

Integrated Screening Guide
***How to plan a successful integrated screening clinic
with a mobile mammography unit***

January 2016

Development of this Guide has been made possible through funding from the Public Health Agency of Canada and Alberta Health Services. The views expressed herein do not necessarily represent the view of the Public Health Agency of Canada.

TABLE OF CONTENTS

INTRODUCTION	1
How does the integrated screening clinic work?	1
Is the approach right for my community?	1
The Integrated Screening Framework Principles	2
CLINIC PLANNING	4
Things to Consider about Clinic Planning Overall	4
Things to Consider about Clinic Logistics	4
1. Clinic Location	4
2. Staffing	5
3. Staff Training	5
4. Potential Clinic Promotion and Screening Awareness Activities	6
5. Booking	7
6. Supplies	8
7. Lab Requisition Information	8
8. Clinic Set-up and Client Flow	9
Day of the Clinic: Checklist Reminder	10
After the Clinic: Checklist Reminder	10
Follow- Up of Results	11
TOOLS AND TEMPLATES FOR PLANNING/CLINIC DAY	12
Standard Agendas to Use for Planning Meetings	12
Sample Forms	12
Clinic Posters	13
BREAST, CERVICAL & COLORECTAL SCREENING RESOURCES	14
OTHER HELPFUL INFORMATION	15
Direct Links to All Tools & Templates	15
Useful Websites	16
Integrated Screening Contacts	17

INTRODUCTION

The Enhanced Access to Cancer Screening (EACS) project was a two-year initiative (September 2013-October 2015) that brought together federal, provincial, and zone and community partners to increase access to cancer screening. The initiative was funded by the Public Health Agency of Canada (PHAC). The project was based on the premise that integrating screening services may be more successful in addressing clients' needs and at increasing access to care. The goals of offering integrated screening services were to raise awareness in the community about the importance of regular cancer screening and to improve access by offering all three services in the same location and at the same time. The focus of the initiative was to design and test a service framework for the delivery of integrated cancer screening. The framework consists of a set of general principles and this planning guide. Although developed in Alberta, the framework can easily be adapted to other provinces.

Although integrated cancer screening can occur in other ways and may already be happening in your community, in this Guide, an integrated cancer screening clinic refers to the opportunity to offer cervical and colorectal cancer screening in conjunction with the mobile mammography unit (Screen Test) visit. Integrated cancer screening clinics require coordination and participation at the community level and are planned and delivered by local public health staff in collaboration with Screen Test.

How does the integrated screening clinic work?

This approach integrates three types of cancer screening by offering cervical and colorectal screening in conjunction with the regular Screen Test mobile mammography unit visit to your community. Screen Test visits a community at a scheduled time each year and the mobile unit is parked at a designated location for the mammography clinic. The integrated cancer screening clinic builds on the regular Screen Test visit. The Screen Test mammography technologists perform the mammography screening on the mobile unit as they typically would, while local nurses offer cervical and colorectal screening to eligible clients in the health centre or facility closest to where the mobile unit is parked. Within a few hours, eligible clients can be screened for all three cancers, making the clinic a convenient one stop shop for breast, cervical and colorectal cancer screening.

Is the approach right for my community?

Perhaps there is already cervical and colorectal screening offered in your community or there are existing partnerships with screening providers. The community assessment provides a set of questions to help you determine if the approach is a good fit with the needs and resources of your community and the capacity of your site.



Community
Assessment.doc

Once you have decided to offer cervical and/or colorectal cancer screening in conjunction with the mobile mammography unit, this guide provides a framework for integrated screening. First, a set of principles for integrated screening in public health are outlined. Complementing these general principles are a number of options for planning, staffing and clinic set-up as well as associated resources. These options are based on

the lessons learned from clinics that have already been delivered and may be adapted as required to fit specific community contexts.

The Integrated Screening Framework Principles

The principles are based on the actionable knowledge gained from the experience of implementing the clinics in a variety of communities (i.e., lessons learned). Taken together, the set of principles and the practices outlined in this guide provide a framework for integrated cancer screening.

