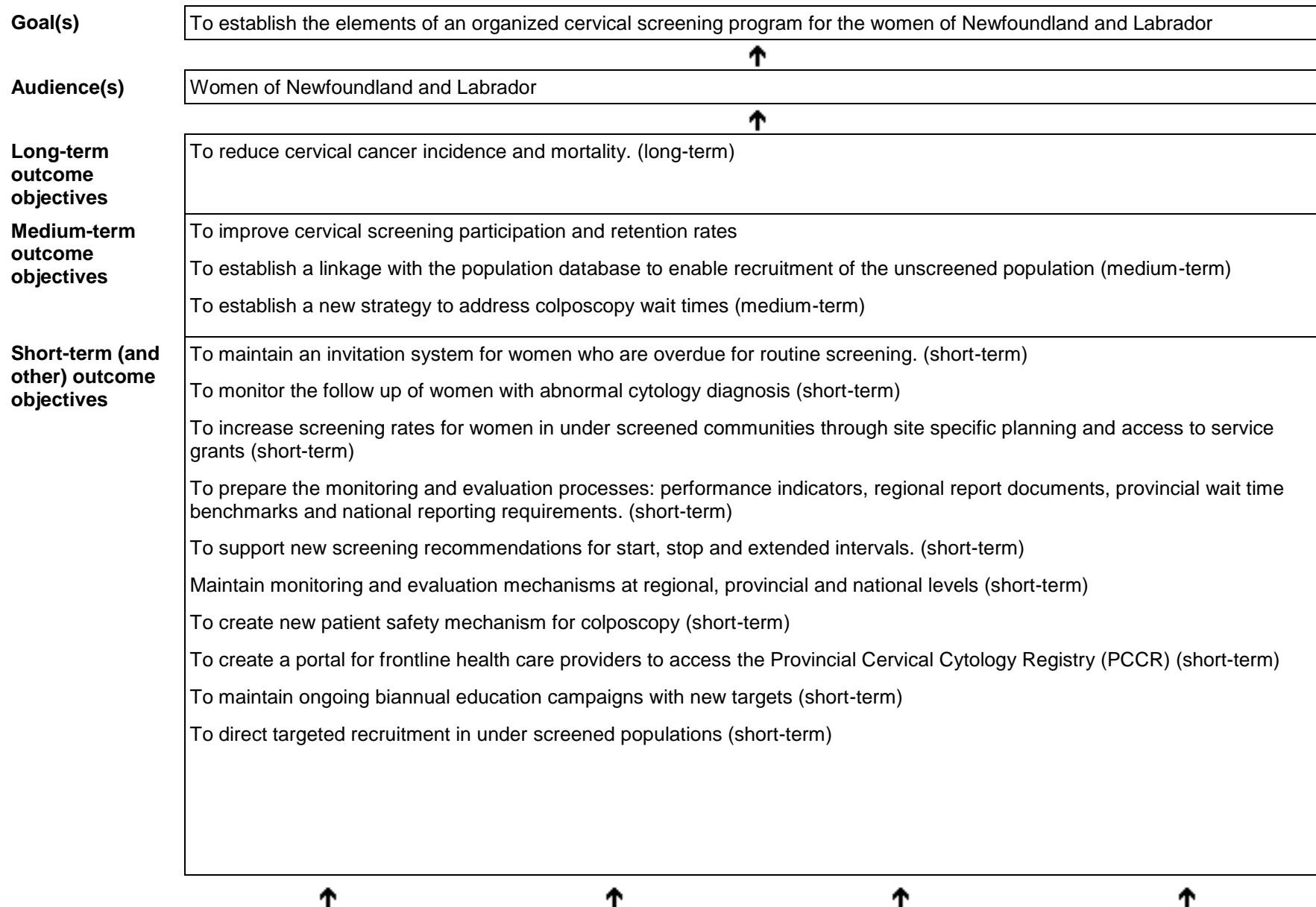


# Logic Model 2015 - 2018



<b>Strategies</b>	Community mobilization	Develop personal skills	Education/information	Strengthening health services
	↑	↑	↑	↑
<b>Activities</b>	continue with site specific planning including the target population in under screened communities	Enable women to make healthy, informed decisions about screening	Disseminate new messages and tools to promote cervical screening	Increase Access to Service (ATS) and improve the coordination of health services to enhance outcomes for women
	↑	↑	↑	↑
<b>Process objectives (Prepare and Implement)</b>	Site specific plans for under screened communities for each region of the province by Ongoing 2018	Disseminate invitation system for women who are overdue for screening for physicians and health care providers by each year	Biannual public education campaigns April/October of each year.  Increase program visibility and social media presence	Engage the involvement of labs and registry, HCP's, pathologist and gynecologist
	↑	↑	↑	↑
<b>Resources allocated</b>	Mapping statistics, community profiles, linkage with regional partners  Utilize planning tools	HCP invitation system, move to registry based system  Full implementation of a call and recall system	print materials and promotional items Activities and strategies with community partners and direct involvement of key stakeholders	ATS Grants CMG's (best practices) Measuring wait-times Electronic Colposcopy record
	↑	↑	↑	↑
<b>Research and Evaluation</b>	<i>Outcome:</i> Screening Participation rates <i>Process:</i> Number of site specific plans with measurable outcomes	<i>Outcome:</i> number of women reached in invitation system <i>Process:</i> Number of HCP's using the registry system	<i>Outcome:</i> Number of partners in activities and number of women reached <i>Process:</i> Identify measurable outcomes in plan framework	<i>Outcome:</i> Colposcopy baseline indicators. Number of ATS grants <i>Process:</i> Move to best practices. Standardized colpo management tools

# Manage the planning process

## Worksheet 1: Identify stakeholder roles and expectations

### Stakeholder Roles

	Name	Interest in program/process	Degree of involvement	Details of involvement
1	Regional Health Authorities	Provider of regional health services	Supportive (provides administrative support and health service delivery)	Contribute to the indicator data, partner on provincial sub committees
2	Physicians/Health Care Providers	provider of screening services	Involved (frequently consulted or part of the planning process)	Collaboration for the delivery of screening; active participation in program delivery and research
