Alberta Health Services | Alberta Cervical Cancer Screening Program

Colposcopy Quality Improvement (QI) Committee Guidelines for Delivery of Colposcopy Services

ACCSP Colposcopy QI Committee
November 2021

Contents

Glossary of Terms

ACCSP – Alberta Cervical Cancer Screening Program
ACR – Alberta Colposcopy Record
AGC – Atypical glandular cells
AHS – Alberta Health Services
AIS – Adenocarcinoma in situ
ASC-H – Atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion
ASC-US – Atypical squamous cells of undetermined significance
CC – Connect Care
CCS – Cervical Cancer Screening application
CIN – Cervical intraepithelial neoplasia
CQM – Colposcopy Quality Measures
CQP – Colposcopy Quality Practices
ECC – Endocervical curettage
HPV – Human papillomavirus
HSIL – High-grade squamous intraepithelial lesion
LEEP – Loop electrosurgical excision procedure
LSIL – Low-grade squamous intraepithelial lesion
Pap test – Papanicolaou smear test
QI – Quality Improvement
SCM – Sunrise Clinical Manager
SOGC – Society of Obstetricians and Gynaecologists of Canada

Preamble

The Alberta Cervical Cancer Screening Program (ACCSP) recognizes that colposcopy plays a pivotal role in the treatment of early precursor lesions and thereby supports the ACCSP to decrease the incidence, morbidity and mortality from cervical cancer. These guidelines serve to provide a layout of patient care and safety mechanisms for both Alberta Health Services (AHS) clinics and private clinics across the province. If certain criteria are not applicable to a clinic, the clinic must have processes in place to comply with professional and provincial standards to ensure appropriate and timely patient care.

The Role of Colposcopy in the Organized Cervical Cancer Screening Program

The ACCSP is a provincial, organized population-based screening program coordinated by AHS in partnership with healthcare providers. The goal of the ACCSP is to reduce the incidence, morbidity and mortality of cervical cancer through early detection and treatment of precursor conditions. The purpose of the ACCSP is to enhance and strengthen cervical screening services for Albertans aged 25-69 years.

The ACCSP coordinates a number of activities including, but not limited to:

- Providing a correspondence system that includes invitations, results, recalls, and follow-up letters for clients and healthcare providers
- Promoting and increasing access to cervical cancer screening services in the province
- Working with healthcare providers and labs to contact Albertans who have been screened
- Educating Albertans and healthcare providers
- Providing cervical cancer screening quality assurance

Since 2003, colposcopy care in Alberta has been supported by the ACCSP Colposcopy QI Committee, which has undertaken quality improvement activities for colposcopists delivering cervical cancer screening and treatment services in Alberta. Ensuring the maintenance and improvement of high quality colposcopy services is necessary for the program to achieve and sustain its goals and objectives.

These guidelines have been created in partnership with the ACCSP Colposcopy QI Committee and the Colposcopy Operations Working Group (Appendix A: Colposcopy Operations Working Group Clinics) to support colposcopy best practices throughout the province. Please note that these guidelines are not intended to define or serve as a standard of medical care. Standards of medical care are specific to all the facts or circumstances involved in an individual case and can be subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Facilities

Rationale:

Colposcopy services should be provided in a clinical environment that ensures a streamlined process, which includes adequate space, equipment/maintenance and consideration of the client's safety, comfort and privacy.

Clinic Environment

1.1 Colposcopy suite is located in an AHS facility and/or ambulatory care setting.

1.2 Space and equipment for colposcopic assessments of patients including colposcopy, cytology, punch biopsy, endocervical curettage (ECC), endometrial biopsy, vulvar biopsy, loop electrosurgical excision procedure (LEEP), laser vaporization (cervix/vagina/vulva). Facilities providing treatment with laser vaporization must comply with AHS policy (Appendix B: AHS Policy PS105 – Safe Use of Lasers) regarding the use of laser equipment in the outpatient setting.

***Note**: AHS guidelines for the use of laser equipment in the outpatient setting may have significant operational ramifications.*

1.3 Appropriate private space in suite for providing education to patients prior to their procedure, and for charting/documentation.

1.4 Bathroom facilities are adjacent to the suite.

1.5 Private changing area for patients.

1.6 A private waiting area once patients have changed for their appointment should be considered.

***Note**: Patients can be very uncomfortable sitting in the waiting room after they change.*

If no private waiting room area is available, the patient should go fully clothed into the exam room before their colposcopy appointment.

Equipment

1.7 Examination table capable of adjustment.

1.8 Have available a working colposcope with clear imaging and digital capture capabilities, and a monitor for patient viewing/teaching per room.

1.9 Electrosurgical generator and smoke evacuator.

1.10 Maintenance and cleaning of colposcope and related equipment as per the manufacturer's recommendations. Cleaning of all handled surfaces between patients with the accepted industrial antibacterial cleaning agent, disposal/sterilization of acetic acid (vinegar) vessel at the end of each clinic or patient (if required).

Use a sterilized prepared procedure tray with sterilized reusable or clean single-use disposable speculum per patient.

Staffing

Rationale:

Colposcopy services are provided by appropriately qualified and experienced multidisciplinary team to optimize the patient's healthcare experience.

2.1 Colposcopy services are to be delivered by a team of trained professionals (including medical, nursing and administrative staff) with defined responsibilities.

2.2 Support staff should be available to facilitate cleaning between patients and at the end of clinic day as required.

CQP#	Indicator	Current Target
CQP1	Education requirements for physicians doing colposcopy	100% of physicians doing colposcopy in Alberta meet the guidelines as recommended by the SOGC.
CQP2	Complete Colposcopy form (eColpo) and send documentation to the ACCSP	95% of colposcopist assessments have documented the type of transformation zone and have an opinion on nature of abnormality and requirements for management.
CQP3	Workload	Each colposcopist to see 100 patients per year to maintain skill and expertise.

Systems Management

Rationale:

Colposcopy services are standardized to ensure all patients have access to high quality diagnosis and treatment. Clinical management systems include new referrals, specimen collection and processing, management of results, communication of the results to patients and a protocol for patients who do not attend.

This requires all colposcopy team members to meet on a regular basis to review their processes, and to identify and manage any problems.

Management of new referrals

3.1 Use of provincial standardized referral form (Appendix C: Colposcopy Referral Form).

3.2 New referrals to colposcopy should be seen according to the wait times outlined by the ACCSP Colposcopy QI Committee in CQM1 and CQM2 shown in the table below:

- Patients with a referral cytology of HSIL/ASC-H/AGC/AIS are seen within 3 months of the date of referral.
- Patients with a referral cytology of LSIL, ASC-US, HPV+ are seen within 6 months of the date of referral.

The colposcopist should triage colposcopy referrals with their multidisciplinary team to validate an appropriate referral before booking the appointment.

CQM#	Indicator	Current Target
CQM1	Proportion of non-gravid women referred for colposcopy with a cytology result of ASC-H, HSIL, Atypical glandular cells, AIS, or Malignancy who have a histological diagnosis in the ACCSP CCS application within 3 months of the referral cytology result.	Target is for 95% of women with a referral cytology result of ASC-H or worse to have a colposcopy or histology result in the ACCSP CCS application/Colposcopy database within 3 months from the referral cytology result date. Some women may delay or have clinical reasons for not having colposcopy.
CQM2	Proportion of non-gravid women referred for colposcopy with a cytology result of persistent ASC-US or LSIL and/or HPV+ who have a histological diagnosis in the ACCSP CCS application within 6 months of the referral cytology result.	Target is for 95% of women with a referral cytology result of persistent ASC-US or LSIL to be seen by colposcopy within 6 months of the date of the referral cytology result. Some women may delay or have clinical reasons for not having colposcopy.

Scheduling/Booking/Notification

3.3 Communication of clear expectations to the patient regarding establishing, discharging and terminating the clinic-patient relationship. (As per the Standards of Practice of the College of Physicians & Surgeons of Alberta).

Clinics should use their clinical judgement to determine discharge after 3 No-shows and/or 3 Rebooks; however, clinics should clearly communicate expectations for the patient to attend scheduled appointments. Notify the patient that after 3 No-shows and/or 3 Rebooks, the patient file will be closed (see below on how to indicate this on the Alberta Colposcopy Record) (Appendix D: Patient No-Show – Patient New Referral Notice; Appendix E: Patient Rebook [3x] – Patient New Referral Notice). The patient will require a new referral with updated information from their referring health care provider (Appendix F: Patient No-Show – Primary Care Provider New Referral Notice; Appendix G: Patient Rebook [3x] – Primary Care Provider New Referral Notice).

3.4 Defined management procedure for No-shows. No-shows are defined as the patient who failed to attend an appointment without notification or rebooking the appointment.

CQM#	Indicator	Current Target
CQM3	'No-show' rates 'Rebooked – Patient' rates 'Rebooked – Clinic' rates	Number of 'No-shows' and 'Rebooked by patient and by clinic' (Work Load assessment). In addition, report the number of women who had a subsequent visit 12 months post missed appointment.

Written reminders should be sent for all next appointments after No-shows. Following 3 sequential No-shows, a letter should be sent to the referring provider requesting a new referral (Appendix F: Patient No-Show – Primary Care Provider New Referral Notice).

Note: *These situations should be reported on the Alberta Colposcopy Record to accurately reflect the number of clinical 'No-shows'.*

3.5 Clinic utilization of a formal IT registration system (if available) for patient scheduling, booking and notifications.

Colposcopy clinics are scheduled to maximize the capacity of the clinic session, and support adherence with the ACCSP Colposcopy QI Committee wait time guidelines outlined in CQM1 and CQM2 (Appendix H: Colposcopy Quality Practices and Measures).

3.6 Utilization of an appointment reminder system to send the patient a written reminder of colposcopy visit. (Appendix I: Colposcopy Visit Notification Letter; Appendix J: Colposcopy Visit Reminder Letter).

Follow up appointments should also be scheduled and supported by a patient appointment card and/or a reminder letter informing them of the appointment. A letter

is sent to the referring provider informing them of the patient appointment. (Appendix K: Referring Primary Care Provider Confirmation of Referral).

Note: A Patient's Guide to Colposcopy video has been created. You can access the video on the screening program's website here: https://youtu.be/57EXw9oU9TA.

Management of Alberta Colposcopy Record

3.7 Use of either electronic or paper-based standardized provincial reporting form (Appendix L: Alberta Colposcopy Record).

3.8 Documentation of cytology/histopathology findings on the standardized provincial reporting form (example of paper Colposcopy Form in Appendix L: Alberta Colposcopy Record).

Management of Care

3.9 Assessment and follow up of patients in colposcopy as per the ACCSP Colposcopy QI Committee LSIL algorithm (Appendix M: ACCSP Colposcopy QI Committee) and 2012 SOGC guidelines (Appendix N: SOGC Joint Clinical Practice Guideline (High-grades)).

3.10 Discharge process to be in accordance with the ACCSP Colposcopy QI Committee treatment guidelines and care pathway (Appendix M: ACCSP Colposcopy QI Committee; Appendix N: SOGC Joint Clinical Practice Guideline (High-grades)). Patients and their primary care providers should be informed when they have been discharged and a recommendation for when they should return for regular screening should be indicated (Appendix O: Patient Discharge Letter; Appendix P: Primary Care Provider Discharge Letter).

Discharge process for lost to follow up is being developed (to be added to Appendix M: ACCSP Colposcopy QI Committee).

3.11 The colposcopist will complete recommendations on the Alberta Colposcopy Record (Appendix L: Alberta Colposcopy Record).

3.12 The patient's clinical recommendations will be communicated to the nurses and clerical staff by the colposcopist. Communication of results and treatment plan to the patient will be completed as per the individual colposcopists practice or clinic protocols based on their current/future capacity.

3.13 Within eight weeks of assessment, the colposcopy clinic should notify the referring primary care provider of patient's results, management plans and colposcopy follow-up recommendations (including next booked visit) in accordance with the Alberta and SOGC guidelines (Appendix M: ACCSP Colposcopy QI Committee Guidelines; Appendix N: SOGC Joint Clinical Practice Guideline (High-grades)).

CQM#	Indicator	Current Target
CQM10	Communication with current referring primary care provider. Proportion of time the colposcopist communicates the results of the colposcopy evaluation and recommendations for patient management to the primary care provider within 60 days of colposcopy assessment.	Target is that 95% of the time, colposcopists will provide the current service provider with the results of the colposcopic evaluation and a recommended patient management plan within 60 days of the colposcopy assessment.

3.14 If the patient is discharged from colposcopy with a diagnosis of a malignancy, they should not be sent a discharge letter. The patient will receive appropriate follow-up instructions from the oncologist once treatment is completed.

3.15 If the patient has been a No-show 3 times and/or has Rebooked 3 times, the patient can be discharged using best clinical judgement. Please ensure attempts to contact and educate patient have been clearly identified in the patient record (Appendix D: Patient No-Show – Patient New Referral Notice; Appendix E: Patient Rebook [3x] – Patient New Referral Notice). Ensure the referring primary care provider has been informed that the patient has been discharged and will require a new referral (Appendix F: Patient No-Show – Primary Care Provider New Referral Notice; Appendix G: Patient Rebook [3x] – Primary Care Provider New Referral Notice).

Information Management

Rationale:

Use of the colposcopy information report (Alberta Colposcopy Report) is required for collecting and monitoring data in a standardized manner, as well as for monitoring quality assurance practices.

Alberta Colposcopy Record

4.1 The most important tool used to collect colposcopy data across the province is the Alberta Colposcopy Record (ACR). This form is an essential component for data collection, evaluation and feedback for all colposcopic services in Alberta and is available online on Sunrise Clinical Manager (SCM), Connect Care (CC), and paper form.

The colposcopy clinics are to complete an ACR for every visit and for every No-show or Rebooked appointment that pertains to colposcopy.

4.2 If the appointment was either a No-show or Rebooked, the following five fields must be completed on the ACR:

- ULI/PHN
- Date of Birth
- Exam Date
- No-show or Rebooked checked
- Facility or Health Clinic

If any of the five fields are not completed, the form will be returned to the clinic for completion.

4.3 If the patient is being discharged due to 3 No-show and/or 3 Rebooked appointments, the following fields need to be completed on the ACR:

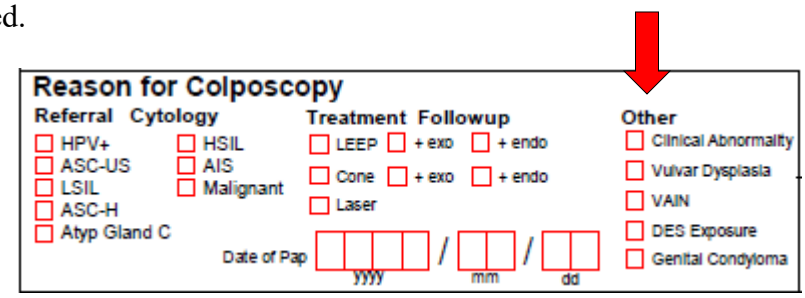
- ULI/PHN
- Date of Birth
- Exam Date
- No-show or Rebooked
- Facility or Health Clinic
- Discharge due to NS/LTFU/Unable to contact x 3

Please **do not** write NFR (no further recall), or leave Recommendations blank, as the form will be returned to the clinic for completion.

