

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

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## Updates

Version Number	Date Updated	Guideline Updated/ New Section Added	Page #
Version 1	November 2021	Created document	All
Version 2	September 2022	Guideline 3.2: Triage of referrals	7
		Guideline 3.3: Wait times to colposcopy	8
		Guideline 3.9: HPV Test of Cure	9
		Guideline 3.16: No-show or rebooked [2x] patients	10
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## Glossary of Terms

ACCSP – Alberta Cervical Cancer Screening Program  
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  
HPV ToC – HPV Test of Cure  
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

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## 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.

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## 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 6 weeks 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 6 weeks of the referral cytology result.	Target is for 90% 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 6 weeks 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 2 No-shows and/or 2 Rebooks; however, clinics should clearly communicate expectations for the patient to attend scheduled appointments. Notify the patient that after 2 No-shows and/or 2 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 [2x] – 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 [2x] – 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.

<b>CQM#</b>	<b>Indicator</b>	<b>Current Target</b>
CQM3	<b>‘No-show’ rates</b> <b>‘Rebooked – Patient’ rates</b> <b>‘Rebooked – Clinic’ rates</b>	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 2 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: Education videos, transcripts, and printable handouts are available to help patients understand what a colposcopy is, what to expect during and after, and what results and follow-up options may include. You can access the videos here: <https://myhealth.alberta.ca/colposcopy>.

### ***Management of Alberta Colposcopy Record***

- 3.7 Use of either electronic or paper-based standardized provincial reporting form (Appendix L: Alberta Colposcopy Record (Paper Version); Appendix M: Alberta Colposcopy Record (Connect Care Version)).
- 3.8 Documentation of cytology/HPV Test of Cure (HPV ToC)/histopathology findings on the standardized provincial reporting form (Appendix L: Alberta Colposcopy Record (Paper Version); Appendix M: Alberta Colposcopy Record (Connect Care Version)).

### ***Management of Care***

- 3.9 Assessment, follow-up and discharge of patients treated for high-grade lesions in colposcopy per the HPV Test of Cure protocol effective September 15, 2022 (Appendix N: HPV Test of Cure Protocol; Appendix O: Colposcopy HPV Test of Cure Discharge Letter).

Note: A Handbook for the Implementation of HPV Test of Cure for Colposcopy Care in Alberta has been created and can be accessed on the screening program's website here: [https://screeningforlife.ca/wp-content/uploads/HPV-ToC-Colposcopy-Implementation-Handbook\\_V2-3.pdf](https://screeningforlife.ca/wp-content/uploads/HPV-ToC-Colposcopy-Implementation-Handbook_V2-3.pdf).

- 3.10 Assessment and follow-up of patients in colposcopy as per the ACCSP Colposcopy QI Committee LSIL algorithm (Appendix P: ACCSP Colposcopy QI Committee) and 2012 SOGC guidelines (Appendix Q: SOGC Joint Clinical Practice Guideline (High-grades)).
- 3.11 Discharge process to be in accordance with the ACCSP Colposcopy QI Committee treatment guidelines and care pathway (Appendix P: ACCSP Colposcopy QI Committee Guidelines; Appendix Q: 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 R: Patient Discharge Letter; Appendix S: Primary Care Provider Discharge Letter).

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

- 3.12 The colposcopist will complete recommendations on the Alberta Colposcopy Record

(Appendix L: Alberta Colposcopy Record (Paper Version); Appendix M: Alberta Colposcopy Record (Connect Care Version)).

3.13 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.

3.14 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 P: ACCSP Colposcopy QI Committee Guidelines; Appendix Q: SOGC Joint Clinical Practice Guideline (High-grades)).

<b>CQM#</b>	<b>Indicator</b>	<b>Current Target</b>
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.

3.15 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.

3.16 If the patient has been a No-show 2 times and/or has Rebooked 2 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 [2x] – 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 [2x] – Primary Care Provider New Referral Notice).

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## Information Management

### Rationale:

Use of the Alberta Colposcopy Record 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. This form is an essential component for data collection, evaluation and feedback for all colposcopic services in Alberta and is available online on Connect Care (CC) and as fillable pdf that can be incorporated into EMR.

The colposcopy clinics are to complete an Alberta Colposcopy Record for every visit and for every No-show or Rebooked appointment with valid Alberta PHN 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 Alberta Colposcopy Record:
- 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 2 No-show and/or 2 Rebooked appointments, the following fields need to be completed on the Alberta Colposcopy Record:
- ULI/PHN
  - Date of Birth
  - Exam Date
  - No-show or Rebooked
  - Facility or Health Clinic
  - Discharge due to NS/LTFU/Unable to contact x 2

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 Alberta Colposcopy Record for the patient's initial visit. This is the Pap test result date that prompted the referral to colposcopy.
- 4.6 The following user guides have been created for clinics on Connect Care:
- Quick start guide to find the Alberta Colposcopy Record and follow-up reports:  
<https://insite.albertahealthservices.ca/Main/assets/cistr/tms-cis-tr-cmio-colposcopy-manual.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. The data is used to create and distribute the annual colposcopy quality improvement reports (Appendix T: Annual Colposcopy Report; Appendix U: Annual Colposcopy Clinic Report; Appendix V: 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.

<b>CQM#</b>	<b>Indicator</b>	<b>Current Target</b>
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.	<ol style="list-style-type: none"> <li>1. Initial targets: agreement between colposcopic impression and referral histology result at least 65% of the time.</li> <li>2. Targets for other correlations relationships will be determined once baseline data is available.</li> </ol>
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 <u>not have HSIL</u> 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

 <b>POLICY</b>	
<b>TITLE</b> <b>SAFE USE OF LASERS</b>	
<b>SCOPE</b> Provincial	<b>DOCUMENT #</b> PS-105
<b>APPROVAL AUTHORITY</b> Clinical Operations Executive Committee	<b>INITIAL EFFECTIVE DATE</b> June 21, 2021
<b>SPONSOR</b> Vice President, Corporate Services & Chief Financial Officer	<b>REVISION EFFECTIVE DATE</b> Not applicable
<b>PARENT DOCUMENT TITLE, TYPE, AND NUMBER</b> Not applicable	<b>SCHEDULED REVIEW DATE</b> June 21, 2024
<p><b>NOTE:</b> The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.</p> <p>If you have any questions or comments regarding the information in this document, please contact Policy Services at <a href="mailto:policy@ahs.ca">policy@ahs.ca</a>. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or <a href="http://www.ahs.ca">www.ahs.ca</a> is valid.</p>	
<b>OBJECTIVES</b>	
<ul style="list-style-type: none"> <li>To provide <b>AHS representatives</b> 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).</li> <li>To provide guidance to <b>AHS representatives</b> with the development and implementation of a <i>Zone Laser Safety Program Guide</i> for each Zone in accordance with regulatory requirements and best practice. <b>AHS Representatives</b> shall follow the <i>Zone Laser Safety Program Guide</i> for their zone, in accordance with this Policy.</li> </ul>	
<b>PRINCIPLES</b>	
<p>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.</p> <p>Lasers, if improperly used, can cause <b>harm</b> and hazards including but not limited to fire, burns, eye damage, and electrocution.</p>	
<b>APPLICABILITY</b>	
<p>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).</p>	
<p>© Alberta Health Services (AHS) <span style="float: right;">PAGE: 1 OF 7</span></p>	

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## 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.

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## 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

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- (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*.

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- 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.

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- 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.

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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)

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## Appendix C: Colposcopy Referral Form

 <b>Alberta Health Services</b>		<b>Colposcopy Referral</b> (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: <a href="http://screeningforlife.ca/healthcare-providers-resources/">http://screeningforlife.ca/healthcare-providers-resources/</a>			
<b>Patient Information</b>			
First Name	Last Name	Date of Birth (yyyy-mm-dd)	
Address <input type="checkbox"/> Verified		Postal Code	ULI/PHN
City	Province	Home Phone <input type="checkbox"/> Verified	Cell Phone <input type="checkbox"/> Verified
English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No (specify) _____			
<b>Referral Information</b>			
Reason for Referral		<input type="checkbox"/> TOP CPG <a href="http://www.topalbertadoctors.org/org/cpgs/19105">http://www.topalbertadoctors.org/org/cpgs/19105</a> <input type="checkbox"/> Lab Recommendation <input type="checkbox"/> Follow up	
Date of Pap (yyyy-mm-dd)		<input type="checkbox"/> Pap Test Result Attached (this is required)	
Patient History			
<b>Referring Physician Information (please use stamp)</b>			
Referral Date (yyyy-mm-dd)	Referring Prac ID	Stamp	
Copy Report to (print)			
<b>Colposcopy Clinic Information</b>			
Colposcopy Clinic (select one clinic only) _____			
Clinic Address _____			
Phone _____		Fax _____	
<b>To be completed by Colposcopy Clinic</b>			
Patient notified by: <input type="checkbox"/> Phone <input type="checkbox"/> Message <input type="checkbox"/> Mail <input type="checkbox"/> Other _____			
Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Interpretation Service Line: 1-866-874-3972			
Ordering Physician notified by: <input type="checkbox"/> Phone <input type="checkbox"/> Message <input type="checkbox"/> Mail <input type="checkbox"/> 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>

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## 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.