3	Regional Cytology Laboratories And Public Health Lab	Quality assurance, performance indicator data, guidelines and standards	Core (on the provincial committee)	Provincial Cytology Committee Provision of Lab data
4	Community organizations & Individuals	consumer representation, program planning and implementation	Involved (frequently consulted or part of the planning process)	Provincial Advisory Committee membership, Education and Recruitment Committee, public consultation
5	Gynecologists/Colposcopists	provide care for screened women, establish standards for quality of care and wait times, improve coordination of services	Involved (frequently consulted or part of the planning process)	membership in Provincial Advisory Committee, provincial Colposcopy Working Group with regional representation
6	Provincial Cervical Cytology Registry	data custodian	Core (on the planning team)	Provincial Registry Committee, representation on Provincial Advisory Committee, research partner

## Manage the planning process

### Worksheet 2: Develop a work plan for the planning process

	Task	Lead	Support	Time allocated	Deadline	Budget	Other resources	Approval process
1	Development of colposcopy wait time standards/guidelines	Medical director Provincial Colposcopy Project Manager	Provincial colposcopy committee	3 hour meeting 4 x per year	Ongoing	0	standard referral form, standard reporting form, standard referral criteria and measurement of wait times	Medical Director, and Provincial Wait Time Coordinator
2	Monitor Tracking Mechanism for Women with Abnormal Cytology	Provincial Director	Provincial Cytology Registry and Eastern Health IT	ongoing	Mar 31 each year	0	Provincial Director and manager of registries	Provincial Director
3	Quality Monitoring for Cytology Labs	Provincial Director	Provincial Cytology Committee	Regular committee meetings 4 x per year	Indicators due March of each year	0	provincial cytology standards document, quality monitoring document	provincial director and committee
5	Education of the Target Population	Women's Health Educator	Regional Coordinator and Education and Recruitment Sub Committees	4 to 6 a year	Ongoing review of interventions	16,000	promotional resources and dissemination methods	provincial director
6	Provincial Performance Indicator Monitoring	Policy Planning and Research Analyst	Regional labs/ provincial registry	annual process	Mar 31 each year	0	data from labs and registry	Provincial Director
7	National	Provincial	NLCHI	2 years	Jan 2011 – 2013	\$10,000	data from NLCHI	Provincial