4.4 Please include the mandatory field 'Date Referral Received' on the initial visit that the patient is seen. This information is used to consistently capture wait time data and better

support timely referrals from primary care to colposcopy.

4.5 The mandatory field 'Date of Pap' is required on the ACR for the patient's initial visit. This is the Pap test result date that prompted the referral to colposcopy. Please note that if the initial referral is initiated as Referral Type "Other" (as shown below), the date of Pap is not required.



4.6 The following user guides have been created for clinics on Connect Care:

- Quick start guide to find the ACR and follow-up reports: https://insite.albertahealthservices.ca/Main/assets/cistr/tms-cis-ambulatory-colposcopy-workflow-quick-start-guide.pdf
- Guide to submitting a colposcopy specimen: https://insite.albertahealthservices.ca/Main/assets/cistr/tms-cis-ambulatory-colposcopy-tipsheet.pdf

Quality Management

Rationale:

Quality Management is critical to optimizing the colposcopy pathway

Monitoring/ Maximize Capacity/ Quality Assurance

5.1 Ongoing team meetings in colposcopy clinics are recommended to review quality assurance reports that include numbers attending, wait time and No-show rates. Quality control data is reviewed at operational meetings and appropriate corrective actions may be taken.

5.2 Monthly colposcopy audits are recommended with failsafe mechanisms to ensure women are not lost to follow up.

5.3 The ACCSP receives data from each colposcopy clinic via the Alberta Colposcopy Report (ACR). The data is used to create and distribute the annual colposcopy quality improvement reports (Appendix Q: Annual Colposcopy Report; Appendix R: Annual Colposcopy Clinic Report; Appendix S: Annual Individual Colposcopist Report).

Data for a range of indicators include:

- Wait times for assessment for high and low-grade abnormalities and referrals
- No-show rates of women who do not attend an appointment
- Total volumes of new assessments undertaken
- Rates of women with a high-grade lesion who had a biopsy
- Rates of biopsies suitable for histological interpretation

5.4 The following indicators are used to gather information for laboratory cytology and histology synoptic reporting.

CQM#	Indicator	Current Target
CQM4	Proportion of non-gravid women with cytology result of ASC-H, HSIL, Atypical glandular cells, AIS or Malignancy who have colposcopy and have a biopsy and/or ECC done.	95% of women with referral cytology result of ASC-H or higher will be seen in colposcopy and have a biopsy or an ECC done.
CQM5	Adequacy of ECC and/or biopsy specimen for histological diagnosis.	Target is to achieve an adequacy rate of 90% or higher.

CQM6	Correlation of referral cytology result (most severe) with histology result done within 12 months of referral cytology result stratified by type of biopsy.	Cytology Histology Agreement.
CQM7	Correlation between colposcopic impression and biopsy result.	1. Initial targets: agreement between colposcopic impression and referral histology result at least 65% of the time. 2. Targets for other correlations relationships will be determined once baseline data is available.
CQM8	Cytology or histology result is available in the ACCSP CCS application or ACCSP Colposcopy database within 18 months of patient discharge from Colposcopy care.	Target is to have the 85% or more of women who complete colposcopy services to have a cytology or histology result in the ACCSP CCS application within 18 months of being discharged from colposcopy services.
CQM9	Treatment Success: Proportion of women with a histologically confirmed diagnosis of HSIL or worse who have no evidence of HSIL on cytology or histology results done within 18 months of patient discharge from colposcopy services.	Target is for 90% or higher to not have HSIL on cytology or histology done within 18 months of discharge from colposcopy services.

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Appendix A: Colposcopy Operations Working Group Clinics

In 2017, the ACCSP Colposcopy QI Committee formed a Colposcopy Operations Working Group to support the standardization of colposcopy services across Alberta. The following clinics participated in the working group which supported the development of these colposcopy guidelines:

Cross Cancer Institute Colposcopy Clinic

Dr. David Cenaiko

Dr. Karen Bailey & Dr. Harry Mueller

Grande Prairie Cancer Center

Grey Nuns Community Hospital

Holy Cross Centre

Breast & Cervical Health Program Chinook Regional Hospital

Medicine Hat Regional Hospital

Misericordia Hospital

Northern Lights Regional Health Center

Red Deer Regional Hospital

Royal Alexandra Hospital

Strathcona Community Hospital

Women's Health Centre

Appendix B: AHS Policy PS105 – Safe Use of Lasers

Alberta Health Services **POLICY**

TITLE
SAFE USE OF LASERS

SCOPE Provincial	DOCUMENT # PS-105
APPROVAL AUTHORITY Clinical Operations Executive Committee	INITIAL EFFECTIVE DATE June 21, 2021
SPONSOR Vice President, Corporate Services & Chief Financial Officer	REVISION EFFECTIVE DATE Not applicable
PARENT DOCUMENT TITLE, TYPE, AND NUMBER Not applicable	SCHEDULED REVIEW DATE June 21, 2024

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide **AHS representatives** with a standard approach for the safe use of lasers, their administration, operation, maintenance, and service while adhering to all safety precautions and protective measures in accordance with applicable legislation and standards and the College of Physicians and Surgeons of Alberta (CPSA).
- To provide guidance to AHS representatives with the development and implementation of a *Zone Laser Safety Program Guide* for each Zone in accordance with regulatory requirements and best practice. AHS Representatives shall follow the *Zone Laser Safety Program Guide* for their zone, in accordance with this Policy.

PRINCIPLES

Alberta Health Services (AHS) is committed to the safety of **patients** and AHS representatives when registered lasers are used in the course of patient treatment and care, or research.

Lasers, if improperly used, can cause **harm** and hazards including but not limited to fire, burns, eye damage, and electrocution.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

POLICY		
TITLE SAFE USE OF LASERS	EFFECTIVE DATE June 21, 2021	DOCUMENT # PS-105

ELEMENTS

1. Laser Safety Program

1.1 Each site where **laser systems** are used shall have a Laser Safety Program. Each site Laser Safety Program shall consist of, but is not limited to, a site-specific:

a) **Zone Laser Safety Officer (ZLSO)** or **Deputy Laser Safety Officer (DLSO)**; and

b) Applicable resources, including Standard Operating Procedures related to the *Zone Laser Safety Program Guide* that provide direction for facility variation.

1.2 Each site should have a Laser Safety Committee that is a multidisciplinary group of staff from the facility that meets regularly to oversee the safe use of laser systems at the site including, but not limited to:

a) administering the relevant *Zone Laser Safety Program Guide*;

b) investigating **close calls**, **near misses** or harm; and

c) making recommendations to improve safety.

1.3 The ZLSO and DLSO are AHS staff members who have received formal medical laser safety officer training, are knowledgeable in the evaluation and control of laser system hazards, and are responsible for overseeing the control of laser system use. The ZLSO's and DLSO's responsibilities include, but are not limited to:

a) overseeing all laser system safety practices by ensuring that safety control measures are being followed and are in compliance with the applicable policies, legislation, and program guides;

b) ensuring compliance inspection by an Authorized Radiation Protection Agency (ARPA) and registering the laser system with the CPSA prior to initial use;

c) ensuring ARPA inspections are completed as per CPSA re-testing rotation schedule; and

d) ensuring annual laser system registration renewal is completed.

1.4 Each site shall ensure that the inspection, planned maintenance, and testing required by applicable legislation and standards are performed according to the equipment manufacturer's recommendations.

2. Zone Laser Safety Program Guide

2.1 A *Zone Laser Safety Program Guide* shall:

a) be produced and verified by the Zone Laser Safety Committee;

b) align with this Policy;

c) be followed by AHS representatives and compliance is mandatory;

d) include only those practices that are within the authority of the Zone Laser Safety Committees to control;

e) be approved by Zone Executive Leadership;

f) be reviewed annually by the Zone Laser Safety Committee; and

g) be updated on regular intervals, or when a new version of the CSA Standard *Safe Use of Lasers in Health Care* is published, to assure best evidence or evidence-informed practice by the Zone Laser Safety Committee.

2.2 The Zone Laser Safety Committee is a multidisciplinary group of AHS representatives from sites within the Zone that meets, at a minimum annually, to oversee the safe use of laser systems in the Zone.

2.3 The Zone Laser Safety Program Guide and any updates shall be:

a) communicated to all AHS representatives at the earliest possibility by the mode or modes of communication that will have the most success in the program environment; and

b) reviewed at a minimum annually, by **laser users** and **laser operators**, and followed in the delivery of services and care to patients.

2.4 Where a situation is not addressed within the *Zone Laser Safety Program Guide*, internal consultation with the ZLSO or DLSO and other practice resources may be accessed for immediate needs. This may lead to further additions to the *Zone Laser Safety Program Guide* in consultation with the Zone Laser Safety Committee.

2.5 The approved *Zone Laser Safety Program Guide* shall be stored in accordance with the AHS *Records Management* Policy and *Records Retention Schedule*.

3. Facility Responsibilities

3.1 Administration at each AHS facility acquiring laser systems shall ensure:

a) the ZLSO or DLSO is notified, in writing:

(i) prior to purchasing any new laser system; and

(ii) upon arrival of any new laser system;

b) the laser system is registered with the CPSA and a certificate is issued before use;

c) in coordination with the ZLSO or DLSO, the appropriate laser system safety training, as per the applicable *Zone Laser Safety Program Guide*, is available and implemented;

d) the appropriate personal protective equipment (PPE) for the specific laser system is available and is used;

e) the manufacturer's guide for cleaning and disinfecting the laser and laser accessories shall be followed in consultation with the site's Infection Prevention and Control (IPC) personnel; and

f) all standard practices stated in the *Zone Laser Safety Program Guide* are followed.

3.2 Administration at each AHS facility operating a laser system(s) shall ensure the laser system(s) is inspected and recertified in accordance with the CPSA Equipment Retesting Schedule.

4. Laser Safety Training

4.1 All AHS representatives working in a laser controlled area shall complete the appropriate level of laser system safety training for their role as prescribed in the *Zone Laser Safety Program Guide*.

4.2 All laser users and laser operators shall complete site-specific laser system safety training and demonstrate competence to the ZLSO or a designate, as per the *Zone Laser Safety Program Guide*.

a) Laser safety training shall meet applicable legislation and standards.

b) Laser safety training may be provided by AHS or provided by an external organization.

5. Laser Controlled Areas

5.1 Any enclosed area where laser systems are operated, and the occupancy and activity of those within are subject to safety control measures to provide protection from laser system hazards, shall be considered a laser controlled area.

5.2 Prior to operating laser systems, laser controlled areas shall be secured by the laser operator or laser user to prevent accidental exposure to laser hazards, as per applicable legislation and standards and the *Zone Laser Safety Program Guide*.

5.3 Safety requirements in laser controlled areas as per applicable legislation and standards, and the *Zone Laser Safety Program Guide*, shall include but are not limited to:

a) laser signage specific to the laser system in use;

b) restricting and controlling access to a laser controlled area;

c) usage of PPE specific to the laser system in use (e.g., laser protective eyewear);

d) window coverings that restrict the transmission of the laser beam through them;

(i) Window coverings shall be non-flammable and should meet the infection prevention and control requirements of the facility.

e) eliminating or minimizing highly reflective surfaces in the laser controlled area;

f) the removal and secure storage of laser keys when the laser system is not in use;

g) ventilation standards shall comply with provincial building codes and applicable legislation and standards;

h) laser plume evacuation using a Plume Scavenging System (PSS) in alignment with the AHS *Surgical Plume Management* Policy; and

i) access to a fire extinguisher of the type approved by the Fire Marshal.

6. Emergency and Incident Reporting

6.1 In the event of a laser system malfunction, failure, fire, **clinical adverse event (CAE)**, close call or incident, the laser shall be shut down immediately.

a) All AHS representatives and patients shall be immediately assessed for injuries and medical assistance sought as needed.

b) The ZLSO, DLSO, and Manager shall be notified as soon as possible and an investigation shall be completed by the ZLSO.

c) The laser system shall remain out of service until it is inspected and evaluated by Clinical Engineering or a designated service provider, and is determined to be safe for use.

6.2 If a CAE or close call occurs with a laser system and involves a patient, refer to the AHS *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy for required steps for response.

a) A **medical device incident (MDI)** shall be reported as per the AHS *Medical Device Safety* Policy.

6.3 If a laser system results in an injury or near miss to an AHS representative, they shall seek first aid and medical attention, notify the Manager, and submit an incident report in MySafetyNet (MSN) to report the injury. Refer to the AHS *Incident Reporting and Investigation* Standard (Workplace Health and Safety).

DEFINITIONS

AHS representative means Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

Clinical adverse event (CAE) means an event that reasonably could or does result in an unintended injury or complications arising from health care management, with outcomes that may range from (but are not limited to) death or disability to dissatisfaction with health care management, or require a change in patient care.

Close call means an event that has potential for harm and is intercepted or corrected prior to reaching the patient.

Deputy Laser Safety Officer (DLSO) means the facility/site level laser safety officer. DLSOs are appointed by the Director of the department they report to.

Harm means an unexpected outcome for the patient, resulting from the care and/or services provided, that negatively affects the patient's health and/or quality of life.

Laser operator means a laser operator is defined as any individual operating laser-associated technology (e.g., the laser control panel, suction devices, cooling devices, biofeedback equipment, etc.). Without the presence of a laser operator, the laser user shall assume the responsibilities of the laser operator.

Laser system means Class 3b and Class 4 lasers with an appropriate laser energy source, with or without additional incorporated components.

Laser user means an individual who directly utilizes a laser device to deliver laser energy to a target.

Medical device incident (MDI) means, according to Health Canada, a medical device problem that has led to the death or a serious deterioration in the state of health of a patient, medical device user, or other person, or could do so were it to recur; serious deterioration in health means a life-threatening disease, disorder or abnormal physical state, the permanent impairment of a body function or permanent damage to a body structure, or a condition that necessitates an unexpected medical or surgical intervention to prevent such a disease, disorder or abnormal physical state or permanent impairment or damage. MDIs include any that occur as a result of an off-label/abnormal use. This is the equivalent of a serious clinical adverse event (CAE) or near-miss serious CAE, or a worker incident with serious harm, at AHS.

Near miss means any undesired event that could have resulted in an injury, illness or loss. No first aid or medical attention is required.

