Nurse colposcopy service

Initiative Type: Model of Care
Status: Deliver
Added: 21 August 2019
Last updated: 09 September 2019


Summary
Gold Coast Health has one colposcopy nurse, but with the increase in referrals to the colposcopy clinic we needed to increase our nurse colposcopy capacity. There are no training programs in Australia for nurse colposcopy. Over 2018/19 a Nurse Practitioner is being trained to perform colposcopy and LETZ procedures. The existing colposcopy nurse and medical staff at Gold Coast Health are training the nurse practitioner using an internationally approved training and accreditation program.

The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in the health service and has presented at the Clinical Excellence Queensland Showcase 2019.

Key dates
Partnerships: Oct 2018

Key Contacts
Hazel Brittain
Aim
To test a training program for colposcopy nurses in the Australian context in order to expand the nurse colposcopy model of care.

Benefits
The colposcopy nurse program has high potential for scale and spread. The colposcopy nurse is well accepted by the clients, can perform colposcopy very efficiently, has a high rate of operator reliability and is a more cost-effective program than specialist only colposcopy services.

Background
Colposcopy is the procedure undertaken to detect cancers after a woman returns an abnormal pap smear. With the introduction of the new, more sensitive HPV test in December, experts are predicting more women will need to undergo a colposcopy.

Solutions Implemented
The Colposcopy Nurse training program has been successful in the development of a model of care for nurse colposcopy, a nurse colposcopy training program and a nurse colposcopy credentialing process.

Evaluation and Results
Patient satisfaction surveys demonstrate excellent patient satisfaction with the colposcopy service. Histology audits demonstrate a very high rate of operator reliability. A low rate of clients needing subsequent appointments with a medial
specialist.

Lessons Learnt
The difficulty changing a predominantly medical model of care to a nursing model and encountering some reluctance and scepticism from more traditional operators. Lessons included making sure the patient safety and satisfaction audits were shared with the team to demonstrate the safety, efficiency and acceptability of the service.

References