I. Integrated Screening in Public Health

1. Look for entry points in public health practice where a range of screening information and/or services could easily be added in an effort to maximize the opportunities to integrate screening over a broad range of circumstances (e.g., with Screen Test, through health promotion practices, incorporating it in other public health clinics).
2. Be responsive to local conditions, including culture and language. Decide what approach or combination of approaches to use based on community needs and available resources.
3. Embed colorectal cancer, Fecal Immunochemical Test (FIT), screening within the scope of public health nursing (PHN) practice by developing supporting processes to order tests and follow up abnormal results.
4. Ensure there is organizational support for PHN involvement in cancer screening (policy and procedure).
5. Train PHNs to offer colorectal and cervical cancer screening according to the respective guidelines. The more trained staff available, the greater the potential for increased access to screening.
6. Maximize the role of health promotion and Aboriginal health by training staff to increase their capacity to integrate messaging and increase awareness of cancer screening in the community.
7. Build on relationships with physicians and other potential partners in the community to enhance partnerships and facilitate collaboration (e.g., referrals, clinic promotion, follow up)

Service Principles for Integrating Screening with a Mobile Mammography Unit

1. Assess the community for the appropriateness of the approach. The more detailed this assessment, the more accurate and informed the decision.
2. Communicate with the mobile mammography team early to ensure all clinic details are in place and that overall coordination is seamless.
3. Determine the appropriate mix of staff required to cover all clinic roles (nurses, health promotion, Aboriginal health, administrative).
4. Dedicate staff time to training, planning and clinic delivery.
5. Make planning comprehensive, coordinated around core clinic activities, and inclusive of all staff involved in the clinic.
6. Determine training needs early. Everyone involved in the clinic should be familiar, understand and adhere to cancer screening guidelines.
7. Use as many avenues as possible to promote the clinic and raise awareness of cancer screening in the community.

8. Advertise the clinic to other health care providers in the community.
9. Take steps to ensure role clarity within the clinic and that there is open communication between the clinic staff and the mobile mammography unit staff.
10. Be strategic and purposeful about coordination on the day of the clinic. Provide opportunities for face-to-face contact between clinic staff and mammography technologists.
11. Use a client centered approach to design the physical layout of the clinic to ensure clients feel comfortable (e.g., If men are being screened, ensure there is a space that accommodates them).
12. Reflect on clinic challenges and successes to facilitate ongoing learning.

CLINIC PLANNING

Things to Consider about Clinic Planning Overall

- **Time commitment:** Every community is different so the time commitment for planning will vary. Using the resources in this Guide to streamline planning and delivery will help to ensure that time required is manageable. Planning for the integrated screening clinic begins approximately 3 months before the clinic in order to coordinate with the Screen Test mobile unit schedule and to provide enough time to fulfill site requirements.
- **Preparation:** Planning a clinic can be onerous if there is not adequate structure and time allotted. The *Guide* provides a number of planning tools including three standardized agendas that help guide the range and order of topics that will need to be covered. It is strongly recommended that the Guide be reviewed before planning is undertaken.
- **Coordination:** Coordination with Screen Test at the clinic is crucial. A face-to-face meeting on the first day of the clinic among all staff involved (clinic and Screen Test) provides an opportunity to communicate any last minute changes and ensure roles and responsibilities of all staff are understood. Of the staff working during the clinic, designating one as a main contact to handle inquiries or unexpected situations during the clinic is another way to facilitate coordination with Screen Test and with other staff at the health facility.
- **Physician Engagement:** Physicians should be approached before a decision to hold a clinic is made to help accurately assess how much screening is currently occurring in the community. In addition to helping to determine the right approach, physicians can also promote the clinic, and facilitate the nurses' ability to order screening tests and follow up of abnormal results.