	<b>Task</b>	<b>Lead</b>	<b>Support</b>	<b>Time allocated</b>	<b>Deadline</b>	<b>Budget</b>	<b>Other resources</b>	<b>Approval process</b>
	Performance Monitoring	Director/PPRA	Epidemiologist				and PCCR	Director
8	Upgrade Provincial Cervical Cytology Registry	Provincial Director / Manager of Registries EH	IT Staff EH/ Registry Staff	monthly meetings	Mar 31 2016	\$25,000 2013	IT support	Provincial Director
9	HPV Vaccine Linkage and Surveillance	Policy Planning and research analyst	CDC/ DHCS/RHAs	ongoing	Ongoing	\$54,000	Linkage to RHA vaccine data/ HPV vaccine fields in registry	Provincial Director/ Director of Registries
10	Updated Education Campaign	Women's Health Educator	Regional Coordinators and staff, committee structures	annually	Aug 30 each year	\$24,000	new print materials and new advertising campaign	Provincial Director
11	Invitation System	Policy Planning and research analyst	Regional Coordinators	Annually	January annually	\$0	Registry staff support/ identification of physician lists for invitation system	Provincial Director
12	Linkage to Population Database	Manager of registry	PCCR	not available	Dec 30 2015	\$0	change to privacy legislation/ data sharing agreement	Provincial Director/ Registry Director/ NLCHI or MCP
13	Provincial Wait Time Benchmarks	PPRA	Provincial Wait Time Coordinator/NL Statistics Agency	two days	September 01 2015	0	PCCR	Provincial Director
14	Quality Assurance - specimen adequacy reports, less than 10 audit, TAT	Policy Planning and Research Analyst	Regional Coordinator/ cytology Labs/ PCCR	Annual	June 1st	0	Templates, lab reports	Provincial Director

	<b>Task</b>	<b>Lead</b>	<b>Support</b>	<b>Time allocated</b>	<b>Deadline</b>	<b>Budget</b>	<b>Other resources</b>	<b>Approval process</b>
	and additional audits							
15	Provincial evaluation framework for education and recruitment	Women's Health Educator	Regional Coordinators	annual	Dec 31	0	Community Mapping Stats, Registry data, Process outcomes and evaluation templates	Provincial Director
16	HPV genotyping protocol for young women	Medical Director	HPV Monitoring and Surveillance Committee		Dec 31 2013	\$72,000 (grant)	Protocol developed for research study	Provincial Director CSI and Provincial Director PHL
17	Colposcopy Project/ comprehensive overview of Colposcopy in NL	Colposcopy Project Manager	Gynecologist and Nurse Managers/ regional Coordinators	8 months	March 31 2017	\$ 108,000	VISIO Planning tools, environmental scan, site visits	Provincial Director
18	Quality Assurance for high grade disease	Provincial Director/PPRA/P CPM	Quality Risk Management RHA teams	Ongoing	Annually		Quality Review Temp. CRMS	Provincial Director

# Research Questions

## Worksheet 2.1: Develop a data gathering plan

### Research Questions

	Question	Response
1	What are your research questions?	What is the appropriate policy for screening women who have the HPV vaccine?

### Data Gathering Plan

	Type of data	Method	Source	Additional Details	Lead	Support	Time allocated	Deadline	Budget	Other resources
1	Vaccine Coverage  Individual Vaccine record	Aggregate data  Registry Linkage	DHCS and CRMS in RHAs	Review of cervical cytology outcomes for the vaccinated and unvaccinated cohorts	HPV Monitoring and surveillance committee	Medical director CDC and PPRA Ma		2015		

# Research Questions

## Worksheet 2.2: Summarize the situation

	Question	Response
1	What is the situation? What are the trends (e.g., size, growth), public perception, and stakeholder concerns that describe the situation?	High uptake of HPV vaccine, records keep in RHAs and vaccinated cohort 2014
2	What is the situation (continued).	data linkage required, fields for data are designed and now need to be populated



# Research Questions

## Worksheet 2.3: Analyze influences on the situation

	<b>Factor</b>	<b>Factor short form</b>	<b>Level of influence</b>	<b>Direction of influence</b>	<b>In top three priorities?</b>	<b>Source</b>	<b>Directions or conclusions</b>
1	Registry limitations for the linkage of HPV vaccine records	Privacy Legislation	Organizational	It is making the situation worse.	Yes	Privacy Officer and Manager of Registries	Briefing note written December 2013, to be forwarded through EH management structure
2	Retrieval of records from the regions	Data availability	Regional projects funded by CSI	Supporting change	yes	CSIP	Current projects for EH and CH ongoing as of Jan 2015.

