The Implementation of an EBP Change Project to Improve Cervical Cancer Screening
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Introduction and Background:
- Cervical cancer is the third leading cancer in women worldwide.
- In the United States, cervical cancer is ranked 14th in frequency of all cancers.
- Legislation was passed in several states requiring hospitals to offer inpatient cervical cancer screening.

Clinical Problem:
- JHH screening is the responsibility of the Patient Service Coordinators (PSCs) - unlicensed registration staff.
- During random chart audits on inpatient units, it was noted that cervical cancer screening forms had not been completed or were absent.
- Based on a pilot review, screening compliance rate was 51%.

Aim:
- To improve inpatient cervical cancer screening compliance by increasing the knowledge of PSCs.

Evidence:
- Literature supports the need for an educational intervention to eliminate knowledge gaps in cancer awareness among licensed and non-licensed health workers.
- Teamwork, collaboration, and incentives can promote effective cervical cancer screening.

Context:
- Culture: JHH fosters an environment of ongoing practice development, performance improvement initiatives, and technological advancements to attract patients globally.
- Leadership: JHH employs leaders that transform culture by motivating and empowering others.
- Evaluation: Project effectiveness in this practice setting was through humanistic and concrete results.

Underlying Theory for Change Project
- Promoting Action on Research Implementation in Health Services (PARIHS) Framework:
  - Evidence: High quality literature.
  - Context: Culture, leadership, and evaluation.
  - Facilitation: Task or organizational.
  - Successful Implementation: Favorable outcome.

Method:
- Component One:
  - Established a fundamental baseline knowledge of cervical cancer of the PSCs.
  - Assessed for an improvement of knowledge.
- Component Two:
  - Reviewed cervical cancer screening forms.

Educational session included:
1. PowerPoint presentation:
   - Cervical cancer overview.
   - Maryland mandate.
   - How to complete the screening tool.
2. Participatory discussion.
3. Factual accounts of women screened within the CCSP.

Pre and post survey questions utilizing the modified version of the Cervical Cancer Awareness Measure (CCAM).

Successful Implementation:
- 1. Screening compliance increased by 20%.
- 2. Screening form completeness increased by 37%.

Conclusion:
- 1. 87% of the PSCs felt factual accounts were an incentive.
- Education will be used to sustain and also improve the current compliance rate.

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