Things to Consider about Clinic Logistics

1. Clinic Location

- Find out where the Screen Test mobile unit is typically parked by calling the Screen Test Coordinator
- Arrange Pap test and FIT consult rooms

Location of cervical cancer screening (Pap tests)

- While there is a cervical room on the Screen Test mobile unit, it is quite small and it may be more comfortable for clients and the health care providers to set up space in the facility at which the mobile unit is parked.
- Use of the cervical room on the mobile unit needs to be confirmed with Screen Test. Please contact the [Screen Test Coordinator](#) to confirm.

Location of colorectal cancer screening (Risk assessment and (FIT) distribution)

- A room is required in the facility at which the mobile unit is parked. This could be an office or other private space to have one-on-one conversations with clients.

2. Staffing

In addition to clinic days, other staff time commitments include training, clinic preparation and follow-up of abnormal results. The following staff formula has worked well:

- 1 healthcare provider for cervical screening.
- 1 healthcare provider for colorectal screening (risk assessment and FIT consults).
- Depending on the size of the clinic, one healthcare provider may be able to do both cervical and colorectal screening. Alternatively, in larger centres, it may be necessary to have two or more healthcare providers.
- 1 support staff to book appointments for cervical and colorectal screening and to make reminder calls a few days before the clinic. Please note that Screen Test handles all bookings for mammography appointments, except in Aboriginal communities.
- Determine a main contact from your site who will be responsible for organizing planning meetings, ensuring tasks are completed and handling inquiries or unexpected situations during the clinic.
- Other staff such as a health promotion facilitator or community health representative could be involved to offer information on cancer screening, cancer prevention or other health topics depending on community needs.



Roles Involved in
Integrated Screening

3. Staff Training

- Review relevant sections of this Guide with staff involved in the clinic
- Determine training needs for cervical (Pap testing) and colorectal cancer screening (FIT)
 - Cervical: there is an [RN Pap test training module](#) available on www.screeningforlife.ca that can be downloaded. This also contains information on practical training that is required. Nurses should discuss with their managers whether cervical cancer screening training is an option for your site.



RN Cervical
screening training mo

- Colorectal: please refer to the [FIT training presentation](#) and the [FIT Screening Steps](#)



FIT training
slides.pdf



FIT Steps.pdf



Patient Flow Chart
CRC Screening Chart



draft_CRC
assessment form.pdf

4. Potential Clinic Promotion and Screening Awareness Activities

Ideally, promotion and client education should be intentional in efforts to:

- Address different age-eligibility criteria for the three types of cancer screening, the inclusion of men for colorectal cancer screening, and various cultures represented in your community, such as Aboriginal, Mennonite or Hutterite populations; and
- Support the use of as many methods as possible for promoting the clinic within the community including Facebook, other types of social media and other approaches that make sense in the local context (e.g., word of mouth, using community billboards, and community presentations).

Partnering with Screen Test to promote the clinic

- Screen Test already works with Alberta Health Services (AHS) Communications to promote upcoming mammography visits via a physician announcement package, newspaper advertisements, radio and in some cases bulletin boards. You will need to get in touch with the [Screen Test Community Coordinator](#) to discuss this further.
- Screen Test sends recall cards directly to Screen Test clients six weeks before the scheduled mobile visit and can be adapted to include the information about cervical and colorectal cancer screening.
- As of January 2016, all Screen Test sites with clients enrolled in the Alberta Breast Cancer Screening Program (ABCSP) will receive a mobile announcement letter informing them of the next mobile visit in their community; in communities that are scheduled to receive a mobile announcement letter, an integrated screening insert can be included in these letters.

Considering your local community context and what might work best, some ideas for promotion include:

Before the clinic

- Booking clerks can utilize time of booking for clinic promotion and encourage clients to bring in family members or friends.
- Ensure staff at the health facility are aware of the upcoming clinic and what they can expect on clinic day.
- AHS approved messages about the clinic can be posted on community Facebook pages, twitter accounts, local community bulletin boards, or by displaying clinic posters at various locations within the community.
- Information about the clinic can be posted to the AHS website and/or sent to local media two weeks before the clinic.
- Door-to-door advertising of the clinic and targeted telephone calls (usually best suited for Aboriginal communities) can be used.
- Breast, cervical, colorectal and general screening brochures can be ordered from www.screeningforlife.ca and made available at your site. Brochures can also be handed out within the community (e.g. local organizations or gathering places, assuming this method makes sense in your community).