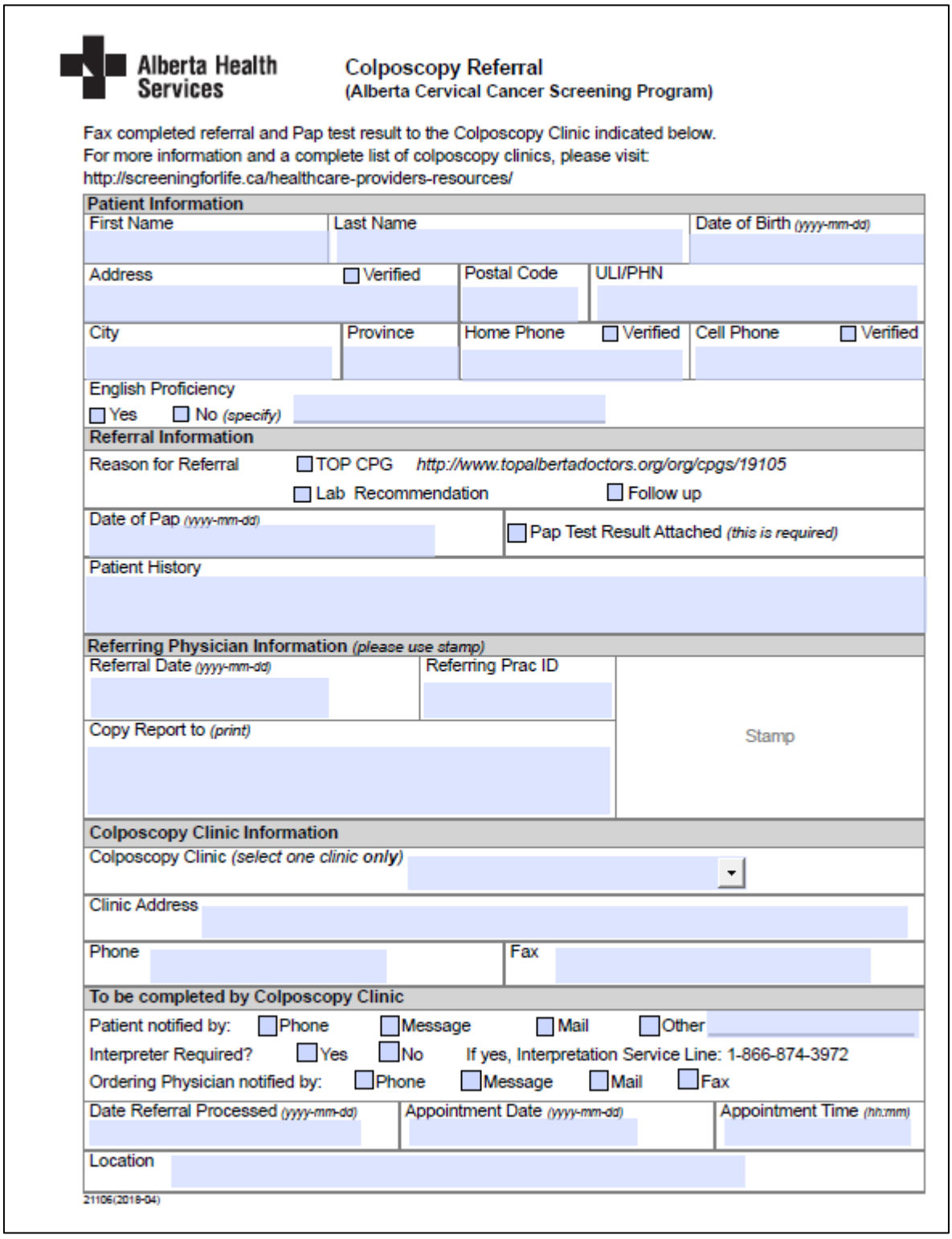
Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Zone Laser Safety Officer (ZLSO) means the Zone level laser safety officer. ZLSOs may also be responsible for a facility/site. ZLSOs are nominated by the Zone Laser Safety Committee, appointed by the Director of the department they report to, and shall co-chair the Zone Laser Safety Committee.

REFERENCES

- Alberta Health Services Governance Documents:
  - *Incident Reporting and Investigation* Standard (#WHS-PCS-06)
  - *Medical Device Safety* Policy (#PS-103)
  - *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy (#PS-95)
  - *Records Management* Policy (#1133)
  - *Records Retention Schedule* (#1133-01)
  - *Surgical Plume Management* Policy (#HCS-228)
  - *Workplace Health and Safety* Policy (#1121)
- Alberta Health Services Resources:
  - *How to Manage Non-Employee Reporting*
  - *Surgical Plume Management Policy: Frequently Asked Questions*
  - *Zone Laser Safety Program Guide Calgary Zone*
  - *Zone Laser Safety Program Guide Edmonton Zone*
- Non-Alberta Health Services Documents:
  - *Best Practices in Medical Laser Safety, First Edition* (CMLSO Laser Institute of America)
  - *CSA Z386:20 Safe Use of Lasers In Health Care* (CSA Group)
  - *Guidelines, and Position Statements for Perioperative Registered Nurses, 13th Edition* (Operating Room Nurses Association Canada)
  - *Occupational Health and Safety Act, Regulation and Code* (Alberta)
  - *Plume Scavenging in Surgical, Diagnostic, Therapeutic and Aesthetic Settings Z305.13-13* (Canadian Standard Association)
  - *Radiation Protection Act* (Alberta)
  - *Radiation Protection Regulation* (Alberta)
  - *Registration of Medical Lasers Class 3b and 4* (College of Physicians and Surgeons of Alberta)

Appendix C: Colposcopy Referral Form



Alberta Health Services

Colposcopy Referral
(Alberta Cervical Cancer Screening Program)

Fax completed referral and Pap test result to the Colposcopy Clinic indicated below.
For more information and a complete list of colposcopy clinics, please visit:
http://screeningforlife.ca/healthcare-providers-resources/

Patient Information

First Name | Last Name | Date of Birth *(yyyy-mm-dd)*

Address ☐ Verified | Postal Code | ULI/PHN

City | Province | Home Phone ☐ Verified | Cell Phone ☐ Verified

English Proficiency
☐ Yes ☐ No *(specify)*

Referral Information

Reason for Referral ☐ TOP CPG *http://www.topalbertadoctors.org/org/cpgs/19105*
☐ Lab Recommendation ☐ Follow up

Date of Pap *(yyyy-mm-dd)* | ☐ Pap Test Result Attached *(this is required)*

Patient History

Referring Physician Information *(please use stamp)*

Referral Date *(yyyy-mm-dd)* | Referring Prac ID | Stamp

Copy Report to *(print)*

Colposcopy Clinic Information

Colposcopy Clinic *(select one clinic only)*

Clinic Address

Phone | Fax

To be completed by Colposcopy Clinic

Patient notified by: ☐ Phone ☐ Message ☐ Mail ☐ Other
Interpreter Required? ☐ Yes ☐ No If yes, Interpretation Service Line: 1-866-874-3972
Ordering Physician notified by: ☐ Phone ☐ Message ☐ Mail ☐ Fax

Date Referral Processed *(yyyy-mm-dd)* | Appointment Date *(yyyy-mm-dd)* | Appointment Time *(hh:mm)*

Location

21106(2018-04)

Form available online at: https://www.albertahealthservices.ca/frm-21106.pdf

Appendix D: Patient No-Show – Patient New Referral Notice

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Dear [Patient Name],

Our records indicate that you missed your appointment on [Date at Time]. Any time you are unable to keep your appointment, you are required to contact the booking office, so that we may use the appointment time for another patient.

If you have not already done so, please contact the [booking office/department] at [Clinic phone number] to reschedule your appointment.

If you miss your next appointment (3 missed appointments) without giving notice, we will discharge you from our Colposcopy Clinic. You will then require a new referral which may cause a delay in your treatment.

We are interested in your health care and hope to hear from you soon. If you have any questions regarding your appointment, please contact [department or person] at the [Colposcopy Clinic] at [Clinic phone number].

Sincerely,

The Colposcopy Team
Cc: Referring Physician: [Name]
This report is disclosed to the providers copied per HIAs 35(f)(b) for continuing care and is privileged and confidential. If you received it in error, please phone the Colposcopy Clinic.

Appendix E: Patient Rebook [3x] – Patient New Referral Notice

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Dear [Patient Name],

Our records indicate that you cancelled your appointment on two occasions; [Date at Time] and [Date at Time]. Appointment cancellations make it difficult to use the appointment time for another patient.

If you cancel the next appointment (three cancelled appointments), we will discharge you from care from our Colposcopy Clinic. You will then need to be re-referred which may cause a delay in your treatment.

We are interested in your health care and hope to hear from you soon. If you have any questions regarding your appointment, please contact [department or person] at the [Colposcopy Clinic] at [Clinic phone number].

Sincerely,

The Colposcopy Team
Cc: Referring Physician: [Name]
This report is disclosed to the providers copied per HIAs 35(f)(b) for continuing care and is privileged and confidential. If you received it in error, please phone the Colposcopy Clinic.

Appendix F: Patient No-Show – Primary Care Provider New Referral Notice

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Referring Physician: [Name]

Thank you for referring the above patient to our [Colposcopy Clinic]. Due to the reason indicated below, we are not able to see this patient.

- ☐ We have attempted to contact the patient to schedule an appointment, however, we have been unable to reach them.
- ☐ We have attempted to contact the patient to arrange an appointment, however, their telephone number is not in service.
- ☐ The patient indicated they do not wish to participate in our program.
- ☐ We have contacted the patient to schedule an appointment, however, they indicated that they have an appointment at another facility for the same services.
- ☐ The referral received is not an appropriate referral for our department.
- ☐ Other:

Additional Information: _____

The patient file will be closed at this time. We will require a new referral with updated information if you want your patient to be seen again in this clinic. The Colposcopy Referral Form can be accessed here: https://www.albertahealthservices.ca/frm-21106.pdf

Sincerely,

Colposcopy Team
Cc: Referring Physician: [Name]

Appendix G: Patient Rebook [3x] – Primary Care Provider New Referral Notice

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Referring Physician: [Name]

Thank you for referring the above patient to our [Colposcopy Clinic]. Due to the reason indicated below, we are not able to see this patient.

Please be advised that your patient above has cancelled her appointments three times on:

_____
_____
_____

We have advised your patient of our policy with regard to canceling appointments three times. We have informed her that this notification letter will be sent to your office and encouraged her to contact your office for a new referral.

The patient file will be closed at this time. We will require a new referral with updated information if you want your patient to be seen again in this clinic. The Colposcopy Referral Form can be accessed here: https://www.albertahealthservices.ca/frm-21106.pdf

Sincerely,

The Colposcopy Team
Cc: Referring Physician: [Name]
This report is disclosed to the providers copied per HIAs 35(f)(b) for continuing care and is privileged and confidential. If you received it in error, please phone the Colposcopy Clinic.

Appendix H: Colposcopy Quality Practices and Measures

Colposcopy Quality Practices (CPQ)

CQP#	Indicator	Current Target
CQP1	Education requirements for physicians doing colposcopy	100% of physicians doing colposcopy in Alberta meet the guidelines as recommended by the SOGC.
CQP2	Complete Colposcopy form (eColpo) and send documentation to ACCSP	95% of Colposcopists assessments have documented the type of transformation zone and have an option on nature of abnormality and requirements for management.
CQP3	**Workload**	Each colposcopist to see 100 patients per year to maintain skill and expertise.

Colposcopy Quality Measures (CQM)

CQM#	Indicator	Current Target
CQM1	Proportion of non-gravid women referred for colposcopy with a cytology result of ASC-H, HSIL, Atypical glandular cells, AIS, or Malignancy who have a histological diagnosis in the ACCSP CCS application within 3 months of the referral cytology result.	Target is for 95% of women with a referral cytology result of ASC-H or higher to have a colposcopy or histology result in the ACCSP CCS application/Colposcopy database within 3 months from the referral cytology result date. Some women may delay or have clinical reasons for not having colposcopy.
CQM2	Proportion of non-gravid women referred for colposcopy with a cytology result of persistent ASC-US or LSIL and/or HPV+ who have a histological diagnosis in the ACCSP CCS application within 6 months of the referral cytology result.	Target is for 95% of women with a referral cytology result of persistent ASC-US or LSIL to be seen by colposcopy within 6 months of the date of the referral cytology result. Some women may delay or have clinical reasons for not having colposcopy.
CQM3	'No-show' rates 'Rebooked – Patient' rates 'Rebooked – Clinic' rates	Number of 'No-shows' and 'Rebooked by patient and by clinic' (Work Load assessment). In addition, report the number of women who had a subsequent visit 12 months post missed appointment.
CQM4	Proportion of non-gravid women with cytology result of ASC-H, HSIL, Atypical	95% of women with referral cytology result of ASC-H or higher will be seen in colposcopy and have a biopsy or an ECC done.

	glandular cells, AIS or Malignancy who had colposcopy and had a biopsy and/or ECC done.	
CQM5	Adequacy of ECC and/or biopsy specimen for histological diagnosis.	Target is to achieve an adequacy rate of 90% or higher.
CQM6	Correlation of referral cytology result (most severe) with histology result done within 12 months of referral cytology result stratified by type of biopsy.	Cytology Histology Agreement.
CQM7	Correlation between colposcopic impression and biopsy result.	3. Initial targets: agreement between colposcopic impression and histology result at least 65% of the time. 4. Targets for other correlations relationships will be determined once baseline data is available.
CQM8	Cytology or histology result is available in the ACCSP Colposcopy database within 18 months of patient discharge from Colposcopy care.	Target is to have the 85% or higher of women who complete colposcopy services to have a cytology or histology result in the ACCSP application within 18 months of being discharged from colposcopy services.
CQM9	Treatment Success Proportion of women with a histologically confirmed diagnosis of HSIL or worse who have no evidence of HSIL on cytology or histology results done within 18 months of patient discharge from colposcopy services.	Target is for 90% or higher to not have HSIL on cytology or histology done within 18 months of discharge from colposcopy services.
CQM10	Communication with current referring service provider. Proportion of time the colposcopist communicates the results of the colposcopy evaluation and recommendations for patient management to the Primary Care service provider within 60 days of colposcopy assessment.	Target is that 95% of the time, Colposcopists will provide the current service provider with the results of the colposcopic evaluation and recommended patient management plan within 60 days of the colposcopy assessment.

Appendix I: Colposcopy Visit Notification Letter

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Referring Physician: [Name]

Dear [Patient],

You have been referred to the Colposcopy Clinic by your primary care provider.

Your appointment is scheduled [Date / DD/MM/YYYY] at [Time] at [Colposcopy Clinic]. [Include process for confirming appointment, if applicable and any other relevant details such as where to park, checking in at registration, where the clinic is located.]

[Indicate any enclosed materials or resources].

Please ensure that your contact information as listed above is current. If updates are required, please have your referring doctor send our clinic this updated information as soon as possible.

