Problem Statement and Solution

Initiative to Improve Colorectal Cancer Screening Rates in a Community Health Center

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Purpose

- Improve the proportion of patients age 50-75 who complete colorectal cancer (CRC) screening in a community health center (CHC) setting.

Description of the Problem

- CRC is the third most commonly diagnosed cancer in the United States.
- CRC is the second-leading cause of cancer-related deaths in the U.S. among the cancers that affect both men and women.
- In 2011, 135,260 people in the U.S. were diagnosed with CRC; 51,783 died of the disease.
- The CRC screening rate in Florida in 2012 was 35.6 per 100,000.

Solution

- Early detection is the key to reducing CRC-related mortality and morbidity.
- Implementation of evidence-based strategies can be applied to improve CRC screening rates in primary care settings including CHCs.

Setting

- Multi-site CHC located on the west coast of Florida

Quality Improvement Intervention

<table>
<thead>
<tr>
<th>Date</th>
<th>Participants</th>
<th>Focus/Activities</th>
</tr>
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<tbody>
<tr>
<td>8/11/2016</td>
<td>Study team members</td>
<td>Study team members, CHC Site Administrator, Establishment of project goals, Preliminary action planning</td>
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<tr>
<td>8/17/2016</td>
<td>Study team members</td>
<td>Orientation to project, Project goals, Patient navigator roles and responsibilities, Assessment of existing infrastructure and CRC processes to inform implementation planning and process improvement, Project implementation strategies</td>
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<tr>
<td>8/30/2016</td>
<td>Study team members, Clinical support staff</td>
<td>Introductions, Orientation to project, Project goals, Patient navigator roles and responsibilities, Project implementation strategies, Pre- and post-test data collection to assess impact of project orientation training</td>
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<tr>
<td>8/30/2016</td>
<td>Study team members</td>
<td>Preliminary orientation to navigator roles and responsibilities, Orientation to &quot;Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers&quot; as a framework to guide project implementation, Continuation of project goals</td>
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<tr>
<td>8/31/2016</td>
<td>Study team members, Patient navigator</td>
<td>Debrief post week-one implementation, Debriefing with CHC CEO and other key organizational stakeholders, Distribution of project-related materials to CRC CEO and stakeholders</td>
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<tr>
<td>9/13/2016</td>
<td>Study team members, Patient navigator, CHC CEO, On-site Project Mentor, Providers</td>
<td>Debrief post week-one implementation, Identification of opportunities for refinement and process improvement, Planning for implementation of process refinements</td>
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Implication for Practice

- Expansion of the project period by 2-4 months would provide for enhanced implementation and evaluation.
- Lead time for engagement of staff and providers is critical to success.
- Provisions for sustainability of the patient navigator position is key.
- The development of a resource kit and process definition are requisite to effective implementation.

Conclusions

- Increasing staff awareness of CRC screening importance and strategies, combined with implementation of the patient navigator model, holds promise for increasing CRC rates in CHCs.

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References

- See available handout for references.