- Anything else that has worked in the past or that you think might work now should be considered. Every community is different and you know what suits your community best!

At the clinic

- Depending on training and the ability to accommodate it into the schedule, nurses may promote colorectal cancer screening during the cervical appointment or cervical cancer screening during the colorectal appointment and may be able to provide it immediately after the other.
- Work with the Screen Test Coordinator to develop a strategy for volunteers and/or mammography technicians to inform clients of the cervical and colorectal cancer screening that is being offered at the health facility close by if it is feasible (i.e., there are unfilled appointments).

5. Booking

A booking schedule is very useful but will need to be created in collaboration with Screen Test. Cervical and colorectal times can be adapted to meet availability of local staff (see example schedule attached).



Sample Booking
Schedule.xlsx

There are two options for booking cervical and colorectal appointments in conjunction with Screen Test mammogram appointments. The *shared* booking process generally happens in larger communities, while the *community* booking process generally happens in Aboriginal communities. **Regardless of which option is used at your site, it is important to coordinate with Screen Test.**

Shared Booking Responsibilities – Screen Test Booking & Community Booking

- Clients that call to book a cancer screening appointment are notified of additional cancer screening available and are provided with information to book integrated screening.
 - Clients may call Screen Test booking clerks to book their mammogram appointments as usual. Screen Test booking clerks will inform clients that cervical and colorectal cancer screening is available on the same day as their mammogram, and if they are interested, provide them with the local booking number. Clients call the local booking clerk to schedule their additional screening tests.
 - Clients interested in cervical and colorectal cancer screening can also call the local booking clerk directly. If they are interested in a mammogram, the local clerk can give the client the Screen Test number to book a mammogram.

Community Booking (works well in Aboriginal communities)

- Screen Test sends the local booking clerk a list of all previous clients due for their mammogram appointment. The local booking clerk will book appointments for all three types of cancer screening. After appointments have been made (door-to-door or by telephone depending on the community), the schedule must be faxed to Screen Test prior to the clinic so they can register the clients in their system.

Steps for booking cervical and colorectal appointments (site support staff)

- When a client calls the local booking number to make a cervical and/or colorectal screening appointment, review eligibility criteria with the client. Some individuals may be at a higher risk and not eligible for average risk screening. It is helpful for the site support staff to try to ensure that everyone scheduled for an appointment is eligible.
- Another option is to continue with standard operating procedures when booking Pap tests or colorectal consults.
- To minimize cancelled and missed appointments, it is helpful to call scheduled clients a few days before the clinic to remind them of their appointment time and the check-in location.
- It may be useful to create a check-in/registration sheet for the clinic day with a list of all clients (including Screen Test-only clients) and their appointment times. Screen Test will send you the mammogram booking schedule with all their booked clients.

6. Supplies

- Determine the number of Pap test supplies and FIT kits to order based on the number of appointments booked and the expected number of walk-ins. If you have never ordered FIT kits, contact your local lab for information on how to order and receive these kits. Orders should be placed approximately 2-3 weeks before the clinic date.
- Labs can usually supply vials, brushes and brooms for cervical screening and FIT kits for colorectal screening. Alternate arrangements must be made locally for any additional cervical screening supplies that are needed (e.g., speculums).
- By special arrangement with Screen Test, supplies could also be sent with Screen Test staff to be delivered to the site upon arrival of the mobile unit.
- Determine where supplies will be stored until the clinic.
- Determine where clients can return their FIT samples.
 - It may be ideal to ask clients to drop samples off directly to the lab as this must happen within 7 days of collecting the stool sample.
 - In communities without a lab, consider having clients return their samples to the health facility. With this option, however, staff must remain cognizant that they will have to return these samples to the closest lab within 7 days of collection.
- Check the expiration date on the FIT kits. Determine who will be responsible for returning any unused supplies if they will not be used by the local health facility after the clinic date.