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## Appendix E: Patient Rebook [2x] – 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.

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## 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]

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## Appendix G: Patient Rebook [2x] – 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	<b>Workload</b>	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 6 weeks of the referral cytology result.	Target is for 90% 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 6 weeks 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.	<p>3. Initial targets: agreement between colposcopic impression and histology result at least 65% of the time.</p> <p>4. Targets for other correlations relationships will be determined once baseline data is available.</p>
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 <u>not have HSIL</u> 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.

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## 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.

To learn what to expect during your appointment and more about results and treatment options, go to [myhealth.alberta.ca/colposcopy](http://myhealth.alberta.ca/colposcopy) or scan the QR code below.



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## 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]




**Colposcopy Record (EMR Version)**

Part 2 - Colposcopy Results and Recommendations		
ULI/PHN	Date of Birth (dd-Mon-yyyy)	Exam Date (dd-Mon-yyyy)
Patient Last Name		Patient First Name
Date Result Entered (dd-Mon-yyyy)	Colposcopists Prac ID	Facility or Health Clinic #
To be completed by Colposcopists		
<b>Cytology Results</b> (check one)		
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> NILM	<input type="checkbox"/> ASC-US
<input type="checkbox"/> Atyp Gland C	<input type="checkbox"/> HSIL	<input type="checkbox"/> AIS
<input type="checkbox"/> LSIL	<input type="checkbox"/> Malignant	<input type="checkbox"/> ASC-H
<b>Biopsy Results</b> (check all that apply)		
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Negative	<input type="checkbox"/> HPV features
<input type="checkbox"/> Cervix LSIL	<input type="checkbox"/> Cervix HSIL	<input type="checkbox"/> Vagina LSIL
<input type="checkbox"/> Vulva HSIL	<input type="checkbox"/> Vulva dVIN	<input type="checkbox"/> AIS
<input type="checkbox"/> Condyloma	<input type="checkbox"/> SIL unqualified	<input type="checkbox"/> Malignant
<input type="checkbox"/> Vagina HSIL	<input type="checkbox"/> Microinvasion	<input type="checkbox"/> Malignant
<b>ECC Results</b> (check one)		
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Negative	<input type="checkbox"/> HPV features
<input type="checkbox"/> HSIL	<input type="checkbox"/> AIS	<input type="checkbox"/> Microinvasion
<input type="checkbox"/> LSIL	<input type="checkbox"/> Malignant	<input type="checkbox"/> SIL unqualified
<b>Final Diagnosis</b> (check all that apply)		
<input type="checkbox"/> Endometrial biopsy result (specify) _____		
<input type="checkbox"/> HPV Test of Cure negative		
<input type="checkbox"/> HPV Test of Cure positive		
<input type="checkbox"/> HPV Test of Cure Indeterminate		
<b>Cervix</b>		
<input type="checkbox"/> LSIL	<input type="checkbox"/> HSIL	<input type="checkbox"/> NILM
<input type="checkbox"/> AIS	<input type="checkbox"/> Microinvasion	<input type="checkbox"/> Malignant
<input type="checkbox"/> NIL - HPV only	<input type="checkbox"/> SIL unqualified	<input type="checkbox"/> Other _____
<b>Vagina</b> (check all that apply)		
<input type="checkbox"/> LSIL	<input type="checkbox"/> HSIL	<input type="checkbox"/> NILM
<input type="checkbox"/> Microinvasion	<input type="checkbox"/> Malignant	<input type="checkbox"/> Other _____
<input type="checkbox"/> NIL - HPV only	<input type="checkbox"/> Condyloma	
<b>Vulva</b> (check all that apply)		
<input type="checkbox"/> LSIL	<input type="checkbox"/> HSIL	<input type="checkbox"/> NILM
<input type="checkbox"/> Condyloma	<input type="checkbox"/> Microinvasion	<input type="checkbox"/> Malignant
<input type="checkbox"/> NIL - HPV only	<input type="checkbox"/> dVIN	<input type="checkbox"/> Other _____
<b>Recommendations</b>		
Discharge (specify)		
<input type="checkbox"/> Due to no show/LTFU/Unable to contact x 2	Laser (select below)	
<input type="checkbox"/> Screening cytology in 12 months	<input type="checkbox"/> Cervix	
<input type="checkbox"/> No routine screening	<input type="checkbox"/> Vagina	
	<input type="checkbox"/> Vulva	
Repeat colposcopy (specify)		
<input type="checkbox"/> ASAP	<input type="checkbox"/> LEEP	
<input type="checkbox"/> 2-3m post partum	<input type="checkbox"/> Conization Cold Knife	
<input type="checkbox"/> Other _____ months	<input type="checkbox"/> HPV Test of Cure	
<input type="checkbox"/> Refer to Gyne Oncology	<input type="checkbox"/> Hysterectomy	
<input type="checkbox"/> Excision Vulva	<input type="checkbox"/> Smoking cessation	
	<input type="checkbox"/> HPV vaccine	
<input type="checkbox"/> Other _____		
<input type="checkbox"/> QA Review (specify) _____		

## Appendix M: Alberta Colposcopy Record (Connect Care Version)

**Colposcopy Final Diagnosis & Recommendations** [Help?](#)

Colposcopy Date: [Open Pathology/Cytology report on Sidebar](#)