Should there be a change to the urgency of the referral, please contact your referring doctor to send an updated referral request to our clinic.

If you have questions or require additional information, feel free to contact [specify who the patient should contact such as Ambulatory Care or Colposcopist] us at the numbers above.

The following video has been provided to help inform you regarding your clinic visit.

A Patient's Guide to Colposcopy: What to expect when having a colposcopy? You can access the video here: https://youtu.be/57EXw9oU9TA

Appendix J: Colposcopy Visit Reminder Letter

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Referring Physician: [Name]

Colposcopy Visit Reminder

Dear [Patient],

Your appointment is scheduled [Date / DD/MM/YYYY] at [Time] at [Colposcopy Clinic]. [Include process for confirming appointment, if applicable and any other relevant details such as where to park, checking in at registration, where the clinic is located.]

[Indicate any enclosed materials or resources].

Please ensure that your contact information as listed above is current. If updates are required, please have your referring doctor send our clinic this updated information as soon as possible.

Should there be a change to the urgency of the referral, please contact your doctor to send an updated referral request to our clinic.

If you have questions or require additional information, feel free to contact [specify who the patient should contact such as Ambulatory Care or Colposcopist] us at the numbers above.

Thank you,

The Colposcopy Team
Cc: Referring Physician: [Name]

Appendix K: Referring Primary Care Provider Confirmation of Referral

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Dear [Primary Care Provider]

The following appointment has been scheduled for the above mentioned patient:

Appointment scheduled [Date / DD/MM/YYYY] at [Time] at [Colposcopy Clinic]

Please note the following:

• Do not give a copy of this letter to the patient; it is intended for your use only.
• [Indicate how the patient will be notified]

If you have any questions regarding the new patient appointment please call the [Colposcopy Clinic / phone number]

Sincerely,

The Colposcopy Team
Cc: Referring Physician: [Name]

Appendix L: Alberta Colposcopy Record

3316513226

Alberta Health Services

Colposcopy Record

ULI/PHN ____ - ____

Date of Birth ____ / ____ / ____ (yyyy / mm / dd)

Exam Date ____ / ____ / ____ (yyyy / mm / dd)

Date Referral Received ____ / ____ / ____ (yyyy / mm / dd)

Referring PracID ____ - ____

☐ No Show ☐ Rebooked

Referring Prac — Last Name ____ First Name ____

Form needs to be fully complete in order to be proccessed.

Notes:

Reason for Colposcopy

Referral	Cytology	Treatment	Followup	Other
☐ HPV+	☐ HSIL	☐ LEEP	☐ + exo ☐ + endo	☐ Clinical Abnormality
☐ ASC-US	☐ AIS	☐ Cone	☐ + exo ☐ + endo	☐ Vulvar Dysplasia
☐ LSIL	☐ Malignant	☐ Laser		☐ VAIN
☐ ASC-H				☐ DES Exposure
☐ Atyp Gland C				☐ Genital Condyloma

Date of Pap ____ / ____ / ____ (yyyy / mm / dd)

Treatment Followup # ____ Visit # ____

History

Gravidity ____ Parity ____

LMP ____ / ____ / ____ (yyyy / mm / dd)

Pregnant ☐ Number of Weeks ____ LMP N/A ☐

	Reason	Year
☐ Previous LEEP		
☐ Previous Cone		
☐ Previous Laser		
☐ Previous Cryo		
☐ Previous Condyloma		

Immunocompromised ☐ Yes ☐ No

Contraception ☐ None ☐ Barrier ☐ Tubal ☐ Depo ☐ OCP ☐ IUD ☐ Other

Current Smoker ☐ Yes ☐ No

Hysterectomy ☐ Yes ☐ No Year ____

HPV Vaccine ☐ 0 ☐ 1 ☐ 2 ☐ 3 Year ____

Colposcopic Examination

Site Examined ☐ Cervix ☐ Vagina ☐ Vulva

Transformation Zone ☐ Type I ☐ Type II ☐ Type III

Endometrial Biopsy ☐ Yes ☐ No ____ Result

Colposcopist Prac ID Performing Exam ____ - ____

Facility or Health Clinic ____

Impression	Cytology Done ☐ Not Done ☐	Biopsy Done ☐ Not Done ☐	ECC Done ☐ Not Done ☐
Check One	Check One	Check One	Check One
☐ Negative	☐ Unsatisfactory	☐ Unsatisfactory	☐ Unsatisfactory
☐ Benign Atypia	☐ NILM	☐ Negative	☐ Negative
☐ HPV features	☐ ASC-US	☐ HPV features	☐ HPV features
☐ Condyloma	☐ LSIL	☐ Condyloma	☐ LSIL
Cervix ☐ LSIL ☐ HSIL	☐ ASC-H	☐ SIL unqualified	☐ SIL unqualified
Vagina ☐ LSIL ☐ HSIL	☐ Atyp Gland C	Cervix ☐ LSIL ☐ HSIL	☐ HSIL
Vulva ☐ LSIL ☐ HSIL ☐ dVIN	☐ HSIL	Vagina ☐ LSIL ☐ HSIL	☐ AIS
☐ AIS	☐ AIS	Vulva ☐ LSIL ☐ HSIL ☐ dVIN	☐ Microinvasion
☐ Microinvasion	☐ Malignant	☐ AIS	☐ Malignant
☐ Malignant		☐ Microinvasion	
		☐ Malignant	

Final Diagnosis

Check One

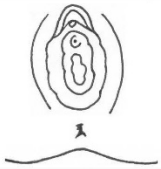
☐ Other
☐ HPV (ToC)
☐ Negative
☐ Positive
☐ Negative
☐ NIL - HPV only
☐ Condyloma
☐ SIL unqualified
Cervix ☐ LSIL ☐ HSIL
Vagina ☐ LSIL ☐ HSIL
Vulva ☐ LSIL ☐ HSIL ☐ dVIN
☐ AIS
☐ Microinvasion
☐ Malignant

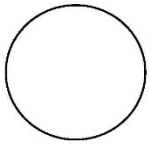
Recommendations

Date: ____ / ____ / ____ (yyyy / mm / dd)

Check One

☐ Discharge due to NS/LTFU/Unable to contact X 3
☐ Discharge: Screening Cytology 12 months
☐ Discharge: No routine screening
☐ Repeat colposcopy 2-3 months postpartum
☐ Repeat colposcopy ____ months
☐ Laser ☐ cervix ☐ vagina ☐ vulva
☐ LEEP
☐ LEEP Conization
☐ Cold Knife Conization
☐ Excision Vulva
☐ Hysterectomy
☐ QA Review ____
☐ Other specify ____
☐ Appointment booked ☐ Please book



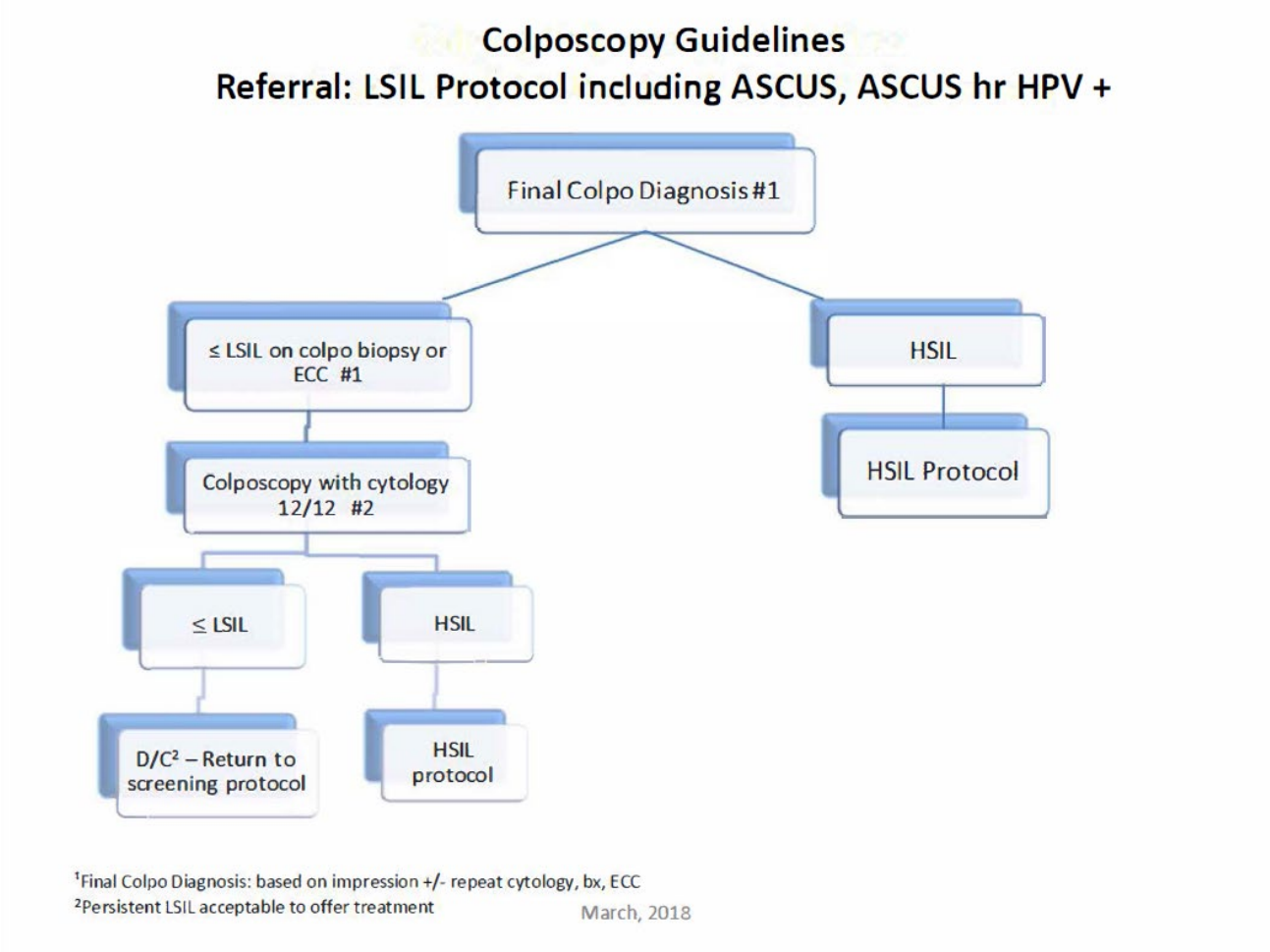


Mark Biopsy Site

____ M.D.
Colposcopist Completing Recommendations

21162(2021-03) White - ACCSP Yellow - CHART Note - fax/copy to referring practitioner

Appendix M: ACCSP Colposcopy QI Committee Guidelines



Appendix N: SOGC Joint Clinical Practice Guideline (High-grades)

MANAGING ASC-H

A woman with an ASC-H Pap smear should have colposcopy to rule out CIN 2 or 3 and/or cancer. (II-2A)

Biopsies should be performed on any identifiable lesions at colposcopy. (II-2A)

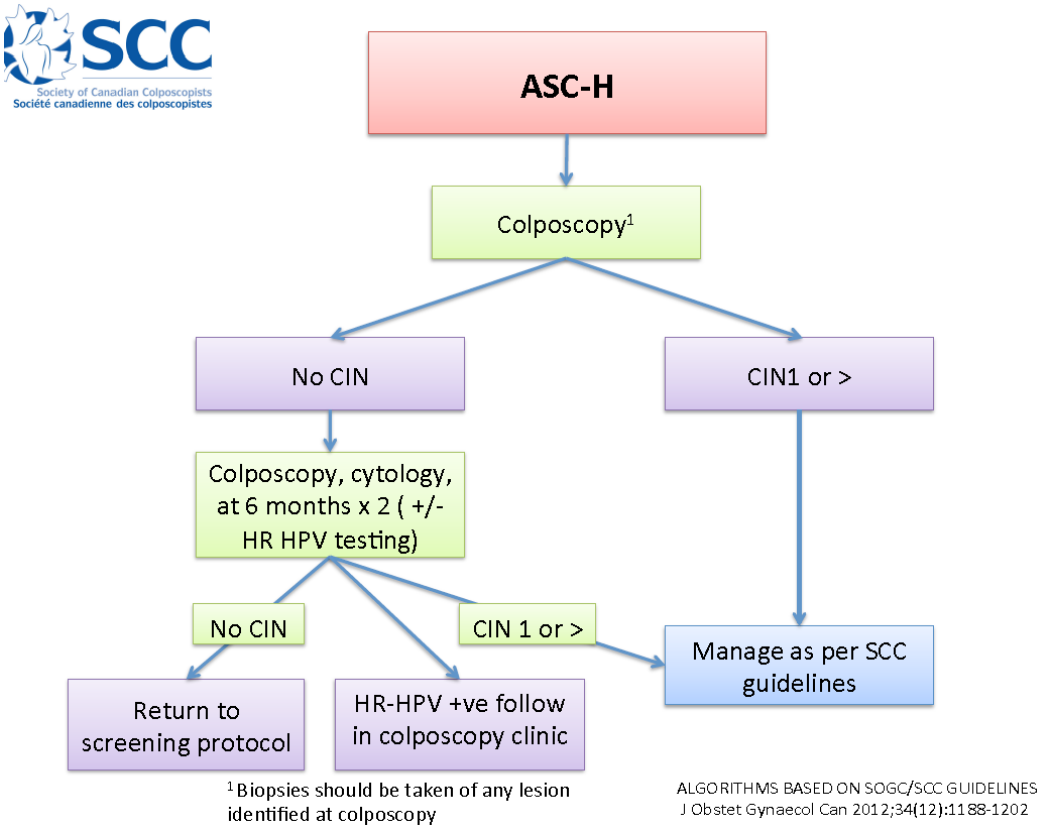
With an ASC-H Pap smear, the finding of negative colposcopy does not automatically warrant a diagnostic excisional procedure. (III-E)