7. Lab Requisition Information

- Regardless of who orders the cancer screening tests, it is important for the purposes of follow up that, in addition to the physician's contact information, that the nurse also include her name on the requisition unless it is determined with the physician that the nurse will not be involved in follow up. If contact information for the nurse is included on the lab requisition, then a copy of results will be sent directly to the nurse from the lab. This will ensure that the nurse can facilitate follow up in an efficient manner.

- For clients getting screened with the FIT
 - A copy of the lab requisition needs to be provided with the FIT. The client must record when they collected their sample on the lab requisition and return it, along with the sample, to the designated location.
 - PHNs should discuss the procedure for follow up with the ordering physician.
- Determine what the process is in your zone for documenting ordered tests. For example, in the North Zone, all cervical and colorectal tests ordered must be documented in the Patient Care System (PCS) under Adult & Child Assessment.

8. Clinic Set-up and Client Flow

The Mobile Mammography Unit

- Mammography technologists are responsible for breast cancer screening while PHNs are responsible for cervical and colorectal cancer screening in the health facility.
- The location of the mobile mammography unit is pre-determined based on the requirements of each unit. In. To discuss the location of the mobile unit for an upcoming integrated screening clinic, contact the Screen Test Community Coordinator.
- The closer cervical and colorectal cancer screening services are offered to the mobile unit location, the easier it will be for clients to move between appointments and will help ensure a smooth clinic flow.
- Where there is more distance between the mobile unit and the health facility, some factors to consider include assigning a staff member to greet and check in clients as well as having adequate signage to help minimize client confusion and ensure clients move between appointments easily.

The Health Facility

- In general, two rooms will need to be booked in the nearby health facility, one for colorectal cancer screening (risk assessment and FIT kit distribution) and one for cervical cancer screening (Pap tests). Depending on how appointments are scheduled, one room can be used for both types of cancer screening, if necessary.
- If your site does not have access to an exam table but can book a room, the Screen Test mobile unit has a portable exam table (no stirrups) that can be brought into the health facility for cervical cancer screening. Contact the Screen Test Coordinator to make these arrangements. It is also a good idea to make sure the nurse who is doing the cervical cancer screening is aware that the exam table does not have stirrups.
- A cervical cancer screening room is available on the mobile mammography unit in communities where there is no facility or where an overflow exam room is required. Contact the Screen Test Coordinator to make these arrangements.
- If specifically targeted, layout and room bookings should accommodate men for colorectal cancer screening.

Check-In Location

- Having a check-in location may or may not be necessary at your site but it can help ensure smooth clinic flow. If you do decide to have a check-in location, procedures will depend on physical layout and proximity of the mobile unit to the clinic as well as the unique characteristics of the community.
- Two options for the check-in location involve having a central check-in or having multiple check-in points.
 - Central Check-In
 - All clients check-in at one central location before attending any cancer screening appointment. This can occur on the mobile unit or in the health facility; once checked-in, the client takes their chart/file from appointment to appointment.
 - A central check-in may work better in smaller communities with fewer clients and when the mobile unit is very close to the health facility.
 - Multiple Check-In Points
 - Clients who are only having a mammogram will check-in on the Screen Test mobile unit, while clients having multiple screens will check-in at a designated spot in the health facility.
 - A second option is for clients to be directed from the location of their first appointment to the following appointments.
 - Multiple check-in points may work better in larger communities or when the appointments follow a specific order (e.g., all mammography appointments are first followed by cervical and then colorectal cancer screening).