Colpo Date

**Final Diagnosis**

**Cervix**

**Vagina**

**Vulva**

**Endometrium**

**HPV (ToC)**

**Recommendation(s)**

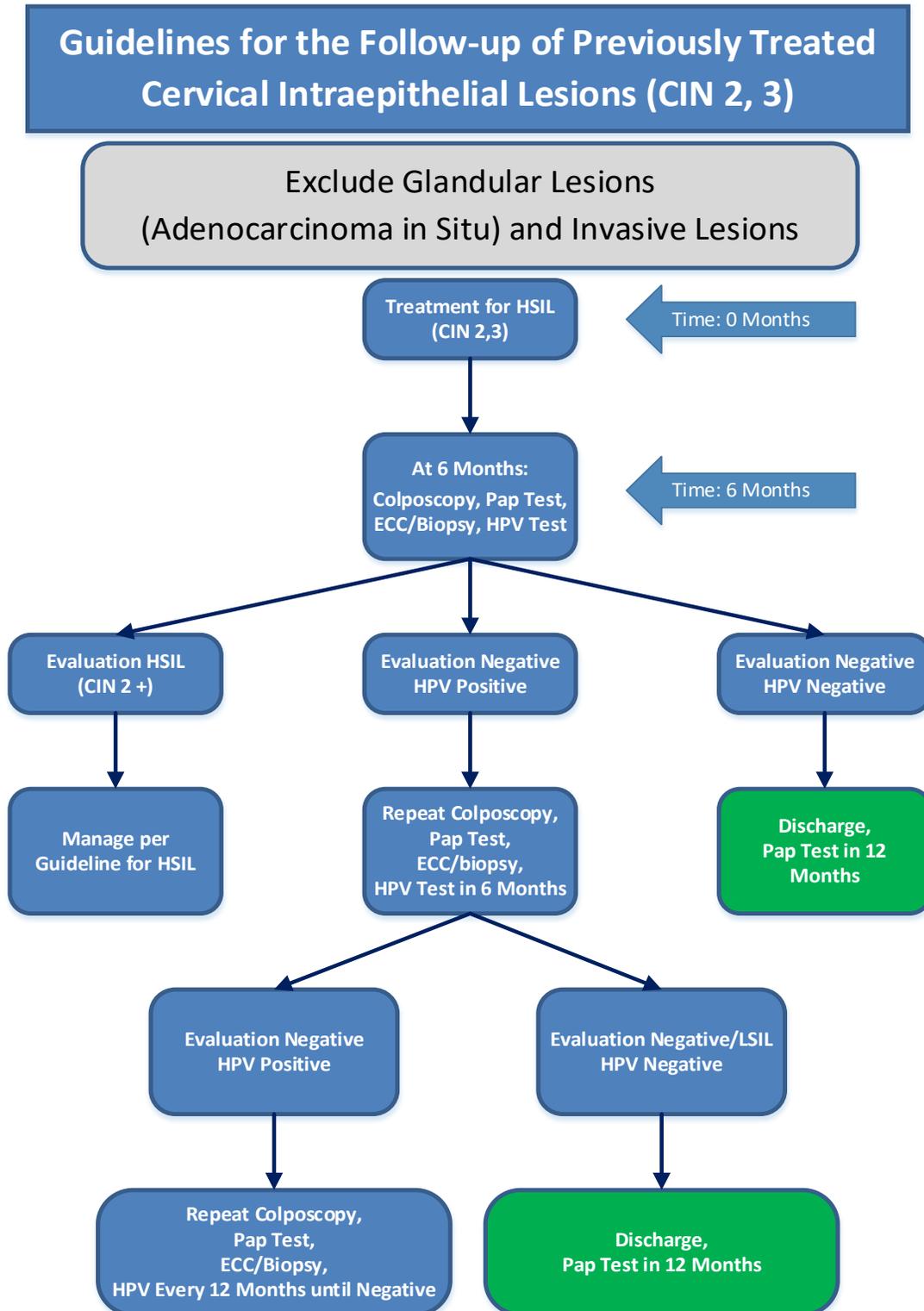
<input type="button" value="Discharge from Colposcopy - Screening Cytology"/>	<input type="button" value="Laser"/>	<input type="button" value="Excision Vulva"/>	<b>Follow-up Due Date</b> <input type="button" value="ASAP"/> <input type="button" value="6 months"/> <input type="button" value="1 year"/> <input type="button" value="Other (specify)"/>
<input type="button" value="Discharge from Colposcopy - No Routine Screening"/>	<input checked="" type="button" value="LEEP"/>	<input type="button" value="Hysterectomy"/>	
<input type="button" value="Refer to Gyn Oncology"/>	<input type="button" value="LEEP Conization"/>	<input type="button" value="QA Review"/>	
<input type="button" value="Repeat Colposcopy 2-3 Months Post-partum"/>	<input type="button" value="Cold Knife Conization"/>	<input type="button" value="Other"/>	
<input type="button" value="Repeat Colposcopy"/>			

**Follow-up Action**

[Click to sign form](#)

Recommendations made by:

## Appendix N: HPV Test of Cure Protocol



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## Appendix O: Colposcopy HPV Test of Cure 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 clinic [Colposcopy Clinic].

Initial assessment was [Result Type] on [Date].

Patient treated with LEEP/LASER on [Date].

Post LEEP/LASER assessment and HPV ToC were negative.

[Patient name] is being discharged from [Colposcopy Clinic] for follow-up in primary care. Next Pap test is due [Date].

[Patient name] requires continued cervical screening as per Clinical Practice Guidelines (CPGs). If any related or new abnormalities develop, we would be happy to see [Patient name] again.

To learn more about HPV Test of Cure, go to the healthcare providers page on [screeningforlife/healthcareproviders](http://screeningforlife/healthcareproviders) or scan the QR code below.



Please contact me if you have any questions regarding [Patient name] care.

Sincerely,

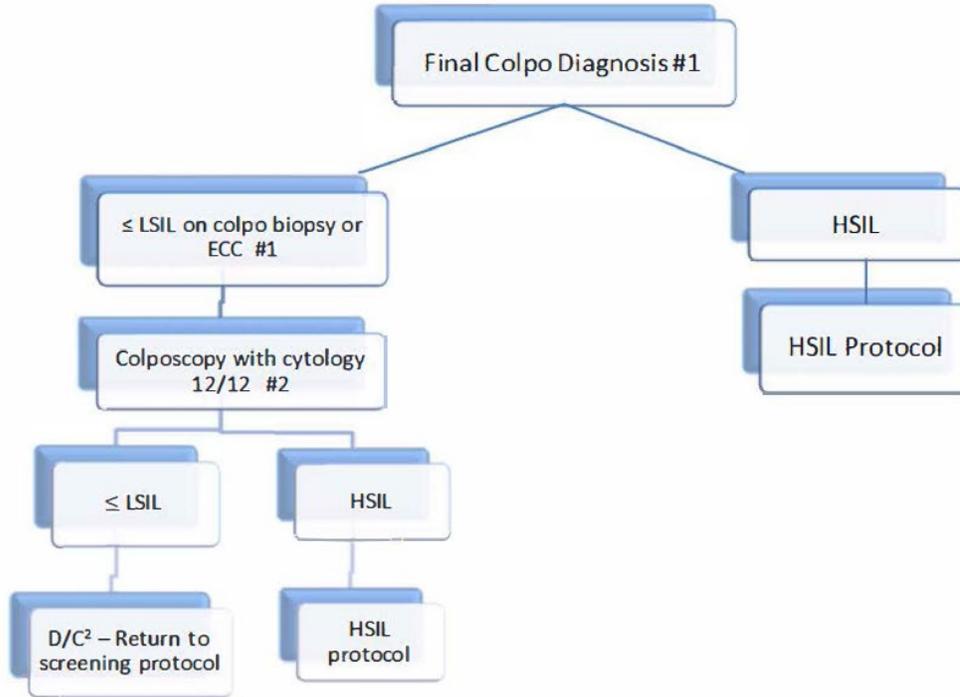
[Colposcopist's Name]

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## Appendix P: ACCSP Colposcopy QI Committee Guidelines

### Colposcopy Guidelines

Referral: LSIL Protocol including ASCUS, ASCUS hr HPV +



<sup>1</sup>Final Colpo Diagnosis: based on impression +/- repeat cytology, bx, ECC

<sup>2</sup>Persistent LSIL acceptable to offer treatment

March, 2018

## Appendix Q: 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)

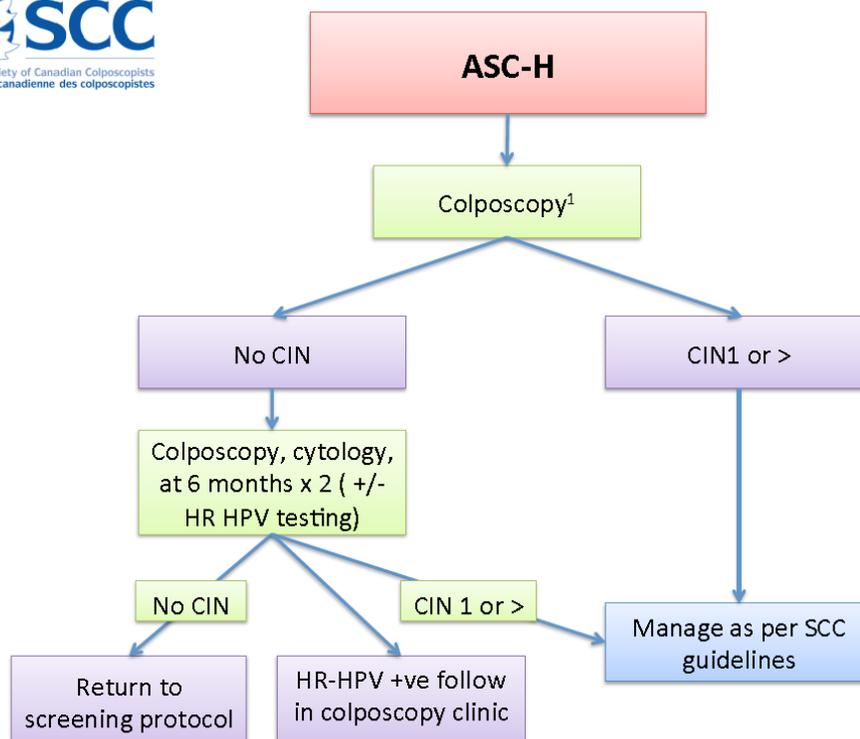
With an ASC-H Pap smear, the finding of negative colposcopy does not automatically warrant a diagnostic excisional procedure. (III-E)