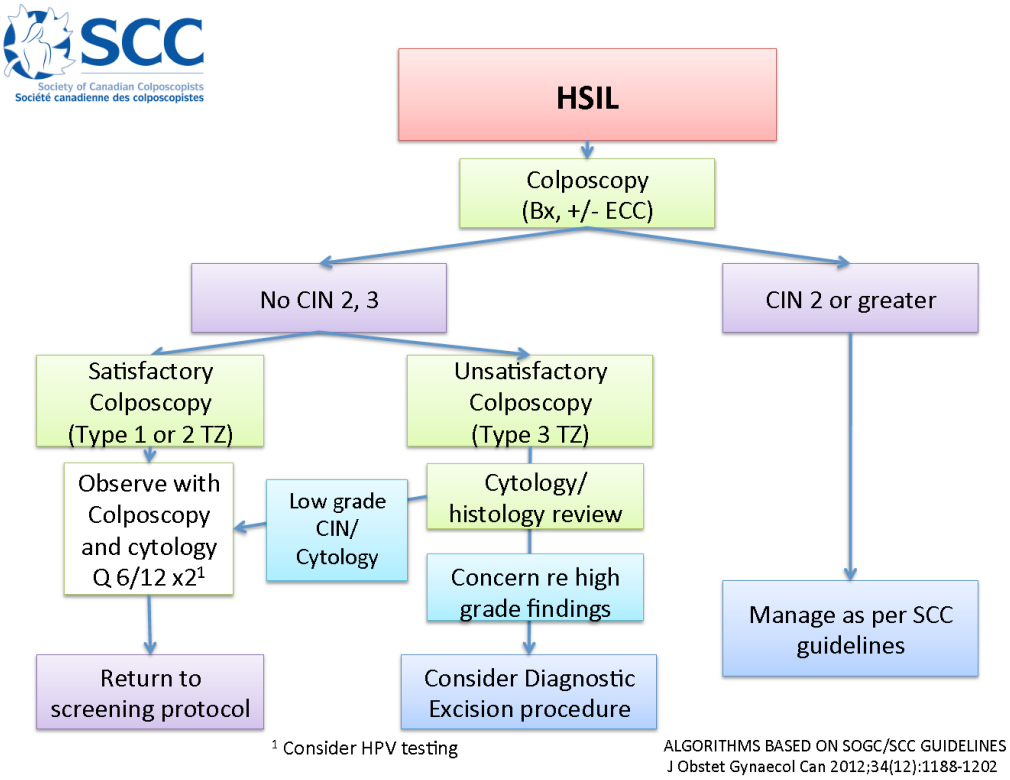
MANAGING HSIL

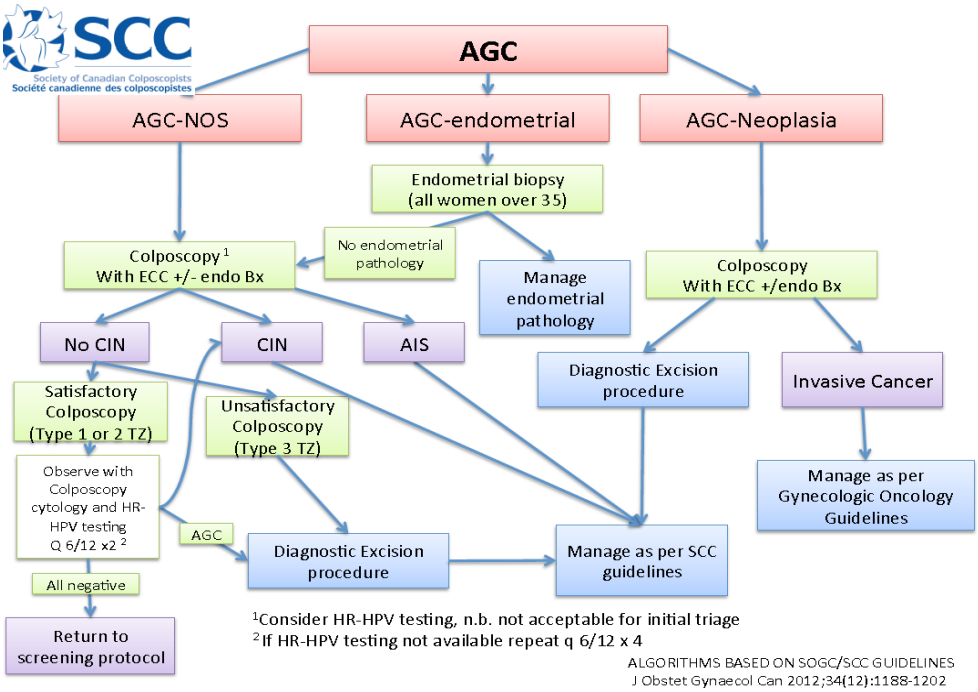
All women with an HSIL test result should have colposcopy. (II-2A)

In the absence of an identifiable lesion at colposcopy, whether satisfactory or unsatisfactory, an endocervical curettage and directed biopsies should be performed. (III-B)

In women with HSIL, when the transformation zone is not seen in its entirety and endocervical curettage and/or biopsy results are negative, a diagnostic excisional procedure should be considered. (III-B)




SCC
Society of Canadian Colposcopists
Société canadienne des colposcopistes
HSIL
Colposcopy (Bx, +/- ECC)
No CIN 2, 3
CIN 2 or greater
Satisfactory Colposcopy (Type 1 or 2 TZ)
Unsatisfactory Colposcopy (Type 3 TZ)
Observe with Colposcopy and cytology Q 6/12 x2[1]
Low grade CIN/ Cytology
Cytology/ histology review
Concern re high grade findings
Manage as per SCC guidelines
Return to screening protocol
Consider Diagnostic Excision procedure
[1] Consider HPV testing
ALGORITHMS BASED ON SOGC/SCC GUIDELINES
J Obstet Gynaecol Can 2012;34(12):1188-1202


SCC
Society of Canadian Colposcopists
Société canadienne des colposcopistes
AGC
AGC-NOS
AGC-endometrial
AGC-Neoplasia
Endometrial biopsy (all women over 35)
No endometrial pathology
Manage endometrial pathology
Colposcopy [1] With ECC +/- endo Bx
Colposcopy With ECC +/endo Bx
No CIN
CIN
AIS
Diagnostic Excision procedure
Invasive Cancer
Satisfactory Colposcopy (Type 1 or 2 TZ)
Unsatisfactory Colposcopy (Type 3 TZ)
Observe with Colposcopy cytology and HR-HPV testing Q 6/12 x2 [2]
Manage as per Gynecologic Oncology Guidelines
AGC
Diagnostic Excision procedure
Manage as per SCC guidelines
All negative
Return to screening protocol
[1]Consider HR-HPV testing, n.b. not acceptable for initial triage
[2] If HR-HPV testing not available repeat q 6/12 x 4
ALGORITHMS BASED ON SOGC/SCC GUIDELINES
J Obstet Gynaecol Can 2012;34(12):1188-1202

Appendix O: Patient Discharge Letter

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Dear [Patient Name],

After being seen at your last Colposcopy appointment, the specialist has determined that you can go back to regular routine Pap test screening due in 12 months.

If you do not have a regular family doctor, you may call Health Link at 811 to ask which family doctors may be accepting new patients.

Sincerely,

The Colposcopy Team
Cc: Referring Physician: [Name]
This report is disclosed to the providers copied per HIAs 35(f)(b) for continuing care and is privileged and confidential. If you received it in error, please phone the Colposcopy Clinic.

Appendix P: Primary Care Provider Discharge Letter

Date:

Colposcopy Clinic Name / Address

Patient Information
Name:
Birthdate:
Sex:
ACB#:
Alberta PHN #:
Age:

Referring Physician: [Name]

Thank you for referring the above patient to our [Colposcopy Clinic].

[Patient Name] is being discharged from our [Colposcopy Clinic].

Please note that we have determined that your patient can go back to regular routine Pap test screening due in 12 months.

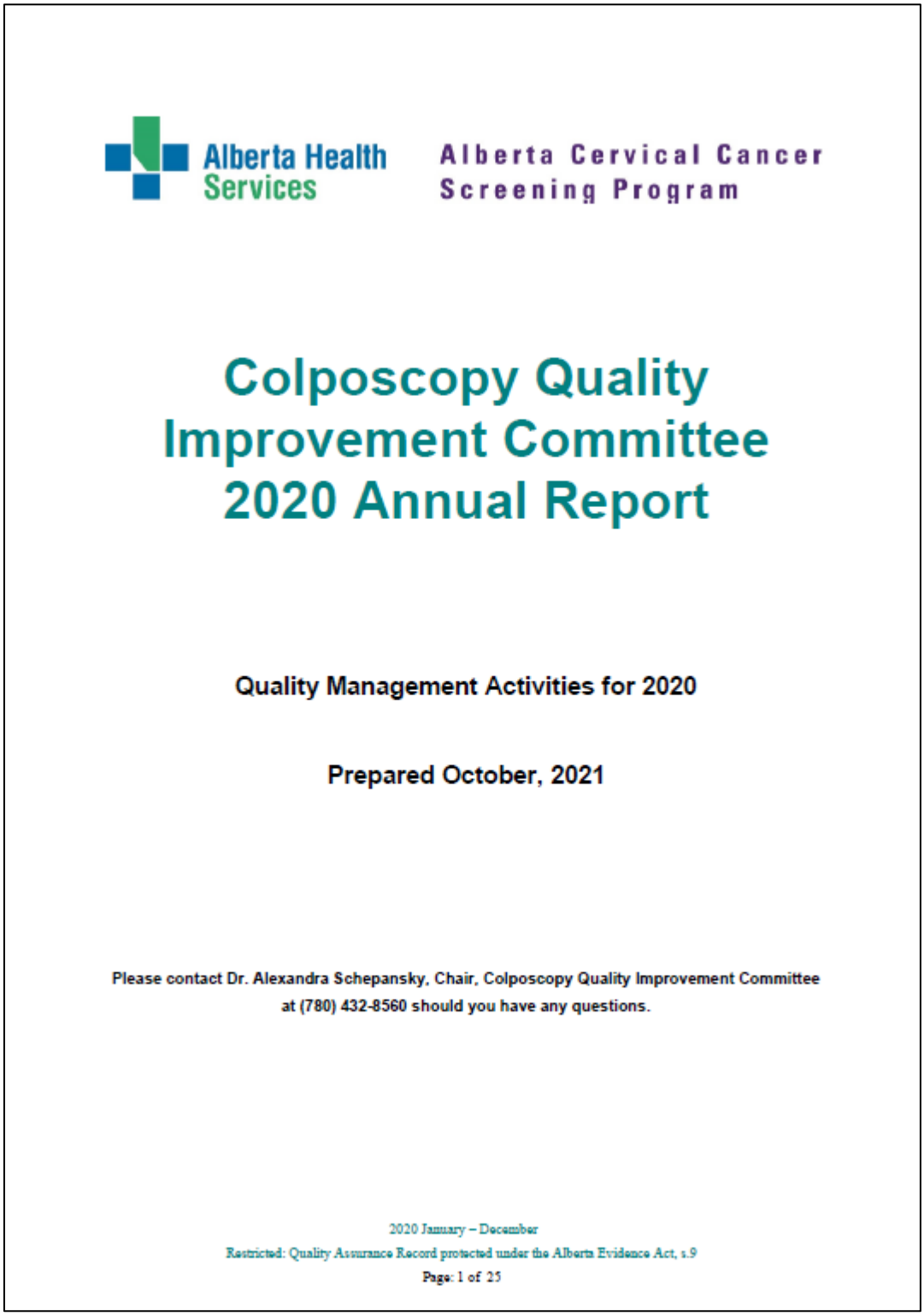
Follow-up needs to be arranged by [Referring Provider(s) on record] for this patient.

If any new or related abnormalities develop, we would be pleased to see her again with a new referral.

Sincerely,

The Colposcopy Team
Cc: Referring Physician: [Name]
This report is disclosed to the providers copied per HIAs 35(f)(b) for continuing care and is privileged and confidential. If you received it in error, please phone the Colposcopy Clinic.

Appendix Q: Annual Colposcopy Report



Alberta Health Services

Alberta Cervical Cancer Screening Program

Colposcopy Quality Improvement Committee 2020 Annual Report

Quality Management Activities for 2020

Prepared October, 2021

Please contact Dr. Alexandra Schepansky, Chair, Colposcopy Quality Improvement Committee at (780) 432-8560 should you have any questions.

2020 January – December

Restricted: Quality Assurance Record protected under the Alberta Evidence Act, s.9

Page: 1 of 25

Executive Summary

In 2020, our world was disrupted by the global COVID-19 pandemic. This led to total cessation and/or reduction in screening and colposcopy services respectively for a period of time around the province. Thus, some of the colonoscopy quality measures were affected due the reduced capacity within colposcopy clinics to align with public health safety measures and the prioritization of high-grades over low-grades. Over the past year, screening and colposcopy services continue to be impacted by the various waves of the pandemic. We applaud everyone for their tenacity and resilience during these times. This 2020 report affirms that together we can build healthy communities and healthy Albertans.

Since November 2019, Alberta Health Services (AHS) has been moving into the Connect Care platform to facilitate the use and sharing of health information to improve patient care. This migration also resulted in changes on how data is received by the Alberta Cervical Cancer Screening Program (ACCSP) from colposcopy clinics. As with any change management process, this is currently a work in progress as the ACCSP continues to align with the changing environment and the program's partnership with colposcopy clinics and quality improvement strategies for better and efficient health services delivery to eligible Albertans.

In 2020, ACCSP received a total of 19,503 Colposcopy Record Forms from Colposcopists, a 13.1% decrease in forms from year 2019. Overall, the completion rate of required fields was excellent, but there is room for improvement in optional fields, especially those pertaining to patient history.

All colposcopists' documentation of the type of transformation zone seen and opinion on nature of abnormality and requirements for management exceeded the 95% target (CQP2).

Of women with a referral cytology of ASC-H or worse, 62.8% were seen within 6 weeks, 90.5% were seen within 3 months (target is 95%) and the median (IQR*) wait was 34 (17,56) days. For persistent ASC-US or LSIL, 85.8% were seen within 6 months (target is 95%), here the median (IQR) wait was 111 (58,153) days.

16,924 colposcopy exams were performed in 2020. 13.2% of all colposcopy appointments were No-Shows or Rebooks, which represented a similar proportion as last year.

9.6% of referral cytology results were ASC-US, 22.3% were low grade and 34% were high grade abnormalities. Cytology was performed during 46.7% of first colposcopy visits.

*IQR: interquartile range is a measure of statistical dispersion, being equal to the difference between 75th and 25th percentiles.

Colposcopy exam results are summarized as follows:

- 87.6% of women with a referral cytology result of ASC-H or worse had a colposcopic biopsy, 86.4% had an ECC and 98.4% had either a biopsy or an ECC (target 95% for either – CQM4).
- Biopsy satisfactory rate was 97.3%, while the satisfactory rate for ECC was 94.8%.
- For 95.5% of colposcopy exams that involved a biopsy, the colposcopic impression and biopsy result were the same or within one step (i.e. NIL – Low grade – High grade – microinvasion – malignant).
- 48.8% of the diagnostic recommendations were to repeat colposcopy, 37.1% were discharged to screening and 12.5% were recommended treatment. LEEP was the most common treatment recommended (i.e. 9.8% of all recommendations and 78.5% of treatment recommendations).
- HPV reflex tests resulted in 23.2% of the first-time referrals to colposcopy. Of the 1,498 positive reflex tests, 1,283 (85.6%) were for women over 30 years of age with ASC-US and 161 (10.7%) for women over 50 years of age with LSIL. 46 (3.1%) of HPV tests were performed at the request of pathologist or colposcopist.