Day of the Clinic: Checklist Reminder

- One Contact Person: Assign someone from your team to be the main point of contact for any special inquiries or for unexpected matters that may arise during the clinic.
- Pre-Clinic Meeting: Schedule a short meeting the morning of the first clinic day with everyone involved (all public health staff and Screen Test staff) to discuss the day ahead, review roles and responsibilities, review check in location, review how to handle walk in appointments, and agree to a protocol for unexpected matters that may arise.
- Walk-in Appointments: Determine if walk-in appointments can be accommodated and, if so, what the process will be.
- Signage: Have signage available to help clients find their way to appointments.
- Check in: If necessary, set up a welcome/registration table.

After the Clinic: Checklist Reminder

- Check the expiration date and return any unused FIT kits to the lab if they will not be used again at your site.
- Ensure any abnormal results are followed-up on promptly. See flow charts outlining process for follow-up.

Follow- Up of Results

Cervical and Colorectal Cancer Screening Results

- Screening with FIT involves providing the client with the test after eligibility has been confirmed and a discussion of the risks and benefits of screening with the client has occurred. The decision is then with the client to complete the test and submit it to the lab. **It is not necessary to make reminder calls to clients who have not returned their FIT, as calling clients who have not completed a FIT is not recommended by the Alberta Colorectal Cancer Screening Programs (ACRCSP).**
- There is no follow-up required for clients with normal FIT results. As soon as the result is received from the laboratory, the ACRCSP sends a letter to the client stating the normal result.
- In the event of an abnormal result, clients also receive a letter from the ACRCSP approximately 3 weeks after results are received from the laboratory (the delay allows health care providers to connect with clients prior to receiving the result letter).
- Follow up processes need to be confirmed before the clinic takes place and may depend on the process set out at your site or zone. All zone policies and protocols for the follow up of abnormal test results should be followed (e.g., in the North Zone, Communicable Disease Control was sent a copy of the lab results and then logged them electronically in Netcare, the electronic health record).
- Assuming the nurse will be involved in follow up, an example of a step-by-step process for ordering tests and following up on results is outlined in the attached Colorectal Cancer Screening Process Flow Chart and the Cervical Cancer Screening Process Flow Chart. Pathway for follow-up should be reviewed with clinic staff to ensure that clients receive appropriate care in a timely manner.



NZ

Cervical_Integrated NZ



NZ

Colorectal_Integrated NZ

Breast Cancer Screening Results by Screen Test

- The family doctor is notified by fax immediately.
- The client is sent a results letter.
- All clients are followed until their results are conclusive.

TOOLS AND TEMPLATES FOR PLANNING/CLINIC DAY

Standard Agendas to Use for Planning Meetings

Planning a clinic can be onerous if there is not adequate structure and time allotted. Typically, three meetings over a three month period are required although this will vary based on community need. Ideally, all staff involved in the clinic should attend the meetings.

Agenda 1 – Introduction & Initial Details

The first planning meeting (see Agenda 1) typically provides an introduction to the clinic, focuses on Screen Test schedules, the mobile location (s) and the logistics of cervical and colorectal cancer screening. It is also an opportunity to determine who else should be invited to planning meetings.



Integrated Screening
Agenda 1.doc

Agenda 2 – Supplies, Promotion & Follow Up

The second meeting focuses on clinic design, training needs, promotion and evaluation.



Integrated Screening
Agenda 2.doc

Agenda 3 – Review Clinic Flow, Forms & Survey

The third meeting reviews clinic flow and organization as well as post-clinic activities.



Integrated Screening
Agenda 3.doc

Sample Forms

Lab Requisition

The attached sample lab requisition can be adapted to use specifically for integrated screening clinics. You will need to work with a representative from the lab in your area.



Sample Lab
Requisition_Integrate

Registration Form

The attached sample registration form can be adapted to use at an integrated screening clinic. It allows for the collection of relevant client and appointment information as well as the eligibility guidelines for each type of cancer screening.



Sample Registration
Form_Integrated Scree

CLINIC PROMOTION & SCREENING AWARENESS RESOURCES

Clinic Posters

Please update these posters with your clinic dates, location and contact number.

