Case Study Template

As part of the Scope of Work and Compensation in the Extended Faculty Agreement, each organization must provide a case study write-up to accompany their presentation. Case studies will be posted on either or both www.teamsteppsportal.org and www.teamstepps.ahrq.gov. Please fill in the template below and submit it to AHRQTeamSTEPPS@aha.org after the conference and before June 27th. We will be able to process your honorarium after receiving this document.

Name of Organization: Jefferson University
Type of Organization: Hospital and University
Location: Philadelphia, PA
Web address: www.jefferson.edu
Description of project: Improving the rate of colposcopy in an urban population with known abnormal Pap smears

Location of Implementation: Outpatient Ob-Gyn office
Number of People Trained in TeamSTEPPS: 25

The Problem: A three month chart review of all patients with abnormal Pap smears done 6 months previously showed that only 50% (15/30) had the required colposcopy performed. This was because 1) the abnormal Pap smear result was not verified by the provider because it was filed directly into the EMR chart; 2) contacting patients and explaining results was too time consuming for the providers; and 3) patient anxiety, lack of medical literacy, and frustration since providers had no standardized way of communicating results to patients and patients couldn’t reach providers. We had communication and teamwork issues that needed to be addressed.

The Solution/About the Initiative: We wanted to integrate TeamSTEPPS tools regarding communication, handoffs, collaboration, checkbacks and mutual support into the EMR to address the three barriers. Our medical assistants cross checked on a weekly basis all Pap smears that were performed. If the provider did not verify the result, the MA tasked the provider to do this without fear of repercussion since all were instructed in mutual support. Once verification reached 100%, we shifted the tasks of informing the patient of the abnormal result to a designated nurse-triage team who would call the patient, explain the abnormality, and schedule the colposcopy at the time of the call. The team would then task the provider through the EMR as a checkback to alert them that the appointment was scheduled. The nurse-triage team would then keep the patient’s name on a list and when they arrived for the appointment, then sent a confirmatory message to the provider.

Required Resources:
- Resource 1: Fully functioning EMR—already implemented in 2008, so no extra cost
- Resource 2: Nurse triage team of an RN and NP—0.2 FTE total
- Resource 3:
**The Results:** Within 3 months of implementation, there was a 70% improvement in the rate of colposcopy from 50% (15/30) to 85% (29/34). All colposcopies were done in a mean time of 38.5 days, well below the benchmark of 2.5 months, the shortest amount of time recommended to perform the test. The economic savings ranged from $28K to $72K since this was the range of cost if the 2 patients who had abnormal Paps and might have developed cervical cancer and needed treatment were ones who were identified using the checkback mechanism.

**Advice for Colleagues:** One key piece was to involve physicians from the very beginning of the project and assure that the project provided a tangible benefit to them (they saved time in this situation) in order to enhance sustainability. Allow other health professionals to practice to the fullest extent of their experience created a sense of personal pride in patient care as our nurse-triage team appreciated the chance to educate and inform. Finally, involving patients in the planning stage enabled us to identify when they were not calling back to schedule and understand their frustration when they could not reach the doctor back.

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