## Step 2: Conduct a situational assessment

### Worksheet 2.5: Consider how to proceed

	Question	Response
1	What are the gaps in data quality or quantity, relative to stakeholder expectations, that may restrict your ability to make evidence-based decisions about goals, audiences, objectives, strategies, activities and resources?	New data fields in PCCR require Request for Change with AIM to allow for data entry and for retrieval of data for vaccinated versus non vaccinated cohort; linkage from RHA data to Registry needs to be supported by registry designation.
2	What is your current perception about your ability to have an impact on the situation with available time, financial resources and mandate?	constant support and direction needed from the provincial program to support the process and maintain focus
3	What are your next steps in the planning process? Will you proceed now, or must you revisit research questions, project scope or resources?	continue to consult with stakeholders within Eastern Health and Department of Health and Community Services; review and update the Privacy Impact Assessment; engage the regional privacy officers in the process to enable a smooth transition as the process evolves.

## Step 3: Set goals, audiences, and outcome objectives

### Worksheet 3.1: Set goals, audiences, and outcome objectives

#### Goals

	Question	Response
1	What is your goal?	To establish the elements of an organized cervical screening program for the women of Newfoundland and Labrador

#### Audiences

	Question	Response
1	Which audiences will require special attention to meet your goal?	Women of Newfoundland and Labrador

#### Outcome objectives

1	To increase participation and retention rates (long-term)
2	To maintain an invitation system for women who are overdue for routine screening. (short-term)
3	To establish a linkage with the population database to enable recruitment of the unscreened population (medium-term)
4	To monitor the follow up of women with abnormal cytology diagnosis (ongoing)
5	To prepare the monitoring and evaluation processes: performance indicators, regional report documents. Provincial wait time benchmarks and national reporting requirements. (short-term)
6	Maintain monitoring and evaluation mechanisms at regional, provincial and national levels (short-term)
7	To establish a new strategy to address colposcopy wait times (medium-term)
8	To create new patient safety mechanism for colposcopy (short-term)
9	To create a portal for frontline health care providers to access PCCR (short-term)
10	To support screening participation in under screened communities with access to service grants (short-term)
11	To maintain ongoing biannual education campaigns with new targets (short-term)
14	To direct targeted recruitment in under screened populations (short-term)

## Step 4: Checklist of strategies and activities and assign resources

### Worksheet 4.1: Choose strategies and brainstorm activities

Strategy	Activity
Create supportive environments	<ul style="list-style-type: none"> <li>coordinate the standardization across RHAs</li> <li>collaborate with the PCCR</li> <li>coordinate the provincial colposcopy working group</li> <li>coordinate the provincial cytology committee</li> <li>maintain the provincial advisory committee</li> </ul>
Build healthy public policy	<ul style="list-style-type: none"> <li>Support HPV vaccination program</li> <li>Integrate HPV vaccine data into the PCCR</li> <li>Build public awareness on where health information is housed</li> </ul>
Health Communication	<ul style="list-style-type: none"> <li>disseminate screening interval recommendations</li> <li>establish colposcopy standards provincial and best practices</li> <li>maintain education and promotion strategies</li> </ul>
Self-help/mutual support	<ul style="list-style-type: none"> <li>enable women to make informed decisions about screening</li> <li>increase access to Pap screening services</li> <li>Maintain an invitation system directly to women</li> </ul>
Community mobilization	<ul style="list-style-type: none"> <li>organize community forums and education events</li> <li>link with health care providers for provision of services</li> <li>utilize site specific planning tools</li> <li>utilize innovative approaches for women who do not attend traditional educational events</li> <li>involve target population in planning process (utilize capacity building processes)</li> </ul>
Develop personal skills	<ul style="list-style-type: none"> <li>develop tools to maximize knowledge translation</li> <li>develop resources appropriate to literacy levels and to meet other needs</li> </ul>
Education/information	<ul style="list-style-type: none"> <li>develop new messages and tools for cervical screening</li> <li>Pap Test Awareness Week Campaign</li> <li>disseminate information to schools, youth center, workplaces</li> <li>Administrative Support Professionals day</li> <li>Mother's Day Campaign</li> <li>Post-Secondary Institution Strategy</li> <li>April Cancer Awareness Month Campaign</li> <li>International Women's Day events</li> <li>utilize opportunities to build upon community partnerships</li> </ul>
Strengthening health services	<ul style="list-style-type: none"> <li>encourage utilization of MD CME training module for health care providers</li> </ul>

