 1 | 2 | 7 | 10 | 1 referral for CT scan pelvis |
| Possible LSIL/LSIL | 22 | 22 | 14 | 11 | 10 | 1 | 11 | 4 | 0 | 0 | 1 | |
| LLETZ | 10 | 10 | | | | | 8 | | | | | 2 referred to tertiary referral hospital - 1 because cervix high grade visually but biopsy did not correlate with visual and pap. |
| Follow up/ Post LLETZ/ treatment plan | 51 | 8 | 0 | | 1 | | 1 | | 0 | 0 | | 1 planned admission 3 pelvic US 1 IUD insert 2 Rpt colposcopy |
| Suspicious/ irregular cervix | 5 | 4 | | 3 | | | | | | | | 1 ectropion 1 cervical stenosis for surgical repair |
| Post menopausal/ other irregular bleed | 4 | 4 | 0 | 1 | | | | | | | | 1 admission for EUA |
| ? Cervical polyp | 2 | 2 | 1 | 2 | | | 1 | | | | | 1 polyp for hospital admission |
| Difficult PAP | 1 | 1 | | 1 | | | | | | | | |
| Vulvo- vaginal abnormality | 3 | 2 | | 2 | | | | | | | | 1 biopsy- epidermal cyst 1 referral tertiary referral hospital 1 vaginoscopy |
| Other | 6 | 3 | | 2 | | | | | | | | 2 referral tertiary referral hospital |
| TOTAL | 125 | 77 | 30 | 28 | 13 | 13 | 33 | 5 | 2 | 7 | 11 | |

Orange Aboriginal Medical Service Staff



Further developments in rural NSW

- Training Aboriginal health workers to provide support
- Telehealth
- Training future nurse practitioner colposcopists
- Expansion into more rural and remote sites
- Expansion of integrated NP led models of care

Recommendations

- More nurse practitioners.
- Recognising nurse practitioner colposcopy as a model of best practice
- Allocation of a Medicare Provider Number to nurse practitioners.
- Greater involvement of metropolitan teaching hospitals in the development of innovative service models for patients in regional and remote areas.
- Better use of telehealth to provide additional support for the nurse colposcopist.

Thank you and questions

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