Poster 1 – General Population



Integrated Screening
General Poster.doc

Poster 2 – Male Specific/Colorectal Cancer Screening



Colorectal Cancer
Screening Poster_Mal

Poster 3 – Female Specific/Cervical Cancer Screening



Cervical Cancer
Screening Poster.doc

Poster 4 –Aboriginal Specific/Cervical Cancer Screening



Cervical Cancer
Screening_Aboriginal

BREAST, CERVICAL & COLORECTAL SCREENING RESOURCES

Breast Cancer Screening Resources for Healthcare Providers & Clients

To download and/or order (free of charge) any of the resources listed below visit:

<http://www.screeningforlife.ca/healthcareproviders/breast-cancer-resources>

Cervical Cancer Screening Resources for Healthcare Providers & Clients

To download and/or order (free of charge) any of the resources listed below visit:

<http://www.screeningforlife.ca/healthcareproviders/cervical-cancer-resources>












Colorectal Cancer Screening Resources for Healthcare Providers & Clients

To download and/or order (free of charge) any of the resources listed below visit:

<http://www.screeningforlife.ca/healthcareproviders/colorectal-cancer-resources>.

OTHER HELPFUL INFORMATION

Direct Links to All Tools & Templates

RN Pap Test Learning Module	 RN Cervical screening training mo
FIT Training Presentation	 FIT training slides.pdf
FIT Screening Steps	 FIT Steps.pdf
FIT Eligibility Determination Tool	 Patient Flow Chart CRC Screening Chart
Draft Colorectal Screening Assessment Form	 draft_CRC assessment form.pdf
Sample Registration Form	 Sample Registration Form_Integrated Scr
Planning Agenda 1	 Integrated Screening Agenda 1.doc
Planning Agenda 2	 Integrated Screening Agenda 2.doc
Planning Agenda 3	 Integrated Screening Agenda 3.doc
Lab Requisition	 Sample Lab Requisition_Integrate
FIT FAQ	 FIT FAQ.doc
Breast Cancer Screening Clinical Practice Guidelines	http://www.screeningforlife.ca/healthcareproviders/breast-cancer-resources
Cervical Cancer Screening Clinical Practice Guidelines	http://www.screeningforlife.ca/healthcareproviders/cervical-cancer-resources
Colorectal Cancer Screening Clinical Practice Guidelines	http://www.screeningforlife.ca/healthcareproviders/colorectal-cancer-resources

Useful Websites

<http://www.screeningforlife.ca/>

Screening for Life is provided by Alberta Health Services–Cancer Screen Programs (AHS-CSP) and provides information, education and support to help Albertans make informed decisions that they can take action on about breast, cervical and colorectal cancer screening.

<http://www.health.alberta.ca/services/PHC-community-profiles.html>

Alberta Health has developed a series of reports to provide a broad range of demographic, socio-economic, and population health statistics considered relevant to primary health care for communities across the province. The Community Profiles are intended to highlight areas of need and provide relevant information to support the consistent and sustainable planning of primary health care services.

Alberta Health Services divides the province into 5 large health service Zones, and these Zones are subdivided into smaller geographic areas called Local Geographic Areas (LGAs). The Alberta Health Community Profile reports provide information at the Zone and LGA level for each of the 132 LGAs in Alberta. Each Profile offers an overview of the current health status of the residents in the LGA, indicators of the area's current and future health needs, and evidence as to which quality services are needed on a timely and efficient basis to address the area's needs.

<http://www.topalbertadoctors.org/home/>

Toward Optimized Practice helps physicians stay up-to-date on evidence based practice with the Clinical Practice Guidelines.

Integrated Screening Contacts

Screening Programs Amy Armstrong Holy Cross Centre Calgary, AB Amy.armstrong02@albertahealthservices.ca 403-476-2691	
Screen Test Community Coordinator Harmony McRae Kingsway Mall Edmonton, AB Harmony.Mcrae@albertahealthservices.ca 780-643-4679	Screen Test Manager Joan Hauber Kingsway Mall Edmonton, AB Joan.Hauber@albertahealthservices.ca