Strategy	Activity
	disseminate Mapping Statistics to RHA planners contribute to Provincial Wait Time Benchmark Data coordinate Colposcopy management project update of Clinical Management Guidelines update of Women's Wellness Guidelines explore opportunities to link with other cancer screening programs collaborate with orientation for new health care providers partner with educational facilities for School of Medicine and School of Nursing collaborate with related health care providers, professionals and students maintain the invitation system through HCPs Maintain QA and evaluation activities
National partnerships	Membership in national CPAC, PCCSI, and others as appropriate Collaborate with PHAC on potential research opportunities

## Step 4: Choose strategies and activities and assign resources

### Worksheet 4.2: Assess and choose activities Note: highlighted sections are shared work plan objectives with the regional coordinators

	Potential Activity	Include in final plan?	Strategy	Information about expected effectiveness	Information about audience appropriateness	Required resources	Available resources
1	Program Implementation across RHAs	Yes	Create supportive environments	Multidisciplinary representation with RHA representation allows for substantive communication and inclusion in the provincial program	Essential to an organized program implementation across all RHAs	Consumer is the chair in position of power. Operational support provided by program	Successful team
2	collaborate with the cytology labs for standardization, quality assurance and linkages to registry	Yes	Create supportive environments	All regional labs represented in establishing the roles and responsibilities of the labs in relation to the program. This process requires consensus for the establishment of standards of practice and monitoring quality.	This is a requirement of an organized screening program. Performance Indicators on specimen adequacy, turnaround time, cyto-histo correlation, participation in external accreditation, all integrated into QA measures.	Resourced within program	Chaired by Director of Pathology WH
3	coordinate the provincial colposcopy working group	Yes	Create supportive environments	representation of regional colposcopists, medical director, provincial wait time coordinator, women's health clinic and family physicians	necessary to coordinate the improvements on the quality of care provided to the screening population	6-8 meetings per year support by program	Chair is Medical Director of CSI
4	maintain the provincial advisory committee	Yes	Create supportive environments	To keep all stakeholders informed and to be part of the planning and monitoring process.	Successful implementation of program across disciplines and health authorities	finances required to support meeting expenses (x2/year)	Chaired by the consumer representative
5	Support HPV vaccination program	Yes	Build healthy public policy	High uptake of HPV vaccination should decrease cervical dysplasia in the vaccinated population.	Research indicates this to be a successful primary prevention methodology.	Implemented by RHA staff	Linkage to PCCR needed
6	Integrate HPV vaccine data into the PCCR	Yes	Build healthy public policy	Essential to organized screening program	National mandate	Electronic health record required.	Grants to RHAs to create an electronic record of vaccinations within CRMS
8	Disseminate screening recommend-	Yes	Health Communication	CMG necessary with changes in screening guidelines	Requirement of organized screening program	coordinated at the provincial level	Review by Provincial Director and Medical Director

