

Improving female preventive health care delivery through practice change essay ex...

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Improving Female Preventive Healthcare Delivery through Practice Change

The screening levels relating to breast and also cervical cancer in Nebraska's primary care is still suboptimal even though there is awareness of their benefits besides the implementation of a programme dubbed every woman matters that is federally funded with the aim of assisting women of low income. The programme is modeled towards reducing barriers of cervical together with breast cancer screening through raising awareness relating to the risks as well as ensuring that screening is affordable to low income earning women. Over several decades, it is evident that there has been no significant progress towards the improvement of services aimed at preventive delivery of health care. Majority of interventions towards physician alteration and also practice behavior indicate that there was only the achievement of modest success. After carrying out a systematic review on the changed strategies, it was realized that practices were complex systems and thereby a need for strategies that are most effective and also complex, and those that will help practices in implementation of sustainable change (Barker, et. al, 2005).

First, according to practice one, the programme on female preventive healthcare delivery through practice change was not effective as it was practiced by a single provider, who focused on creating a financial base from the patient. Even though the physician was not seen to be prevention oriented, his wife or rather the office manager viewed this project as a platform of delivering services that will alternatively create income, and also encourage patients to re seek for care (Barker, et. al, 2005).

Secondly according to practice two, the clinics which were hospital owned and were located in rural areas comprised of only a single physician, and at times a physician's assistant who worked on part time basis. Since this clinic owed ownership from a hospital that was located with little proximity to the rural area, changes in it could not be possible unless it gets approval from the hospital. Part of the goal of the clinic was to come up with a system or rather a database that would identify those patients who required screening. The goal was viewed as an essential tool in the face of the physician but the staff did not see its essence as they reluctantly developed its use. Even though this goal was seen as a tool that was important by the physician, he entirely left it without assuring the staff buy -in (Barker, et. al, 2005).

The second goal was aimed at creating a flow sheet that related to prevention which could enable the staff to easily identify the dates of the needed services. The goal was not met even though the physician took ownership regarding the flow sheet prevention, but the issue was that there were delays from the hospital towards the approval of those new sheets and this turned out to be burdensome and also frustrating for the physician. Consequently, the other goal of this clinic was to implement community outreach that was aimed at creating public awareness. It is so unfortunate that no one was concerned of taking active ownership in regards to this goal since it remained unaccomplished. Little investment was given by the physician in conjunction with the staff towards the goal thereby rendering it unaddressed without any further thought (Barker, et. al, 2005).

The context of practice three relates to a multispecialty group that was located in a suburban area, and also which belonged to a hospital system

that was large. The clinic served as a teaching site for a certain university having close ties towards its institution that closely controlled its management as well as its finances. The providers in this case comprised of three physicians together with a practitioner who was a nurse. Of the three physicians; two of them were gynecologists while one assumed the role of a family physician. The primary focus in this case was healthcare for women (Barker, et. al, 2005)

One of the goals as per practice three was to generate a system that would inform patients of their screening time. The goal seemed to have been successfully achieved even though it faltered as time went by. The second goal was to come up with a fact sheet that is common to all the clinic providers, and one that they would utilize towards facilitating the tracking of screening needs. Though it is evident that there was some initial progress, this failed overtime because those three providers worked independently. Moreover, the change programmes was not within anyone scope and this is why none of the physicians took this plan as individual project (Barker, et. al, 2005).

There are three types of advocacy programmes concerning cervical cancer prevention screening on the basis of scope. These are: globally, regionally, nationally, and locally (Sherris. et. al, 2005). According to the North Carolina screening programme on breast cancer which was the sole public interventional project on health among the other four funded programmes nationwide, it is evident that this initiative was guided by the hope that there was need to put in place several interventions that targeted patients, institution and community networks. All these were aimed at closing any

gaps that prevailed in the screening of breast cancer among the black and the white women, especially the natives from underserved areas. This programme was termed successful as it went beyond personal behavior change and also beyond hiking the low rates of screening mammography for black women found in the rural part of North Carolina (Mayne. L et al, 1995). On the other hand according to the federal advocacy programme that was spearheaded by Susan G Komen, the provisions relating to patient protection was aimed at ending discrimination that was in terms of insurance on the basis of those conditions that was preexisting. The programme also aimed at reducing the costs that were out-of-pocket and also ensured screening was available in a larger scope as from forty years. The success of the programme is also attributable to its aim of getting rid of barriers towards the participation in various clinical trials. In addition, Komen's advocacy plan also aimed at providing education to women including the young on the benefits of self-awareness as well as understanding of the risk factors relating to breast cancer. Last but not least Komen advocated for reauthorization and also the improvement of the programme that was based on patient navigation to support underserved women portraying the best use of available services on healthcare (Komen, 2014)

If I were a nurse, some of the strategies that I would include are: clear direction, leaders' commitment, infrastructure that is functional and one that is aimed at boosting the quality. Clear direction as a contributor to success towards this type of screening is whereby an organization finds it necessary to clearly define what they need to achieve. At this juncture, the organization should come up with an aim, which is a written statement that is measurable

and also time sensitive, and should base on what the team wants to achieve regarding its efforts on improvement. The statement should comprise of a general overview of work, numerical goals along with the focus system. In most cases this aim statement may be inclusive of a certain indication of how success is and may at times contain the guiding principles that may further model the work, the applicable methods and also the budgetary as well as the staffing limitation.

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