CLOSING the GAP: ESTABLISHING A WOMEN’S PREVENTIVE HEALTH CARE VISIT
Barbara A. Persons, RN, DNP, WHNP-BC; Michelle Teschendorf, PhD, MSN, RN
Northern Kentucky University

INTRODUCTION
What does one think when hearing the words “women’s health exam”? The thought centers around breasts and pelvis plus the exams involved. Now the focus of women’s health is total human female health care that includes all body systems. Trends in women’s access to primary care and gynecological services across the age spectrum has been inconsistent and lacking in preventive focus. This project investigated the use of regular patient questionnaires and its effectiveness in identifying possible and/or potential women’s health care problems. Project results provide quality improvements for providers, patients, and for preventive health care.

BACKGROUND and SIGNIFICANCE
In 2016, the American College of Obstetricians and Gynecologists (ACOG) partnered with the National Association of Nurse Practitioners in Women’s Health (NPWH) and the American Academy of Family Physicians (AAFP) to update and improve guidelines for women’s preventive health care.

The Women’s Preventive Services Initiative (WPSI) is the result of the collaborative effort. Defining the providers’ roles and focus in office practice plus what is needed for the preventive health care visit is key. Improving and sustaining women’s preventive health care “patient information” by updating questionnaires in the EHR each visit will make a difference. Assessment and evaluation approaches for wellness and problems can improve health outcomes. Identifying significant histories can lay the ground work for improved care.

PURPOSE
Defining the providers’ roles plus what is needed for wellness care is the approach for improving preventive services for women.

The question is: Is it SUSTAINABLE?

PROJECT DESIGN
The project design was based on quality improvement of health care services for women. The Aim of the project was to improve and sustain the women’s preventive health care exam criteria in the medical practice by 80% within 12 weeks by updating exam processes, questionnaires, and orienting providers to the improved process to individualize preventive plan of care for each female patient.

QUESTIONNAIRES:
1. Personal Medical History: Childhood diseases, hospitalizations, surgeries. Current Medications? Immunizations Up-to-date?
3. Pregnancy History: How many pregnancies? How many live births? Did you have GESTATIONAL DIABETES, HYPERTENSION, PRE-ECLAMPSIA, PRETERM LABOR?

EXAM PROCESSES: Head-to-toe, all systems review and assessment
SCREENING: Based on National Clinical Guidelines and Women Preventive Services Initiative (WPSI) Lab work, pap testing, mammogram2, dexa bone scan, genetic screening
REFERRALS: based on family history and screening results
PLAN of CARE: Individualized for future/yearly preventive health care

RESULTS
At the end of each week, for 12 weeks, the chart reviews were done, and an average grade was assigned. The data gathered during the project showed that yes, the change was SUSTAINABLE². The retrospective chart review of 174 female patient visits showed objective scoring of each chart for a total of 100 points each. The score/range started at 52% the first week and ended at 98% at the 12th week.

CONCLUSIONS
This project was an exercise in consistency and demonstrated how learned change can be reinforced and sustained. The results surpassed the 80% goal which validated the hope for improvements in the WPSI. This supportive framework is the best process that health care providers can offer patients. The history questionnaires are proving to be more valuable than first thought and set a plan of care in motion. Case in point: researchers are finding that asking a patient about any complications of pregnancy, such as gestational diabetes, pre-eclampsia, hypertension, and pre-term labor are indicators of heart disease later in life. Closing the Gap: Establishing a Women’s Preventive Health care Visit PROJECT provides quality improvement measures for preventive health care. Maintaining the quality improvements is a new goal.

References
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FOR QUESTIONS: Contact Barbara Persons. berns332@nku.edu (414)486-8266