	Potential Activity	Include in final plan?	Strategy	Information about expected effectiveness	Information about audience appropriateness	Required resources	Available resources
	ations						
9	Establish colposcopy best practices provincially	Yes	Health Communication	Required for organized screening program, supported by SOGC,	Physician feedback very positive	initiated under the direction of the provincial colposcopy committee and supported through a current project to complete and environmental scan and site assessment in a consultative process with gynecologists and related health professionals	Supported by Regional Coordinators
10	Enable women to make informed decisions about screening	Yes	Self-help/mutual support	essential to create changes in screening participation rates	required	provincial program staff	Regional coordinators and staff, community partners, HCPs
11	Increase access to Pap screening services	Yes	Self-help/mutual support	Well evaluated for success in ATS grants and open clinics	Good data available on site specific screening and participation in specially hosted clinics	Provided by program with structured financial accountability	Provincial staff and budget, regional support and implementation
12	Create an invitation system directly to women	Yes	Self-help/mutual support	women are enabled to make informed choices about screening and heir screening status	success demonstrated in other programs and projects, in line with the CDPM self-management activities	privacy legislation requires the PCCR to have registry designation before contacting women directly	annual budget
13	Organize community forums and education events	Yes	Community mobilization	Resources needed to enable education and promotion programs, strategies to enable screening participation must be multipronged, include stakeholders in the planning process and include the providers of health services	Good evaluation and feedback responses	Within program	Provincial Women's Health Educator and Regional Coordinators
14	Link with health care providers for provision of services	Yes	Community mobilization	continuity needed between program and HCPs and educators	Very good uptake of messages. Positive outcome in the random household survey	Significant HR and budget	Adequate financed CMG's
15	utilize site specific planning tools	Yes	Community mobilization	Good messaging with integrated strategy with community partner	Good evaluation responses, demonstrated success in the previously implemented plans	Within program	Well-established with good evaluation mechanisms in place Organize community forums and education events
16	Utilize innovative	Yes	Community mobilization	Administrative professionals are the gatekeepers to many	Positive feedback and good support from administrative	Within program	Regional Coordinators and promotional items

	Potential Activity	Include in final plan?	Strategy	Information about expected effectiveness	Information about audience appropriateness	Required resources	Available resources
	approaches for women who do not attend traditional educational events			health care providers offices, they are essential to the communication to women to encourage screening	professionals to assist to deliver messages and strategies		
17	Involve target population in planning process (utilize capacity building processes)	Yes	Community mobilization	engagement of the target population in the efforts to increase screening, including the team building, planning, implementation and evaluation enhance the effectiveness of the activity	Positive feedback and good support local site specific planning teams	Within program	Regional Coordinators facilitate process focusing on the under screened communities. Utilizing Community profiles and mapping Stats
18	Develop tools to maximize knowledge translation	Yes	Develop personal skills	new promotional strategies for reaching the 50+ age group	well received with positive feedback	minimal cost and HR	Developed in provincial office and implemented regionally
19	Develop resources appropriate to literacy levels and to meet other needs	Yes	Develop personal skills	Educating the at risk population before they start screening can establish good screening messages and preventive health behaviors	Positive feedback, increasing participation in the 40 = age groups in the last five years	Within program	New strategies designed by Women's Health Educator and delivered by Regional Coordinators
20	Develop new messages and tools for cervical screening	Yes	Education/information	the available information in Canada and other countries and within this program indicate the messaging must be tailored to the unique characteristics of the defined populations within the target group	Good uptake and positive feedback	Within program	Women's Health Educator and Regional Coordinators
21	Pap Test Awareness Week Campaign	Yes	Education/information	Process evaluation indicates a reach of approximately 18,000 women with this campaign	Very positive feedback in the evaluation activity	Within program	Women's health educator, Regional Coordinators and partnerships with Beauty Salons, Spas and Barber Shops as well as other community groups and organizations
22	Disseminate information to	Yes	Education/information	integration of the promotion and education messages	many partnerships with community organizations and	coordinated by Women's health Educator	implemented by regional Coordinators and many