### MANAGING HSIL

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

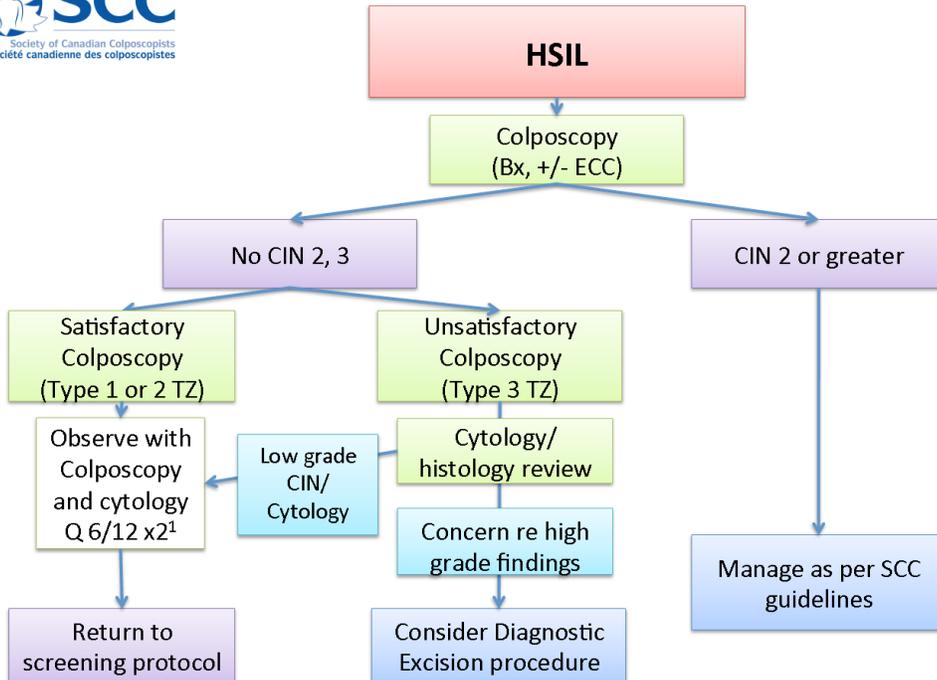
In the absence of an identifiable lesion at colposcopy, whether satisfactory or unsatisfactory, an endocervical curettage and directed biopsies should be performed. (III-B)

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)



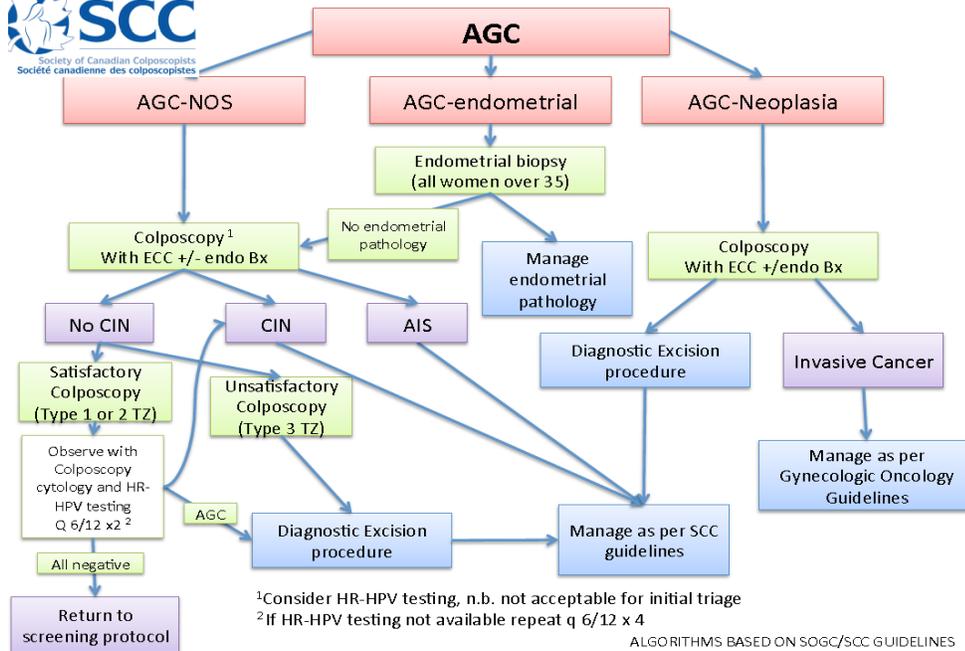
<sup>1</sup>Biopsies should be taken of any lesion identified at colposcopy

ALGORITHMS BASED ON SOGC/SCC GUIDELINES  
J Obstet Gynaecol Can 2012;34(12):1188-1202



<sup>1</sup> Consider HPV testing

ALGORITHMS BASED ON SOGC/SCC GUIDELINES  
J Obstet Gynaecol Can 2012;34(12):1188-1202



<sup>1</sup> Consider HR-HPV testing, n.b. not acceptable for initial triage

<sup>2</sup> 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

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## Appendix R: 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]

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---

## Appendix S: 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]

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## Appendix T: Annual Colposcopy Report



Alberta Cervical Cancer  
Screening Program

# Colposcopy Quality Improvement Committee 2022 Annual Report

Quality Management Activities for 2022

Prepared December, 2023

Please contact Dr. Sarah Glaze, Chair, Colposcopy Quality Improvement Committee  
at [Sarah.Glaze@albertahealthservices.ca](mailto:Sarah.Glaze@albertahealthservices.ca) should you have any questions.

2022 January – December

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Colposcopy QI Committee  
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## Executive Summary

In 2022, colposcopy services soared, overcoming such challenges as specialist shortages in some locations, the merging of clinics in Calgary, new additions to workflow with the introduction of HPV Test of Cure (HPV ToC) and the decommission of SCM application, as well as navigating a post-pandemic world. We applaud everyone for their tenacity and resilience during these difficult times. This 2022 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 across the province to improve patient care. This migration also resulted in changes in how data is received by the Alberta Cervical Cancer Screening Program (ACCSP) from colposcopy clinics. For example, 'Final Diagnosis' data field now corresponds to the 'ECC' and 'Biopsy' fields if any of these are marked off as completed. This means that if both fields are marked as complete, the same value is recorded for each of these fields as that of final diagnosis. Furthermore, these changes impact the current calculations of certain quality indicators like CQM 4, 5 and 7. 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 2022, ACCSP received a total of 21,210 Alberta Colposcopy Records from colposcopists, a 0.8% decrease in forms from year 2021. With the exception of Connect Care records, which continue to require fixing, the paper and SCM records' completion of required fields was excellent, but there is room for improvement for all optional fields to ensure data accuracy.

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 patients with a referral cytology of ASC-H or worse, 45.0% were seen within 6 weeks (target 90%), 87.7% were seen within 3 months (target is 95%) and the median (IQR\*) wait was 46 (29,63) days. For persistent ASC-US or LSIL, 87.0% were seen within 6 months (target is 95%), here the median (IQR) wait was 92 (46,140) days.

16,805 colposcopy exams were performed in 2022. 20.8% of all colposcopy appointments were No-Shows (NS) or Rebooks in 2022 as opposed to 18.2% in 2021.

32.6% of referral cytology results were ASC-US, 24.1% were low grade and 31% were high grade abnormalities. Cytology was performed during 50.9% of first colposcopy visits.

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

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Colposcopy exam results are summarized as follows:

- 83.1% of patients with a referral cytology result of ASC-H or worse had a colposcopic biopsy, 87.4% had an ECC and 97.1% had either a biopsy or an ECC (target 95% for either – CQM4).
- For 94.8% of colposcopy exams, the colposcopic impression and final diagnosis result were the same or within one step (i.e. NIL – Low grade – High grade – microinvasion – malignant).
- 44.8% of the diagnostic recommendations were to repeat colposcopy, 42.0% were discharged to screening and 13.2% were recommended treatment. LEEP was the most common treatment recommended (i.e. 7.8% of all recommendations and 59.3% of treatment recommendations).
- HPV reflex tests resulted in 26.7% of the first-time referrals to colposcopy. Of the 1,580 positive reflex tests, 1,356 (85.8%) were for patients over 30 years of age with ASC-US and 220 (13.9%) for patients over 50 years of age with LSIL. 4 (0.3%) of HPV tests were performed at the request of pathologist or colposcopist.
- HPV TOC was readily integrated into clinic flow. 73.3% of the HPV ToC completed were negative of which 80.4% were discharged from colposcopy.

