

Audit: The case for a hospital led test of cure clinic

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Introduction

Following treatment for high-grade squamous intraepithelial lesions, Cervical Screening Guidelines recommend twelve monthly co-tests until two consecutive negative tests. The most effective way to follow up patients for their twelve month test of cure is unclear.

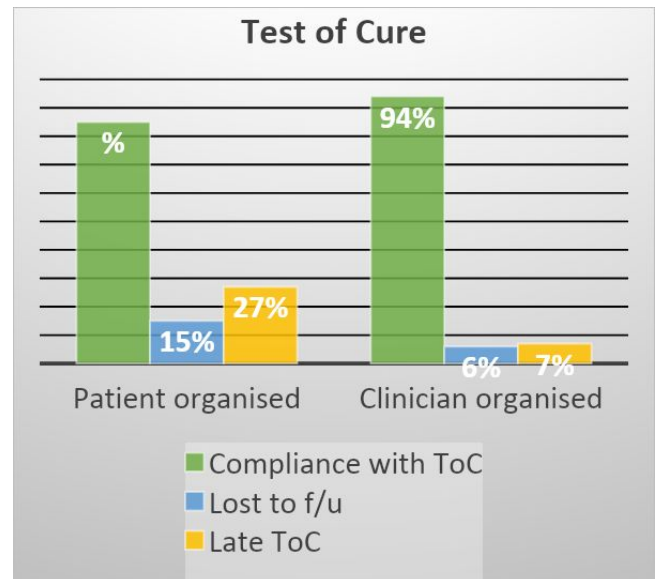
Aims

Primary: Determine the test of cure compliance rates in patient organised follow up compared to clinician organised follow up after a large loop excision of transformation zone.
Secondary: Timeliness of test of cures after treatment.

Methods

The population samples consisted of patients who underwent a LLETZ procedure at a Queensland public hospital and private practice in 2019. Patient organised follow up group (public hospital) were discharged to follow up with their General Practitioners whereas the clinician led follow up group (private practice) had a twelve month recall appointment scheduled with their gynaecologist. Test of cure results were searched on the National Cervical Cancer Registry to determine if a co-test was performed and the timeliness of the test was noted (within 3 months of due date)

Results



Compliance with test of cures were better in the clinician organised group (94%) compared to the patient organised group (85%).

Test of cures were done at the 12 month recommendation in 93% of the clinician organised group. Whereas only 73% of the patient organised group had a timely test of cure.

Discussion

Patients with follow up appointments organised in advance led to better outcomes.

The better compliance and timeliness builds a case for hospital based test of cure clinic in place of discharging patients back to their GP.

The clinic can be staffed by specialised upskilled nurses capable of performing test of cures with medical practitioners overseeing results.