Table of Contents

Chapter One: Program Information and Colposcopist Participation

1. Alberta Cervical Cancer Screening Program (ACCSP)

The Alberta Cervical Cancer Screening Program (ACCSP) is a population based program coordinated by Alberta Health Services (AHS) Screening Programs. The ACCSP's mission is to reduce cervical cancer incidence and mortality through early detection and treatment of precursor conditions. The Program is a provincial collaborative involving Albertans, healthcare providers, laboratories, health zones and other key stakeholders.

Since 2003, the ACCSP Colposcopy Quality Improvement Committee has undertaken quality improvement activities for colposcopists and colposcopy clinics delivering cervical cancer screening and treatment services in Alberta. To assist in monitoring women's follow-up and to support professional quality improvement and assurance for colposcopy, the ACCSP encourages colposcopists across Alberta to complete a Colposcopy Record Form for each procedure and at the end of each month, send a copy of the forms to the program. For clinics on Connect Care, the request is for each encounter to be documented in the electronic Colposcopy Record Form and the program will extract the data. This report is intended to support quality improvement activities.

2. Colposcopy Record Form

The 2020 colposcopy data analyzed for this annual report were provided to the ACCSP by colposcopists on Colposcopy Record Forms as of October 8, 2021. The overall validity of results is dependent on the quality and completeness of each form.

3. Participating Colposcopists

62 colposcopists submitted forms to the ACCSP in 2020.

4. Number of Forms Received and Processed

ACCSP received a total of 19,503 Colposcopy Record Forms for year 2020 (Table 1), which represented a 13.1% decrease from 2019. On average 1,625 forms were received each month.

Table 1. Colposcopy Forms Processed by ACCSP per month in 2020

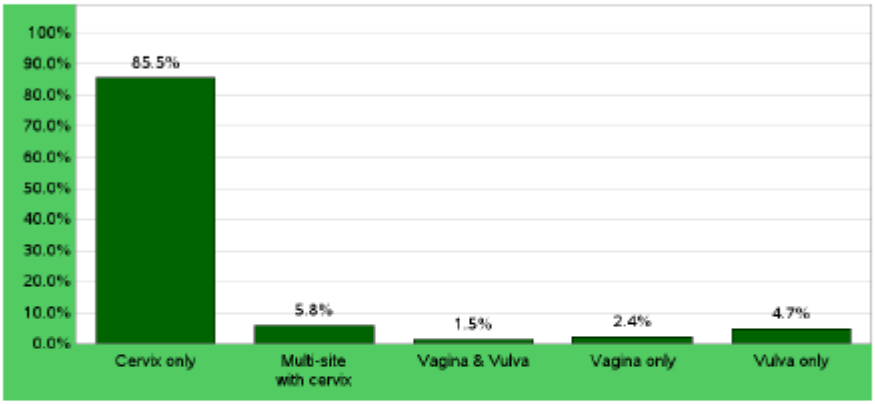
Month	Number	Percentage
January	2,169	11%
February	1,739	9%
March	1,371	7%
April	1,089	6%
May	1,172	6%
June	1,797	9%
July	1,615	8%
August	1,624	8%
September	1,883	10%
October	1,746	9%
November	1,622	8%
December	1,676	9%
Total	**19,503**	**100%**

Chapter Two: Colposcopy Examinations

This chapter includes information on sites examined during colposcopy, the type of transformation zone seen at colposcopy examinations involving the cervix, referral and colposcopy cytology.

1. Site Examined During Colposcopy

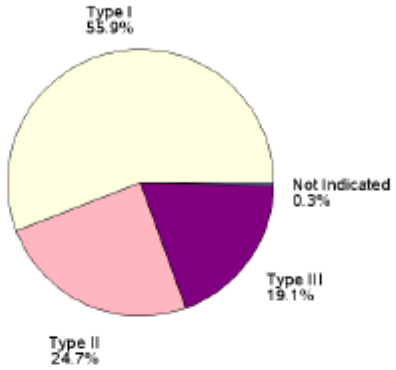
Figure 1: Sites examined during colposcopy procedures (n=16,924)



91.3% of reported exams included the cervix, while 7.3% of exams involved multiple sites.
Note 100% of the forms indicated which site(s) were examined.

2. Type of Transformation Zone (TZ) seen at Colposcopy Examinations Involving the Cervix

Figure 2: Type of TZ seen (n=15,459)



The International Federation of Cervical Pathology and Colposcopy has classified the transformation zone (TZ) into three categories:

- A Type I TZ is completely ectocervical and fully visible.
- A Type II TZ is fully visible, has an endocervical component, and may have an ectocervical component.
- A Type III TZ is predominantly endocervical, not fully visible, and may have an ectocervical component.

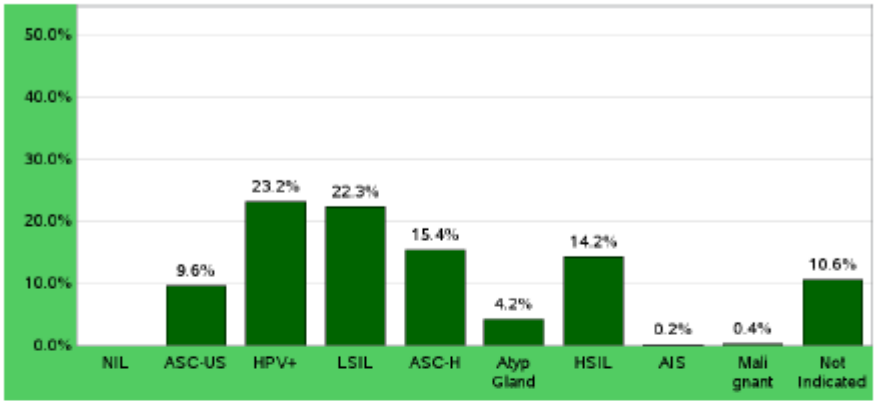
Reference:

The TZ Type I & II are considered satisfactory, replacing the term 'Satisfactory' to categorize the colposcopy. The transformation zone is to be described as Type I, II or III.

SOGC Joint Clinical Practice Guideline. (2012). Colposcopic Management of Abnormal Cervical Cytology and Histology. Journal of Obstetrics and Gynaecology Canada, 34(12), 1188–1202.

3. Referral Cytology at First Colposcopy Visit

Figure 3: Referral cytology at first colposcopy visit (n=6,486)



Of the 6,486 first colposcopy visits, 620 (9.6%) had referral cytology results that indicated ASC-US. 1,448 (22.3%) were low-grade abnormalities (LSIL). 2,205 (34.0%) were high-grade abnormalities (ASC-H, Atypical Glandular Cells, HSIL, or AIS), and 23 (0.4%) of the referral cytology results indicated malignancy.

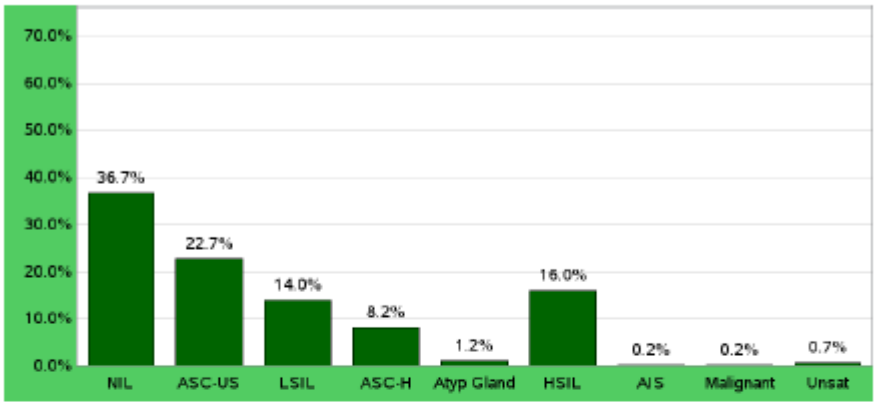
Table 2. Referral cytology at first colposcopy visit with HPV+ reason (n=1,498)

	Pap Test Result	N	Percent
HPV Reflex Test done	ASC-US	1,283	85.6%
	LSIL	161	10.7%
	NIL	8	0.5%
Others		46	3.1%
Total		1,498	100%

The purpose of reflex HPV testing is to detect the Human Papillomavirus (HPV) in a Pap test sample, to help decide what follow up is needed for women older than 30 years of age with a low grade Pap test result of ASC-US or women over 50 years of age with a low grade Pap test result of LSIL. 23.2% of first-time referrals to colposcopy were HPV Reflex positive cytology tests. Of the 1,498 positive reflex tests, 1,283 (85.6%) were for women over 30 years of age with ASC-US and 161 (10.7%) for women over 50 years of age with LSIL. 46 (3.1%) of HPV tests were performed at the request of pathologist or colposcopist.

4. Colposcopy Cytology at First Colposcopy Visit

Figure 4: Colposcopy cytology performed at first colposcopy visit (n=3,027)



Cytology was performed during 3,027 (46.7%) of the 6,486 first colposcopic examinations, which represented a 1.0% increase from last year.

1,110 (36.7%) of these 3,027 results were NIL; 687 (22.7%) indicated ASC-US; 424 (14.0%) indicated LSIL; 775 (25.6%) had cytology results of high-grade abnormalities (ASC-H, Atypical Glandular Cells, HSIL, or AIS); results from 7 (0.2%) exams indicated malignancy; and 21 (0.7%) exams indicated results Unsatisfactory.

Of the 16,924 colposcopy examinations completed overall, cytology was performed in 11,986 (70.8%) of them.

The ACCSP Colposcopy Quality Improvement Committee recommends that Pap testing be performed in accordance to the colposcopy care pathway. Please refer to appendix A: Pap testing in colposcopy for the recommended scenarios.

5. Final Recommendations for the Most Recent Visit

Table 3. Recommendations (n=14,044)

Recommendations	Number	Percent
Discharge due to NS	4	0.0%
Discharge annual screening	5,112	36.4%
Discharge no routine screening	95	0.7%
Repeat 2-3 months postpartum	117	0.8%
Repeat 6 months postpartum	1	0.0%
Repeat colposcopy in X months	6,735	48.0%
Laser	300	2.1%
LEEP	1,374	9.8%
Conization	33	0.2%
Hysterectomy	44	0.3%
Other Specify	185	1.3%
QA Review	44	0.3%
Total	**14,044**	**100%**

5,211 (37.1%) of the final recommendations included discharge to screening at either 6 or 12 months.

6,853 (48.8%) of the final recommendations included repeat colposcopic examination in a specified number of months.

1,751 (12.5%) of the final recommendations included treatment. LEEP was the most common treatment recommended, i.e. 1,374 (9.8%) of all recommendations and 78.5% of treatment recommendations.

Laser	Number	Percent
Cervix	147	48.7%
Cervix & Vagina	8	2.6%
Vagina	34	11.3%
Vagina & Vulva	10	3.3%
Vulva	103	34.1%
Total	**302**	**100%**

Summary

62 colposcopists submitted forms to the ACCSP in 2020. For women undergoing their first visit, 34% of their referral cytology indicated high-grade abnormalities, 22.3% indicated low grade and 9.6% indicated ASC-US. Colposcopic cytology was completed at 46.7% of the first colposcopy visits and at 70.8% of visits overall. The most common final recommendation was "Repeat colposcopy in X months". 37.1% of final recommendations included discharge to screening.

Chapter Three: Colposcopy Quality Practices and Measures

1. Colposcopy Quality Practices and Colposcopy Quality Measures

The ACCSP Colposcopy Quality Improvement Committee has identified 3 Colposcopy Quality Practices (CQP) and 8 Colposcopy Quality Measures (CQM).

CQP 1: Education requirements for physicians doing colposcopy

Target: 100% of physicians doing colposcopy in Alberta meet the guidelines for training requirements in colposcopy as recommended by the Society of Obstetricians and Gynecologists of Canada.

- ACCSP presently does not gather data to report on this quality practice.

CQP 2: Documentation

Target: 95% of colposcopist assessments have documented the type of transformation zone seen and have an opinion on nature of abnormality and requirements for management.

- Overall, colposcopists documented the type of transformation zone seen for 100% of procedures; and colposcopists had an opinion on nature of abnormality and requirements for management for 100% of procedures.
- All colposcopists reached the 95% target.

CQP 3: Workload per year stratified by colposcopist

Target: Colposcopists are to see at least 100 patients per year to maintain skill and expertise.