	Potential Activity	Include in final plan?	Strategy	Information about expected effectiveness	Information about audience appropriateness	Required resources	Available resources
	schools, youth center, workplaces			enables direct education and dissemination and as well in line with the social marketing plan	individuals, very well supported and lots of positive media coverage		community partners
2 3	Administrative Support Professionals day	Yes	Education/information	very positive tool for identifying the priority areas to health planners every activity has an evaluation report on the number of women screened through the strategy	targets under screened population, increases accessibility to screening services	within program	provided by program with partnerships in local FFS Physicians or other Health care providers
2 4	Mother's Day Campaign	Yes	Education/information	very positive tool for disseminating promotion messages	positive feedback from partners	within program	Coordinated by the Women's Health Educator, delivered by the regional Coordinators in partnership with the local education and recruitment committee
2 6	Post-Secondary Institution Strategy	Yes	Education/information	Screening initiation age is changed to 21 years of age. renewed efforts to engage target group for participation	positive feedback, increased demand for screening accessibility	collaboration needed for health education, promotion and screening	Coordinated by the WHE and implemented by the regional coordinators
2 7	April Cancer Awareness Month Campaign	Yes	Education/information	health promotion campaigns that are available everyday are often attenuated and new focused campaigns renew the message, increase the social marketing and utilize new methods of dissemination	positive feedback for process evaluation	within program	coordinated by the WHE and implemented by regional coordinators with their ER Committees
2 8	International Women's Day events	Yes	Education/information	recognition of top screeners at this event has had very positive response, partnership with local women's organizations broadens the outreach	positive feedback, participation numbers	within program	Regional Coordinators
2 9	encourage utilization of MD CME training module for health care providers	Yes	Strengthening health services	standard for training fir skills competency, required for ARNNL scope of practice	well established educational requirement	completed	done in partnership with MUN Office of Professional Development and placed on national website as learning module, implementation supported by regional coordinators
3	Disseminate	Yes	Strengthening health	essential to identify for health	well recognized and utilized	significant time commitment to	coordinated by the Policy

	Potential Activity	Include in final plan?	Strategy	Information about expected effectiveness	Information about audience appropriateness	Required resources	Available resources
0	Mapping Statistics to RHA planners		services	services and planners for the provision of health services, training for new HCPs and identifying under screened populations by geography		prepare data for annual reporting requirements	Planning and Research analyst, completed at the regional level
31	Contribute to Provincial Wait Time Benchmark Data	Yes	Strengthening health services	national and provincial reporting requirement	informs policy direction	available within program	provincial office
32	Collaborate with Colposcopy management project	Yes	Strengthening health services	well defined in the SOGC clinical guidelines, ASCCP literature and MPP indicators	established	within program	dedicated Colposcopy Project manager
34	Update of Clinical Management Guidelines	Yes	Strengthening health services	well defined CMGS based on evidence and screening recommendations form basis for the screening tools and resources for both health professionals and education	requirement of organized program	within program	provincial coordinating office
35	Update of Women's Wellness Guidelines	Yes	Strengthening health services	evidenced based guidelines need update with new cancer screening recommendations	already developed with collaboration of nurse managers from RHAs, ARNNL and programs	within program	collaboration between screening programs
36	Explore opportunities to link with other cancer screening programs	No	Strengthening health services	Mandated by Provincial Budget 2013.	Established coordinated cancer screening programs in other provinces and territories.	Govt. to call an external contract to review and streamline programs.	Collaboration between screening programs.
37	Collaborate with orientation for new health care providers	No	Strengthening health services	Required orientation process for new health care providers.	Essential orientation to program and guidelines.	Within program expectations.	Implemented by regional coordinators CMGS
38	Partner with educational facilities for School of Medicine and School of Nursing	No	Strengthening health services	Integration of program standards in educational facilities.	Appropriate	As required	Program staff: provincial and/or regional.
4	Membership in	No	National partnerships	Linkage with other program	Ensures national standards	Membership and participation	Supported by national

	<b>Potential Activity</b>	<b>Include in final plan?</b>	<b>Strategy</b>	<b>Information about expected effectiveness</b>	<b>Information about audience appropriateness</b>	<b>Required resources</b>	<b>Available resources</b>
0	national CPAC, PCCSI, and others as appropriate			and national bodies to assist to develop best practice and evidence-based guidelines within program.	are met within the province of NL.	of program staff.	funding.
4 1	Collaborate with PHAC and other partners on potential research opportunities	No	National partnerships	Potential research opportunity explored with federal partners.	Identified gap in knowledge surrounding HPV vaccine.	In development.	Partnership with national microbiology lab, PHAC, and provincial PHL, CDC, and HPV Monitoring and Surveillance Committee.
	Maintain and Report Quality measures	No					Less than 10 audit Specimen Unsatisfactory Mapping Stats Regional Indicator Annual report