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## 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 patient'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 and the program will extract the data. This report is intended to support quality improvement activities.

### 2. Colposcopy Records

The 2022 colposcopy data analyzed for this annual report were provided to the ACCSP by colposcopists as of December 22, 2023. The overall validity of results is dependent on the quality and completeness of each form and encounter. Significantly, the colposcopy data extracts from Connect Care impacted the data interpretation with 'Final Diagnosis' representing 'ECC' and 'Biopsy' if these are reported as completed.

### 3. Participating Colposcopists

63 colposcopists submitted forms to the ACCSP in 2022.

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#### 4. Number of Records Received and Processed

ACCSP received a total of 21,210 Colposcopy Records for year 2022 (Table 1), which represented a 0.8% decrease from 2021. On average 1,768 forms were received each month.

Table 1. Colposcopy Records Processed by ACCSP per month in 2022

Month	Connect Care	Paper Form	Total	Percentage
January	603	1,108	1,711	8%
February	490	1,115	1,605	8%
March	688	1,310	1,998	9%
April	709	1,261	1,970	9%
May	675	1,172	1,847	9%
June	742	1,333	2,075	10%
July	687	1,046	1,733	8%
August	760	1,227	1,987	9%
September	305	1,157	1,462	7%
October	696	1,165	1,861	9%
November	1,066	453	1,519	7%
December	1,163	279	1,442	7%
<b>Total</b>	<b>8,584</b>	<b>12,626</b>	<b>21,210</b>	<b>100%</b>

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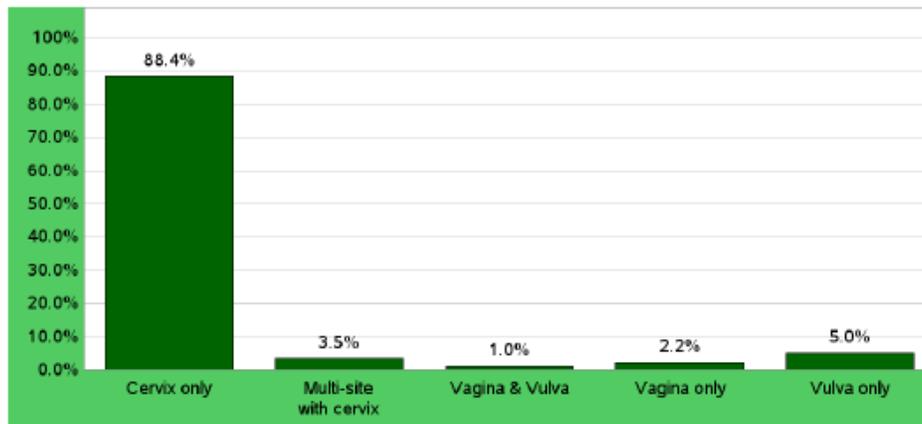
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## Chapter Two: Colposcopy Examinations

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=16,805)



91.8% of reported exams included the cervix, while 4.5% of exams involved multiple sites.

Note 100% of the records indicated which site(s) were examined.

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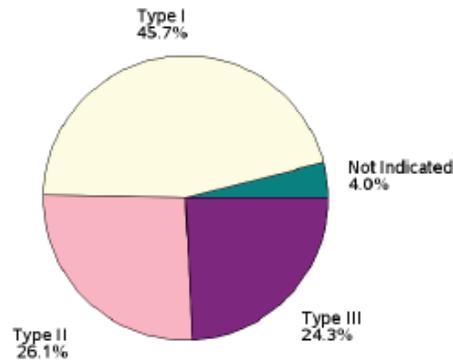
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## 2. Type of Transformation Zone (TZ) seen at Colposcopy Examinations Involving the Cervix

**Figure 2: Type of TZ seen (n=15,430)**



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.

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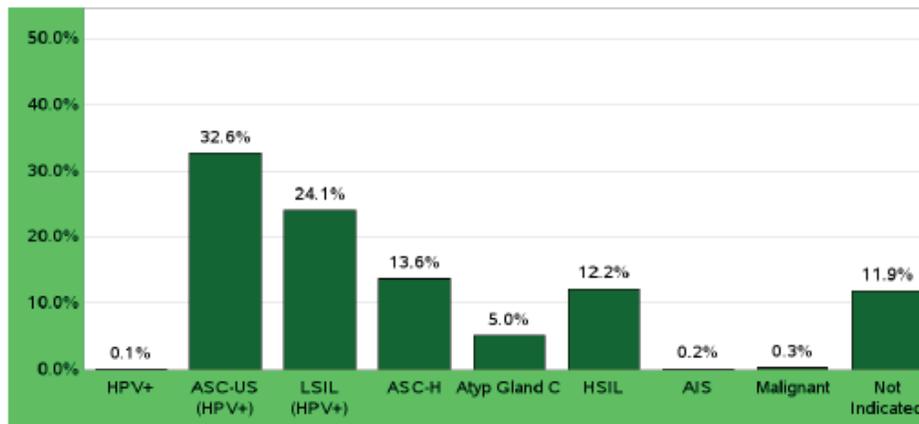
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### 3. Referral Cytology at First Colposcopy Visit

**Figure 3: Referral cytology at first colposcopy visit (n=5,913)**



Of the 5,913 first colposcopy visits, 1,930 (32.6%) had referral cytology results that indicated ASC-US. 1,424 (24.1%) were low-grade abnormalities (LSIL). 1,835 (31.0%) were high-grade abnormalities (ASC-H, Atypical Glandular Cells, HSIL, or AIS), and 17 (0.3%) of the referral cytology results indicated malignancy.

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**Table 2. Referral cytology at first colposcopy visit with HPV+ reason (n=1,580)**

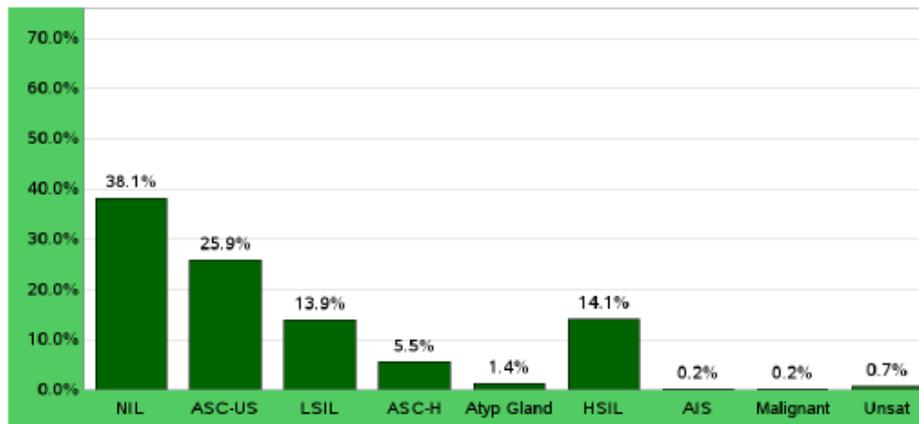
	Referral Result	N	Percent
HPV Reflex Test done	ASC-US	1,356	85.8%
	LSIL	220	13.9%
	Others	4	0.3%
<b>Total</b>		<b>1,580</b>	<b>100%</b>

The purpose of reflex HPV testing is to detect the Human Papillomavirus (HPV) in an abnormal Pap test sample, to inform follow up requirements for patients 30 years and above with a low grade Pap test result of ASC-US or patients 50 years and above with a low grade Pap test result of LSIL. 26.7% of first-time referrals to colposcopy were HPV Reflex positive tests. Of the 1,580 positive reflex tests, 1,356 (85.8%) were for patients 30 years and above with ASC-US and 220 (13.9%) for patients 50 years and above with LSIL. 4 (0.3%) of HPV tests were performed at the request of pathologist or colposcopist.

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#### 4. Colposcopy Cytology at First Colposcopy Visit

Figure 4: Colposcopy cytology performed at first colposcopy visit (n=3,012)



Cytology was performed during 3,012 (50.9%) of the 5,913 first colposcopic examinations, which represented a 5.0% increase from last year.

1,147 (38.1%) of these 3,012 results were NIL; 781 (25.9%) indicated ASC-US; 420 (13.9%) indicated LSIL; 637 (21.2%) had cytology results of high-grade abnormalities (ASC-H, Atypical Glandular Cells, HSIL, or AIS); results from 5 (0.2%) exams indicated malignancy; and 22 (0.7%) exams indicated results Unsatisfactory.