Figure 5.1: Number of new and returning patients in total number of exams

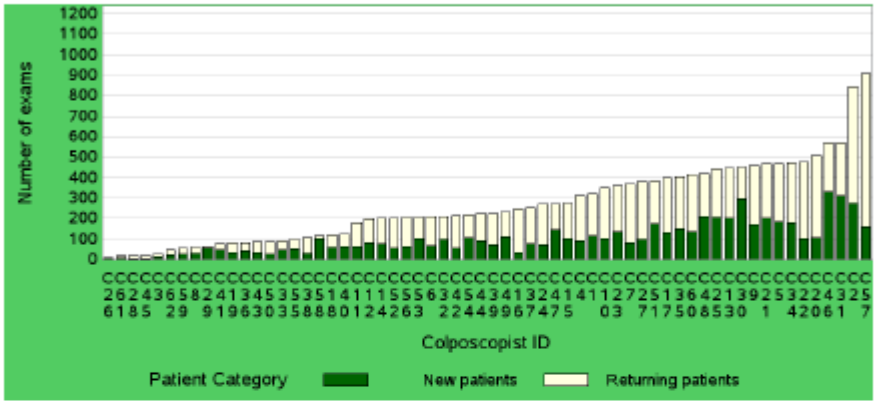


Figure 5.2: Number of colposcopies performed

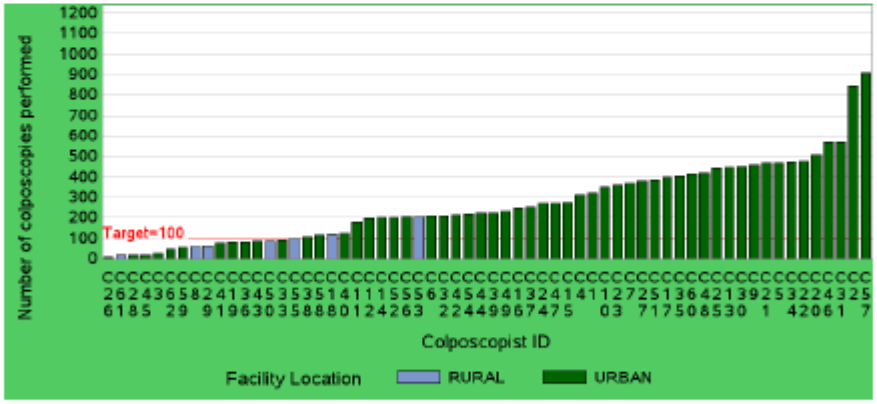


Figure 5.3: Total number of new patients seen by colposcopists in past 5 years

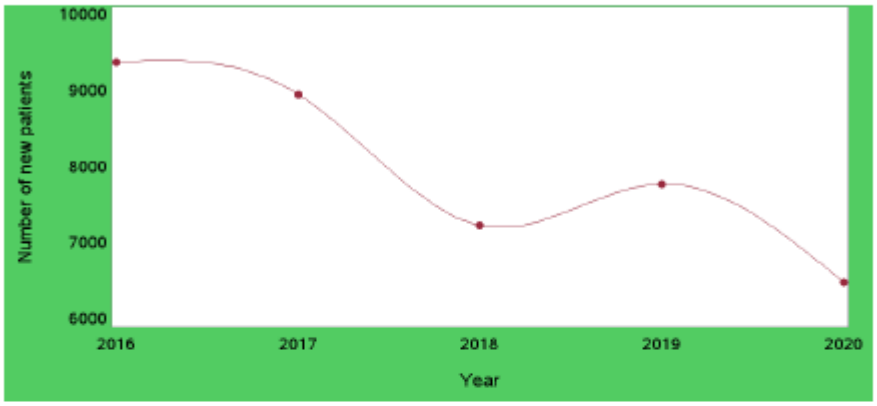
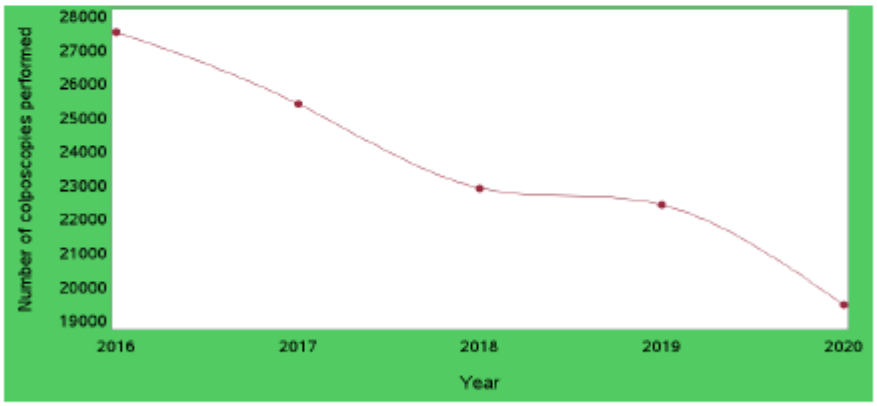


Figure 5.4: Total number of colposcopies performed in past 5 years



CQM 1: Proportion of women with a referral cytology result of ASC-H or worse who are seen in colposcopy within 3 months of the date of the referral cytology result

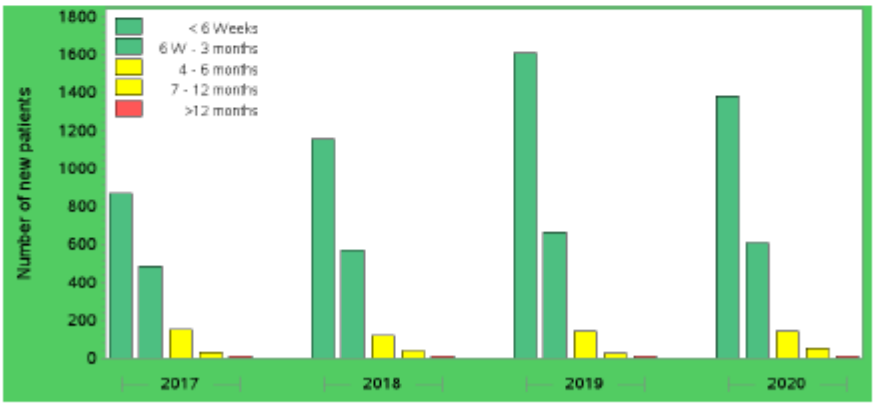
Target: 95% of women with a referral cytology result of ASC-H or worse are seen by colposcopy within 3 months of the date of the referral cytology.

Table 4. Proportion of women with a referral cytology result of ASC-H or worse

Wait Time	Number of new patients seen by colposcopy	Percent
< 6 Weeks	1,384	62.8%
6 Weeks - 3 months	610	27.7%
4 months - 6 months	143	6.5%
7 months - 12 months	55	2.5%
>12 months	12	0.5%
Total	2,204	100%

This analysis is restricted to the 2,204 cases where the Alberta Cervical Cancer Screening Program (CCS database) has a record of referral cytology.

62.8% of women with a referral cytology result of ASC-H or worse were seen in colposcopy within 6 weeks from the date of referral cytology. 90.5% of women with a referral cytology result of ASC-H or worse were seen in colposcopy within 3 months of the date of referral cytology, the median (IQR) wait time was 34 (17,56) days.



CQM 2: Proportion of women referred for colposcopy with a referral cytology result of persistent ASC-US or persistent LSIL who are seen by colposcopy within 6 months of the date of the referral cytology result

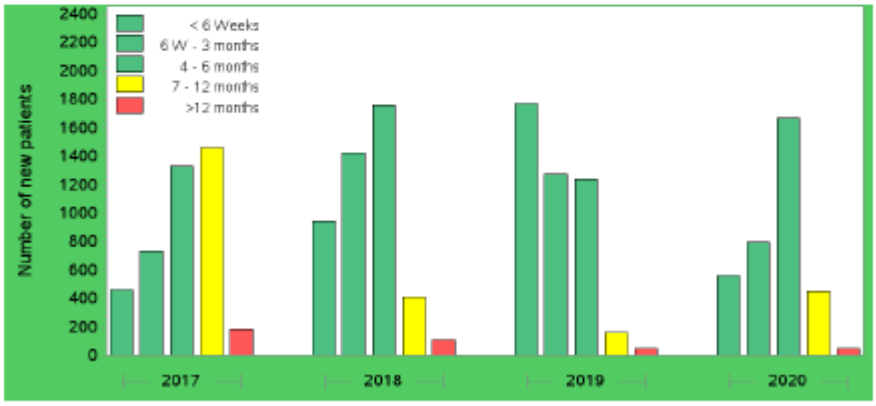
Target: 95% of women with a referral cytology result of persistent ASC-US or LSIL to be seen by colposcopy within 6 months of the date of the referral cytology result.

Table 5. Proportion of women referred for colposcopy with a referral cytology result of persistent ASC-US or persistent LSIL

Wait Time	Number of new patients seen by colposcopy	Percent
< 6 Weeks	561	15.9%
6 Weeks - 3 months	797	22.6%
4 months - 6 months	1,674	47.4%
7 months - 12 months	449	12.7%
>12 months	51	1.4%
Total	3,532	100%

This analysis is restricted to the 3,532 cases where the Alberta Cervical Cancer Screening Program (CCS database) has a record of referral cytology.

Only 85.8% of women with a referral cytology result of persistent ASC-US or LSIL were seen in colposcopy within 6 months of the date of the referral cytology, although the median (IQR) wait time was 111 (58,153) days.



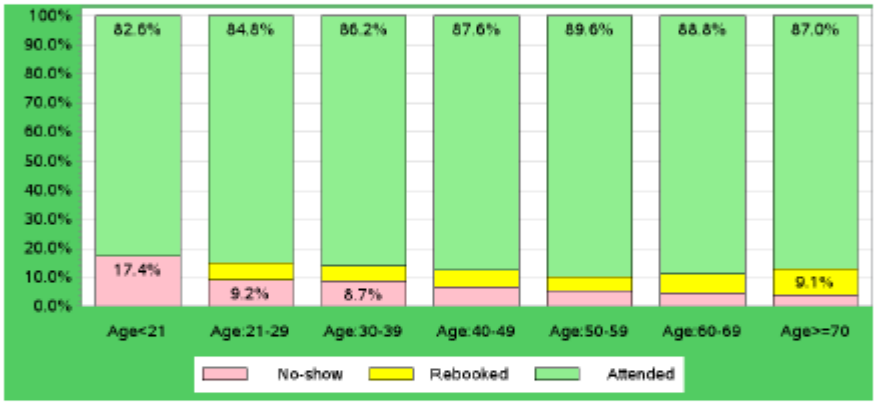
CQM 3: "No-show" rates

Target: To be determined.

Table 6. No-show / rebooked colposcopy appointments

	No-show	Rebooked	Attended	Total
Number of forms	1,479(7.6%)	1,100(5.6%)	16,924(86.8%)	19,503

Figure 6: Percentage of colposcopy appointments that were attended, no-show, or rebooked by age group (n=19,503)



- Approximately 86.8% of the appointments (at all facilities) were 'Attended'.
- The no-show rate decreased as age advanced. Women in the younger age groups (less than 21 and 21-29) were more likely to be No-show or Rebooked than women 30 years and older.

CQM 4: Proportion of women with a referral cytology result of ASC-H, Atypical glandular cells, HSIL, AIS or Malignancy who are seen by colposcopy and have a biopsy and/or an ECC done upon discharge

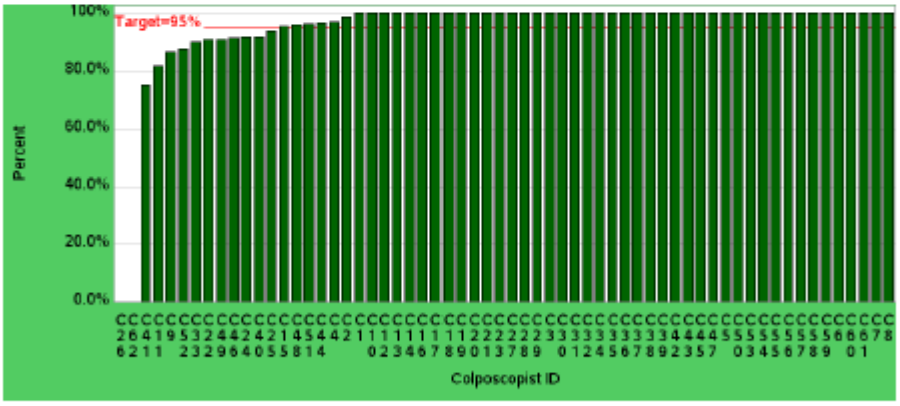
Target: 95% of women with referral cytology result of ASC-H or worse have a biopsy or ECC done before discharge.

Table 7. Proportion of women with referral cytology of ASC-H or worse (n=1,549) who had ECC or biopsy performed before discharge.

ECC/Biopsy	Number of women	Percent
ECC done	1,339	86.4%
Biopsy done	1,357	87.6%
Both done	1,172	75.7%
Either done	1,524	98.4%

- 98.4% of the women who had a referral cytology result of ASC-H or worse had either an ECC or biopsy done.
- 87.6% of women who had a referral cytology result of ASC-H or worse had a biopsy done.
- 86.4% of women who had a referral cytology result of ASC-H or worse had an ECC done.
- 75.7% of these women had both an ECC and a biopsy done.

Figure 7: Biopsy and/or ECC performed for women with referral cytology of ASC-H or worse



- Of 62 available colposcopists, 49 (79.0%) met the target.

CQM 5: Satisfactory ECC and/or biopsy specimen for histological diagnosis

Target: Adequacy rate of 90% or more.

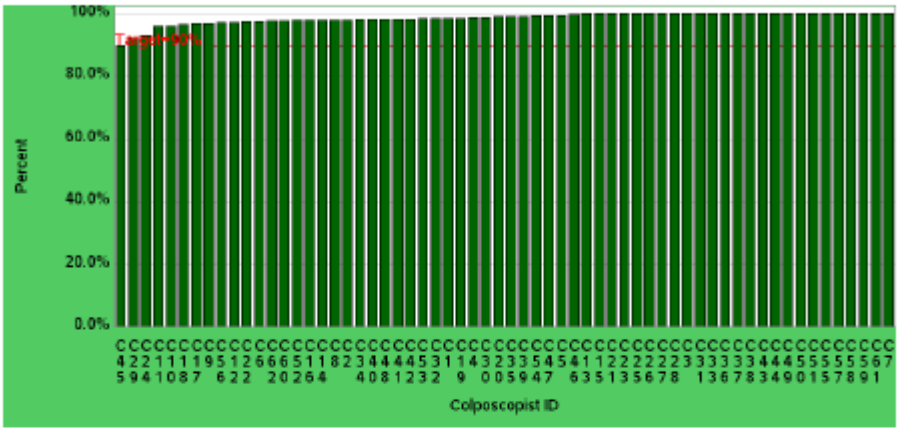
- Histology results are not currently being captured in the ACCSP CCS application. This data was reported by the colposcopist on the Colposcopy Record Forms.
- The proportion of biopsies reported as unsatisfactory was 1.0%. Taking into account both those that were unsatisfactory and those for which no details were provided, the adequacy rate for biopsies was at least 97.3%.

Table 8. Satisfactory ECC and/or biopsy specimen for histological diagnosis

Result	Biopsy	ECC
NILM	3,248 (37.1%)	7,251 (69.7%)
HPV	565 (6.5%)	606 (5.8%)
Condyloma	10 (0.1%)	0
LSIL	2,320 (26.5%)	814 (7.8%)
Cervix LSIL	3 (0.0%)	0
SIL Unspecified	183 (2.1%)	369 (3.5%)
HSIL	2,051 (23.4%)	710 (6.8%)
Vulva HSIL	2 (0.0%)	0
Vulva Dvin	3 (0.0%)	0
AIS	46 (0.5%)	61 (0.6%)
Malignant	73 (0.8%)	26 (0.3%)
Microinvasion	8 (0.1%)	3 (0.0%)
Unsatisfactory	90 (1.0%)	512 (4.9%)
Done, no details	147 (1.7%)	25 (0.2%)
Total	**8,749 (100%)**	**10,398 (100%)**

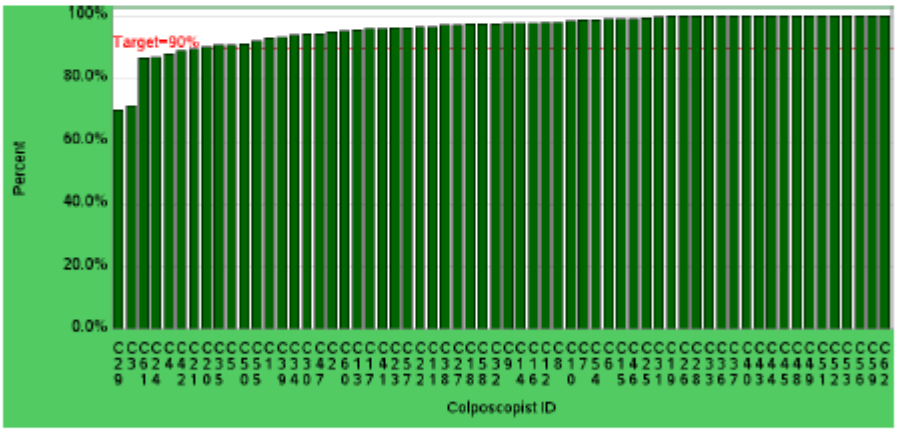
- This performance measure is under review by the Colposcopy QI Committee.
- The proportion of ECC's reported as unsatisfactory was 4.9%. Taking into account both those that were unsatisfactory and those for which no details were provided, the adequacy rate for ECC's was at least 94.8%.