## Step 5: Develop indicators

### Worksheet 5.1: Develop outcome indicators

	What will you measure?	Outcome objective related to this indicator	Where is the data available?	Are there any concerns about the reliability of this indicator?	Are there any concerns about the validity of this indicator?	Are there any limitations on accessibility for this indicator?	Include in final plan?
	Components of an organized cervical screening program.	To establish the elements of an organized cervical screening program (Long-term)	National reporting template	The capacity to continually update	No	No	Yes
	# of women who have never, or who have not had a Pap test in the preceding ten years who are issued an invitation for screening; % of women who attend following the invitation	To establish a linkage with the population database to enable recruitment of the unscreened population (medium-term)	Provincial cervical cytology registry	software in place, however, limited by current legislation and capacity to link with the population dataset (MCP or Client Registry)	not available	not available	Yes
	Pre and post intervention participation rates, uptake in clinic setting during project, and community mobilization activities, cost per Pap	To increase screening rates for women in under screened communities through site specific planning and access to service grants	participants project reports, lab based screening by place of residence data	Adequate measure of changes in participation	Can be influenced by other related factors such as availability of pap screening and collaboration with existing HCP	no	yes
	2012 National Monitoring Program Performance template	To prepare the monitoring and evaluation processes: performance indicators, regional report documents. Provincial wait time indicators and national reporting requirements. (short-term)	Regional Laboratory data and PCCR	Standardized indicators with some limitations on the availability of biopsy related indicators	no	Biopsy completion rate and cyto-histo correlation not currently available	Yes
	Benchmarks for screening participation for women ages 20 to 69 years as at least one screen in three years	To support new screening recommendations for start, stop and extended intervals. (short-term)	provincial cervical cytology registry	No	Benchmarks have been measured consistently for four years, however no adjustment has been made for hysterectomy status	stop measure has not been tested in this system	

	<b>What will you measure?</b>	<b>Outcome objective related to this indicator</b>	<b>Where is the data available?</b>	<b>Are there any concerns about the reliability of this indicator?</b>	<b>Are there any concerns about the validity of this indicator?</b>	<b>Are there any limitations on accessibility for this indicator?</b>	<b>Include in final plan?</b>
	# of women in abnormal follow-up	To create new patient safety mechanism for colposcopy	PCCR	Inclusiveness of Colpo reports submitted	This only reports documentation received, there may be visits in the health care system without reporting to the PCCR	Not all Colpo reports submitted	Yes
	Colposcopy Wait Times	To establish a new strategy to address colposcopy wait times (med-term)	PCCR	Not all colpo reports submitted	Note the limitation of submitted colpo reports	Wait time metrics to be established, data is not available electronically, infrastructure needs to be supported	Yes
	# of HCP able to access PCCR	To create a portal for frontline health care providers to access PCCR (Med Term)	N/A	New IT programs required		Privacy rules	yes
	# of grants and pre/post participation rates	To support screening participation in under screened communities with access to service grants (short term)	From Lab data and Grant data				yes

## Step 5: Develop indicators

### Worksheet 5.2: Develop process indicators

	What will you measure?	Process objective related to this indicator	Where is the data available?	Are there any concerns about the reliability of this indicator?	Are there any concerns about the validity of this indicator?	Are there any limitations on accessibility for this indicator?	Include in final plan?
1	Number of women with abnormal cytology in follow up protocol at step 1, 2, and 3	To monitor the follow up of women with abnormal cytology diagnosis (short-term)	provincial cytology registry PCCR	data completeness and data quality processes in place within the registry	audit to assess completeness of data-daily weekly and monthly processes; additional checks required to ensure reliability of data	IT support from EH	Yes
2	Clinical information and resource distribution to all relevant health care providers and related professionals	To produce and disseminate clinical resources for health care providers	regional coordinators reports	No	no	No	Yes
3	# resource distribution for public education	To produce and disseminate brochures, fact sheets and wallet cards for women	regional coordinators reports	No	No	No	No
4	# of women issued an invitation through the routine recall and # who subsequently attend screening	To disseminate the invitation system for women identified to be overdue for screening for physicians and health care providers	provincial cytology registry	participation by physician office not within span of control; time lag between issue of invitation and measure of attendance six months; external influences on decision to/not to participate	Measuring the distribution of invitation lists, the feedback from participating HCPs and running the recall list again 12 months later to assess subsequent screening activity	Hysterectomy status is unknown thus influencing eligibility for screening	Yes