Of the 16,805 colposcopy examinations completed overall, cytology was performed in 11,441 (68.1%) 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.

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## 5. HPV Test of Cure (HPV ToC)

Table 3. Pap test results for HPV ToC records (n=604)

Pap Test Result	HPV Negative		HPV Positive		Total
	Number	Percent	Number	Percent	
NIL	377	85.1%	41	25.5%	418
ASC-US	47	10.6%	48	29.8%	95
LSIL	9	2.0%	36	22.4%	45
ASC-H	0	0.0%	9	5.6%	9
HSIL	1	0.2%	24	14.9%	25
HSIL+	1	0.2%	2	1.2%	3
Missing	8	1.8%	1	0.6%	9
<b>Total</b>	<b>443</b>	<b>100%</b>	<b>161</b>	<b>100%</b>	<b>604</b>

HPV ToC launched as a colposcopy tool on September 15, 2022 to facilitate discharge after LEEP treatment of high grade lesions.

Of the 604 HPV ToC completed, 443 (73.3%) were HPV negative and 161 (26.7%) were HPV positive.

Of the 443 HPV negative, there were 377 (85.1%) NIL, 47 (10.6%) ASC-US, 9 (2%) LSIL, 1 (0.2%) HSIL, 0 (0%) ASC-H Pap results.

Of the 161 HPV positive, there were 41 (25.5%) NIL, 48 (29.8%) ASC-US, 36 (22.4%) LSIL, 24 (14.9%) HSIL, 9 (5.6%) ASC-H Pap results.

The ACCSP Colposcopy Quality Improvement Committee recommends including LEEP date in requisition orders for HPV ToC and that HPV ToC be performed in accordance with the HPV Algorithm. Please refer to Appendix B.

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## 6. Final Recommendations for the Most Recent Visit

Table 4. Recommendations (n=13,899)

Recommendations	Number	Percent
Discharge due to NS	26	0.2%
Discharge annual screening	5,685	40.9%
Discharge no routine screening	122	0.9%
Repeat 2-3 months postpartum	83	0.6%
Repeat 6 months postpartum	5	0.0%
Repeat colposcopy in X months	6,143	44.2%
Laser	214	1.5%
LEEP	1,088	7.8%
Conization	98	0.7%
Cold Knife Conization	4	0.0%
HPV Test of Cure	0	0.0%
Refer to Gyne Oncology	18	0.1%
Excision Vulva	30	0.2%
Hysterectomy	60	0.4%
Other Specify	192	1.4%
QA Review	131	0.9%
<b>Total</b>	<b>13,899</b>	<b>100%</b>

5,833 (42.0%) of the final recommendations included discharge to screening at either 6 or 12 months.

6,231 (44.8%) of the final recommendations included repeat colposcopic examination in a specified number of months.

1,835 (13.2%) of the final recommendations included treatment. LEEP was the most common treatment recommended, i.e. 1,088 (7.8%) of all recommendations and 59.3% of treatment recommendations.

Laser	Number	Percent
Cervix	60	28.0%
Cervix & Vagina	5	2.3%
Vagina	24	11.2%
Vagina & Vulva	13	6.1%
Vulva	109	50.9%
Not Indicated	3	1.4%
<b>Total</b>	<b>214</b>	<b>100%</b>

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### Summary

63 colposcopists submitted forms to the ACCSP in 2022. For patients undergoing their first visit, 31% of their referral cytology indicated high-grade abnormalities, 24.1% indicated low grade and 32.6% indicated ASC-US. Colposcopic cytology was completed at 50.9% of the first colposcopy visits and at 68.1% of visits overall. The most common final recommendation was "Repeat colposcopy in X months". 42.0% of final recommendations included discharge to screening.

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## 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.

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**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

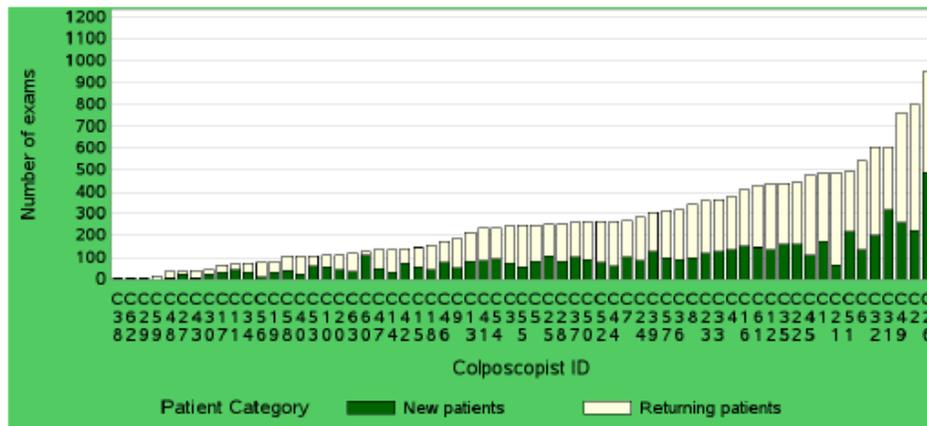
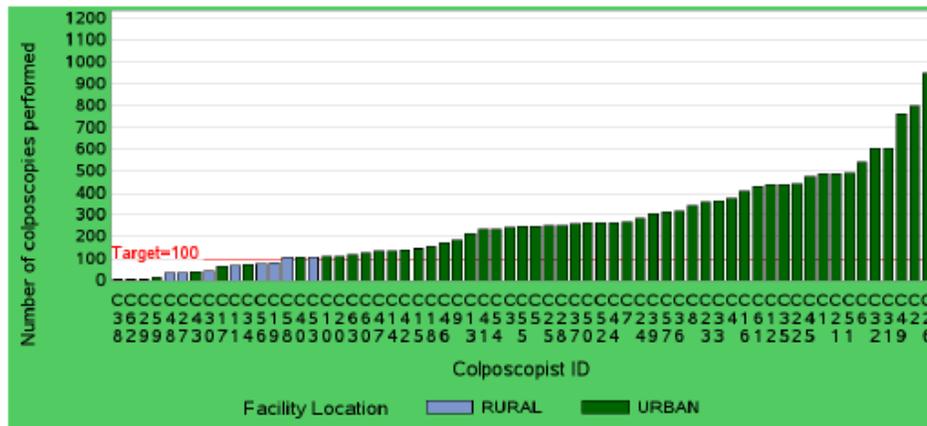


Figure 5.2: Number of colposcopies performed



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

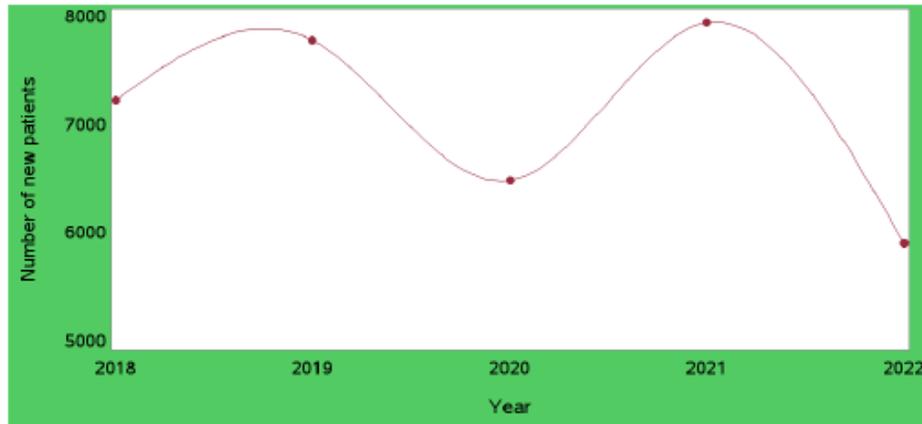
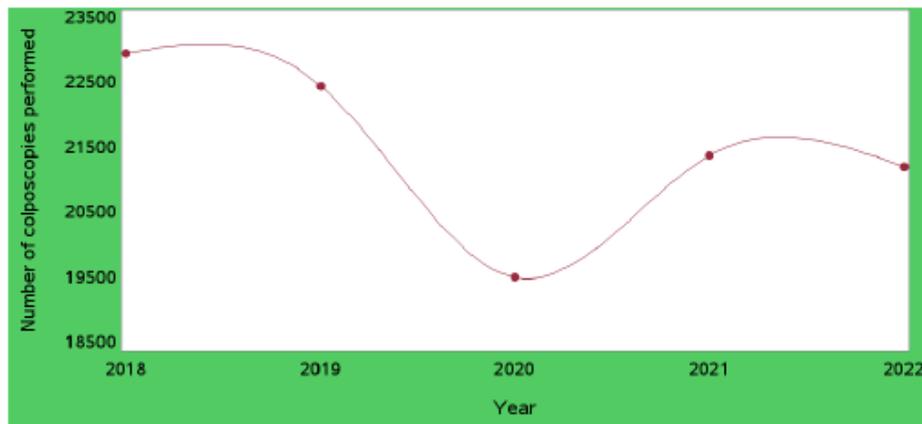