Figure 8: Biopsy satisfactory adequacy rate (n=6,439)



- Of 62 available colposcopists, 62 met the target.

Figure 9: ECC satisfactory adequacy rate (n=6,439)



- Of 62 available colposcopists, 55 met the target.

CQM 6: Correlation of referral cytology result with histology result(s) done within 12 months of referral cytology result

Target: To be defined.

- Histology results are not currently being captured in the ACCSP CCS application.

CQM 7: Correlation between colposcopic impression and biopsy result

Target: To be defined once baseline data is available.

Table 9. Correlation between colposcopic impression and biopsy result

Correlation	Frequency Count	Percent
Same step	2,628	59.2%
Overcall +1	825	18.6%
Undercall -1	784	17.7%
Total: same step or +/- 1	**4,237**	**95.5%**
Overcall +2 or more	131	3.0%
Undercall -2 or less	70	1.6%

- Correlation between colposcopic impression and colposcopic biopsy for the same step or +/-1 difference was 95.5%.
- In 4.5% of cases the colposcopic impression was 2 or more steps different from the colposcopy biopsy result.

CQM 8: Treatment Success - Proportion of women with a histologically confirmed HSIL who complete treatment and do not have HSIL on cytology or histology results within 18 months of patient discharge from colposcopy services

Target: 90% or more of women do not have HSIL on cytology or histology done within 18 months of discharge from colposcopy services.

- Histology results are not currently being captured in the ACCSP CCS application.

Appendix A: Pap Test in Colposcopy

Alberta Health Services — Alberta Cervical Cancer Screening Program

Last Revision Date: 3 November 2017

Pap Testing in Colposcopy

The ACCSP Colposcopy QI Committee recommends that Pap testing to be used in colposcopy only in the following circumstances:

Recommended Indications for Pap in Colposcopy

- ☑ Pregnancy*
- ☑ AGC Referral*
- ☑ For VAIN referral*
- ☑ Referral cytology outside Alberta
- ☑ ASC-H: recommended at 2nd colposcopy visit
- ☑ HSIL and negative 1st colposcopy visit, repeat Pap at 2nd and 3rd colposcopy
- ☑ Referral Pap > 6/12 prior to colposcopic assessment
- ☑ Clinical discretion

*Do not repeat if referral Pap was within 3/12 of colposcopic examination

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Appendix B: Colposcopy Record version 5.8

331.651.3226

Alberta Health Services

Colposcopy Record

ULI/PHN – Date of Birth (yyyy / mm / dd)

Exam Date (yyyy / mm / dd)

Date Referral Received (yyyy / mm / dd)

Referring Prac ID – No Show – Rebooked

Referring Prac: Last Name, First Name

Form needs to be fully complete in order to be processed.

Notes:

Reason for Colposcopy

Referral	Cytology	Treatment Followup	Other
HPV+	HSIL	LEEP + ecto + endo	Clinical Abnormality
ASC-US	AIS	Cone + ecto + endo	Vulvar Dysplasia
LSIL	Malignant	Laser	VAIN
ASC-H			DES Exposure
Atyp Glandl C			Genital Condyloma

Date of Pap (yyyy / mm / dd)

Treatment Followup # – Visit #

History

Gravidity – Parity

LMP (yyyy / mm / dd)

Pregnant – Number of Weeks – LMP NA

	Reason	Year
Previous LEEP		
Previous Cone		
Previous Laser		
Previous Cryo		
Previous Condyloma		

Immunocompromised: Yes / No

Contraception: None / Barrier / Tubal / Depo / OCP / IUD / Other

Current Smoker: Yes / No

Hysterectomy: Yes / No – Year

HPV Vaccine: 0 / 1 / 2 / 3 – Year

Colposcopic Examination

Site Examined: Cervix / Vagina / Vulva

Transformation Zone: Type I / Type II / Type III

Endocervical Biopsy: Yes / No ____ Result

Colposcopist Prac ID – Performing Exam – Facility or Health Clinic

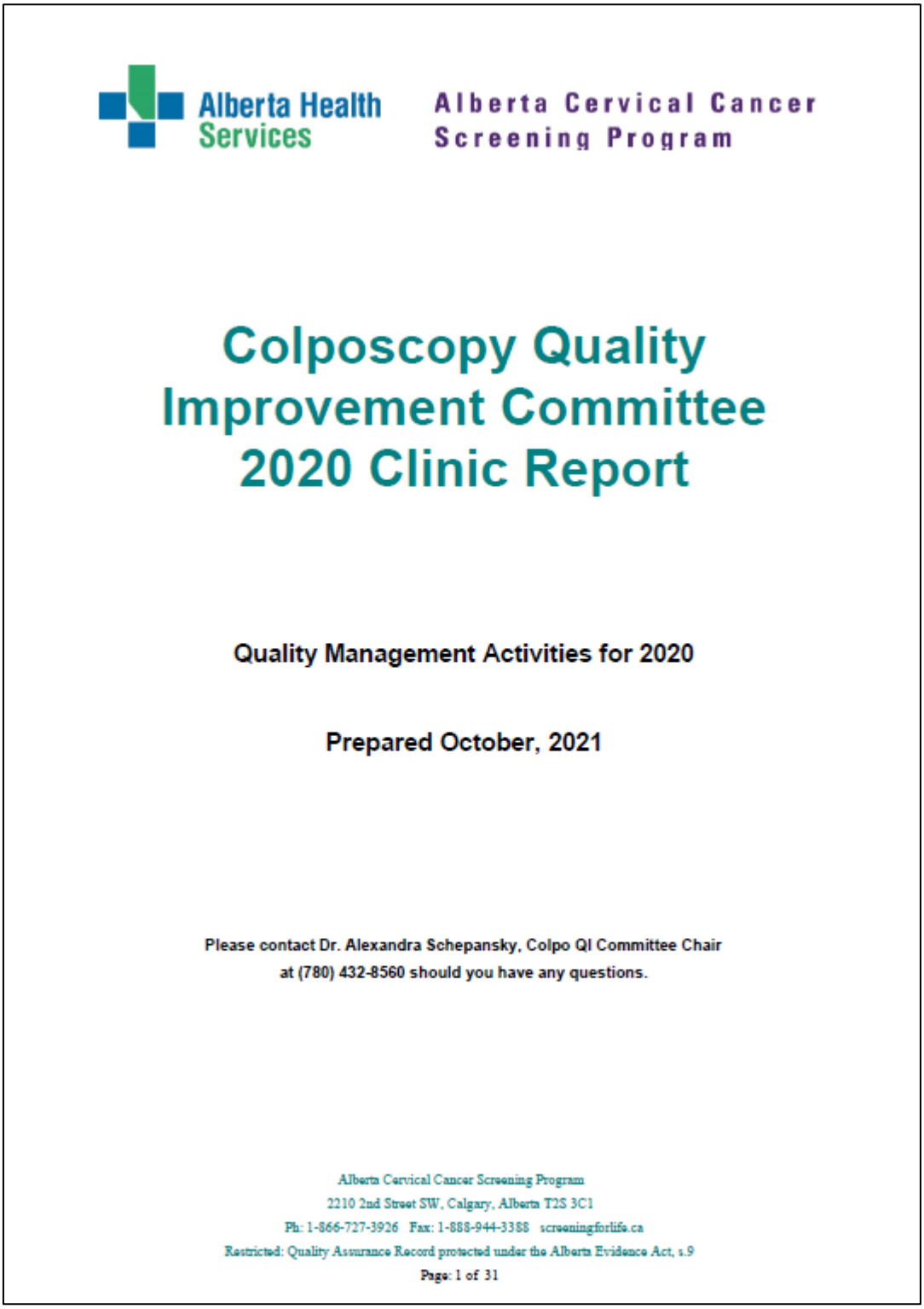
Impression	Cytology Done / Not Done	Biopsy Done / Not Done	EDC Done / Not Done	Final Diagnosis	Recommendations
Check One	Check One	Check One	Check One	Check One	Date: (yyyy / mm / dd)
Negative	Unsatisfactory	Unsatisfactory	Unsatisfactory	Other	Check One
Benign Atypia	NILM	Negative	Negative	HPV (ToC) Negative / Positive	Discharge due to NS/LTFU/Unable to contact X 3
HPV features	ASC-US	HPV features	HPV features	Negative	Discharge: Screening Cytology 12 months
Condyloma	LSIL	Condyloma	LSIL	NIL - HPV only	Discharge: No routine screening
Cervix: LSIL / HSIL	ASC-H	SIL unqualified	SIL unqualified	Condyloma	Repeat colposcopy 2-3 months postpartum
Vagina: LSIL / HSIL	Atyp Glandl C	Cervix: LSIL / HSIL	HSIL	SIL unqualified	Repeat colposcopy ____ months
Vulva: LSIL / HSIL / dVIN	HSIL	Vagina: LSIL / HSIL	AIS	Cervix: LSIL / HSIL	Laser: cervix / vagina / vulva
AIS	AIS	Vulva: LSIL / HSIL / dVIN	Microinvasion	Vagina: LSIL / HSIL	LEEP
Microinvasion	Malignant	AIS	Malignant	Vulva: LSIL / HSIL / dVIN	LEEP Conization
Malignant		Microinvasion		AIS	Cold Knife Conization
		Malignant		Microinvasion	Excision Vulva
				Malignant	Hysterectomy
					QA Review ____
					Other specify ____
					Appointment booked / Please book

Mark Biopsy Site

____ M.D.
Colposcopist Completing Recommendations

21163(2021-03) White - ACCSP Yellow - CHART Note - test copy to referring practitioner

Appendix R: Annual Colposcopy Clinic Report



Alberta Health Services

Alberta Cervical Cancer Screening Program

Colposcopy Quality Improvement Committee 2020 Clinic Report

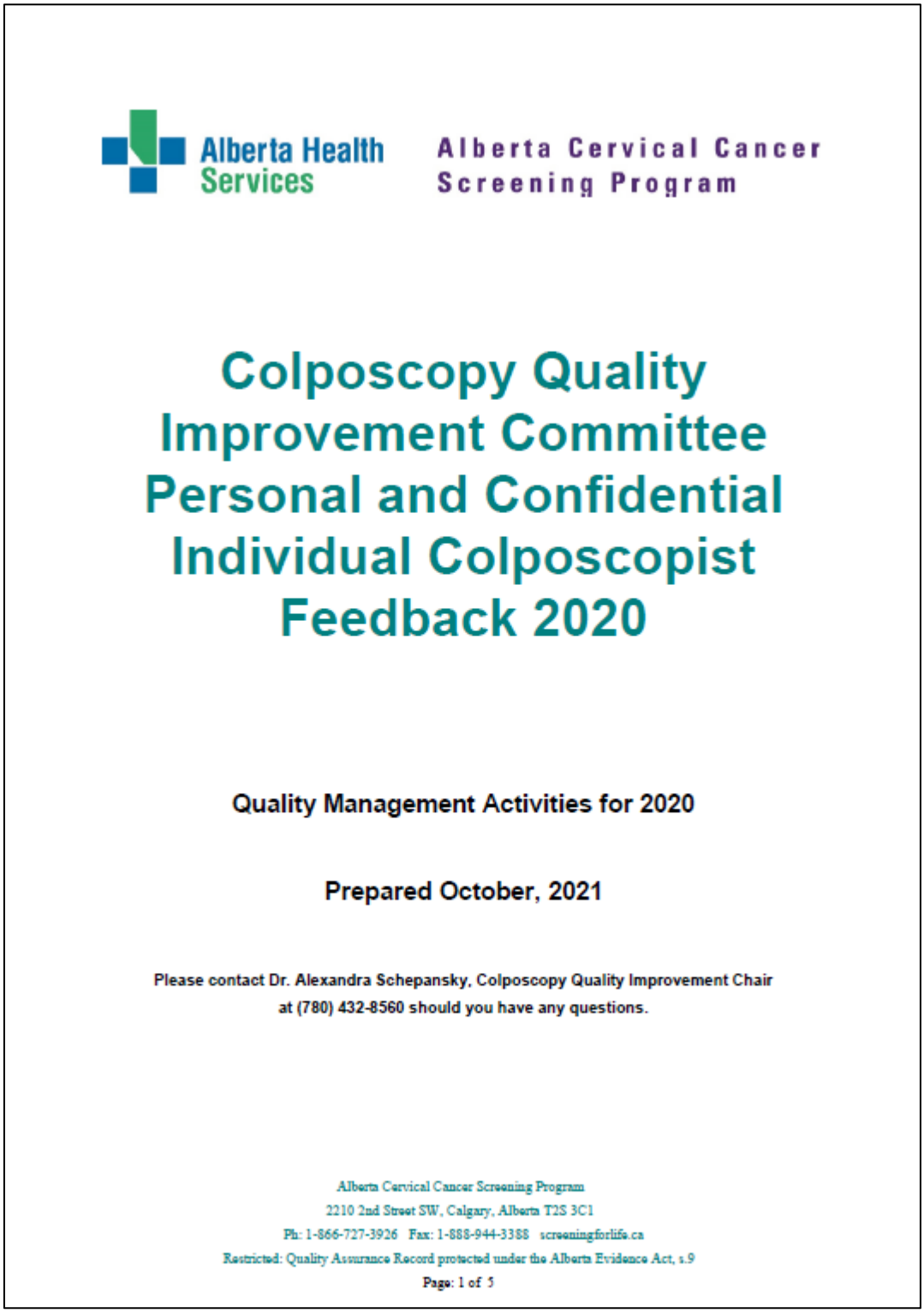
Quality Management Activities for 2020

Prepared October, 2021

Please contact Dr. Alexandra Schepansky, Colpo QI Committee Chair at (780) 432-8560 should you have any questions.

Alberta Cervical Cancer Screening Program
2210 2nd Street SW, Calgary, Alberta T2S 3C1
Ph: 1-866-727-3926 Fax: 1-888-944-3388 screeningforlife.ca

Appendix S: Annual Individual Colposcopist Report



Alberta Health Services

Alberta Cervical Cancer Screening Program

Colposcopy Quality Improvement Committee Personal and Confidential Individual Colposcopist Feedback 2020

Quality Management Activities for 2020

Prepared October, 2021

Please contact Dr. Alexandra Schepansky, Colposcopy Quality Improvement Chair at (780) 432-8560 should you have any questions.

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