Figure 5.4: Total number of colposcopies performed in past 5 years



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**CQM 1: Proportion of patients with a referral cytology result of ASC-H or worse who are seen in colposcopy within 6 weeks of the date of the referral cytology result**

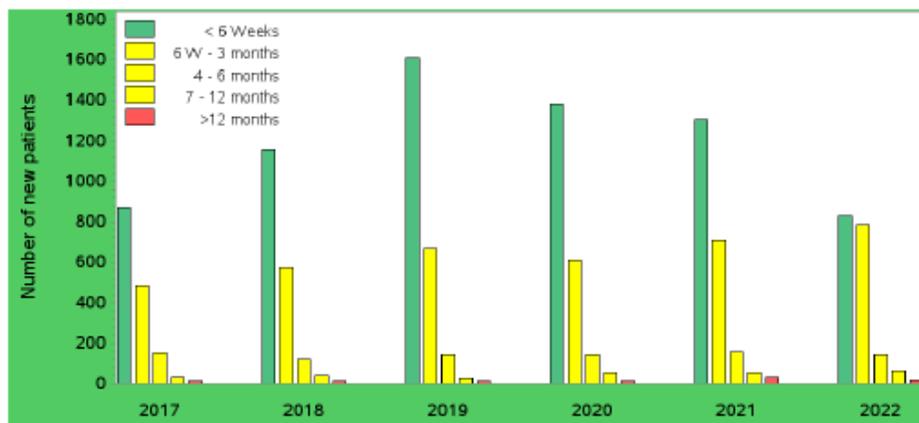
**Target:** 90% of patients with a referral cytology result of ASC-H or worse are seen by colposcopy within 6 weeks of the date of the referral cytology.

**Table 5. Proportion of patients with a referral cytology result of ASC-H or worse seen in colposcopy by timeframe**

Wait Time	Number of new patients seen by colposcopy	Percent
< 6 Weeks	830	45.0%
6 Weeks - 3 months	789	42.7%
4 months - 6 months	142	7.7%
7 months - 12 months	67	3.6%
>12 months	18	1.0%
<b>Total</b>	<b>1,846</b>	<b>100%</b>

This analysis is restricted to the 1,846 cases where the Alberta Cervical Cancer Screening Program (CCS database) has a record of referral cytology of ASC-H or worse.

45.0% of patients with a referral cytology result of ASC-H or worse were seen in colposcopy within 6 weeks from the date of referral cytology. 87.7% of patients 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 46 (29,63) days.



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**CQM 2: Proportion of patients 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**

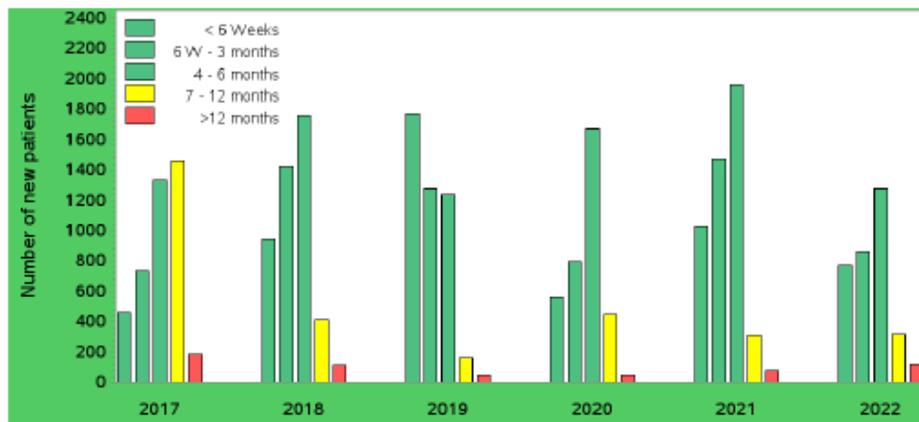
**Target:** 95% of patients with a referral cytology result of persistent ASC-US or LSIL to be seen by colposcopy within 6 months of the date of the referral cytology result.

**Table 6. Proportion of patients referred for colposcopy with a referral cytology result of persistent ASC-US or persistent LSIL seen in colposcopy by timeframe**

Wait Time	Number of new patients seen by colposcopy	Percent
< 6 Weeks	770	23.0%
6 Weeks - 3 months	864	25.8%
4 months - 6 months	1,275	38.1%
7 months - 12 months	318	9.5%
>12 months	118	3.5%
<b>Total</b>	<b>3,345</b>	<b>100%</b>

This analysis is restricted to the 3,345 cases where the Alberta Cervical Cancer Screening Program (CCS database) has a record of referral cytology of persistent ASC-US or persistent LSIL.

Only 87.0% of patients 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 92 (46,140) days.



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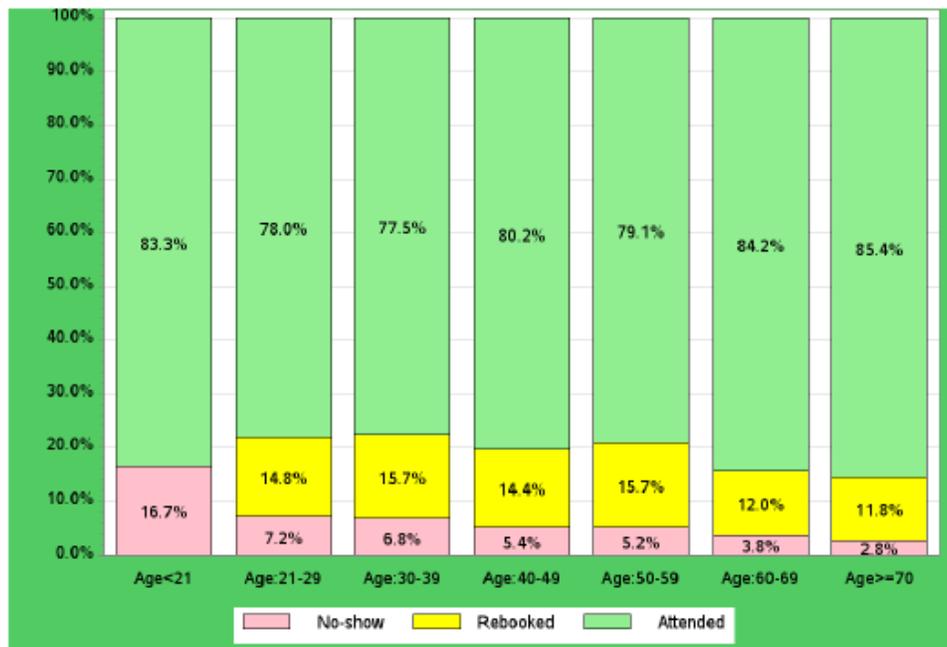
### CQM 3: "No-show" rates

Target: To be determined.

Table 7. No-show / rebooked colposcopy appointments

	No-show	Rebooked	Attended	Total
Number of forms	1,267 (6.0%)	3,138 (14.8%)	16,805 (79.2%)	21,210

Figure 6: Percentage of colposcopy appointments that were attended, no-show, or rebooked by age group (n=21,210)



- Approximately 79.2% of the appointments (at all facilities) were 'Attended'.
- The no-show rate decreased as age advanced. Patients in the younger age groups (less than 21 and 21-29) were more likely to be No-show or Rebooked than patients 30 years and older.

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**CQM 4: Proportion of patients 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**

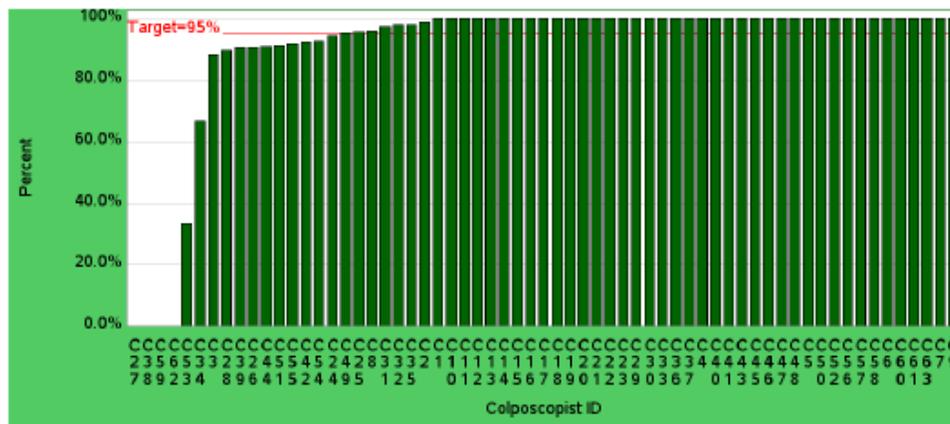
**Target:** 95% of patients with referral cytology result of ASC-H or worse have a biopsy or ECC done before discharge.

**Table 8. Proportion of patients with referral cytology of ASC-H or worse (n=1,569) who had ECC or biopsy performed before discharge.**

ECC/Biopsy	Number of patients	Percent
ECC done	1,372	87.4%
Biopsy done	1,304	83.1%
Both done	1,153	73.5%
Either done	1,523	97.1%

- The values of ECC and Biopsy may be similar as these fields reflect Final Diagnosis' if any/both are marked as complete.
- 97.1% of the patients who had a referral cytology result of ASC-H or worse had either an ECC or biopsy done.
- 83.1% of patients who had a referral cytology result of ASC-H or worse had a biopsy done.
- 87.4% of patients who had a referral cytology result of ASC-H or worse had an ECC done.
- 73.5% of these patients had both an ECC and a biopsy done.

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



- Of 63 available colposcopists, 47 (74.6%) met the target.

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### CQM 5: Result at Final Diagnosis

With changes to data fields of 'Final Diagnosis' replacing 'ECC' and 'Biopsy', the current CQM 5 indicator can't be measured. Thus, this indicator has been updated from "Satisfactory ECC and/or biopsy specimen for histological diagnosis" to "Result at Final Diagnosis".

Target: NA

- Histology results are not currently being captured in the ACCSP CCS application. This data was reported by the colposcopist on the Colposcopy Record Forms.

**Table 9. Result at Final diagnosis**

Result	Count
Other	755 (3.6%)
HPV ToC Negative	85 (0.4%)
HPV ToC Positive	19 (0.1%)
Negative	7,955 (37.5%)
NIL - HPV only	977 (4.6%)
Condyloma	19 (0.1%)
SIL unqualified	495 (2.3%)
Cervix LSIL	3,227 (15.2%)
Cervix HSIL	2,600 (12.3%)
Vagina LSIL	94 (0.4%)
Vagina HSIL	58 (0.3%)
Vulva LSIL	61 (0.3%)
Vulva HSIL	191 (0.9%)
Vulva dVIN	27 (0.1%)
AIS	102 (0.5%)
Microinvasion	19 (0.1%)
Malignant	107 (0.5%)
Done, no details	4,419 (20.8%)
<b>Total</b>	<b>21,210 (100%)</b>

- This performance measure is under review by the Colposcopy QI Committee.

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**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 final diagnosis result**

Target: To be defined once baseline data is available.

Table 10. Correlation between colposcopic impression and final diagnosis result

Correlation	Frequency Count	Percent
Same step	3,306	61.1%
Undercall -1	1,135	21.0%
Overcall +1	688	12.7%
<b>Total: same step or +/- 1</b>	<b>5,129</b>	<b>94.8%</b>
Undercall -2 or less	182	3.4%
Overcall +2 or more	100	1.8%

- Correlation between colposcopic impression and colposcopic final diagnosis for the same step or +/-1 difference was 94.8%.
- In 5.2% of cases the colposcopic impression was 2 or more steps different from the colposcopy final diagnosis result.

**CQM 8: Treatment Success - Proportion of patients 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 patients 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.

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## Appendix A: Pap Test in Colposcopy



### 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 2<sup>nd</sup> colposcopy visit
- HSIL and negative 1<sup>st</sup> colposcopy visit, repeat Pap at 2<sup>nd</sup> and 3<sup>rd</sup> colposcopy
- Referral Pap > 6/12 prior to colposcopic assessment
- Clinical discretion

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

[www.albertahealthservices.ca](http://www.albertahealthservices.ca)

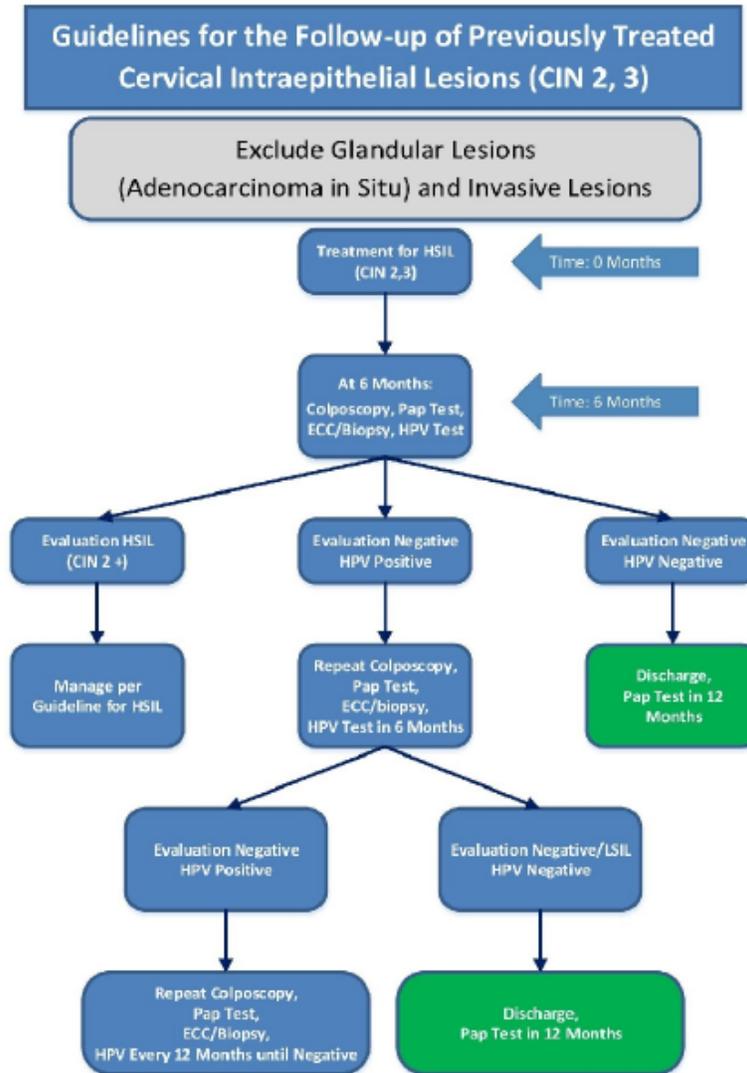
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Appendix B: HPV ToC Algorithm



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## Appendix U: Annual Colposcopy Clinic Report



Alberta Cervical Cancer  
Screening Program

# Colposcopy Quality Improvement Committee 2022 Clinic Report

Quality Management Activities for 2022

Prepared November, 2023

Please contact Dr. Sarah Glaze, Chair, Colposcopy Quality Improvement Committee  
at [Sarah.Glaze@albertahealthservices.ca](mailto:Sarah.Glaze@albertahealthservices.ca) 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 Web: [screeningforlife.ca](http://screeningforlife.ca)  
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## Appendix V: Annual Individual Colposcopist Report



Alberta Cervical Cancer  
Screening Program

# Colposcopy Quality Improvement Committee Personal and Confidential Individual Colposcopist Feedback 2022

Quality Management Activities for 2022

Prepared November, 2023

Please contact Dr. Sarah Glaze, Chair, Colposcopy Quality Improvement Committee  
at [Sarah.Glaze@albertahealthservices.ca](mailto:Sarah.Glaze@albertahealthservices.ca) should you have any questions.

Alberta Cervical Cancer Screening Program  
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