

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

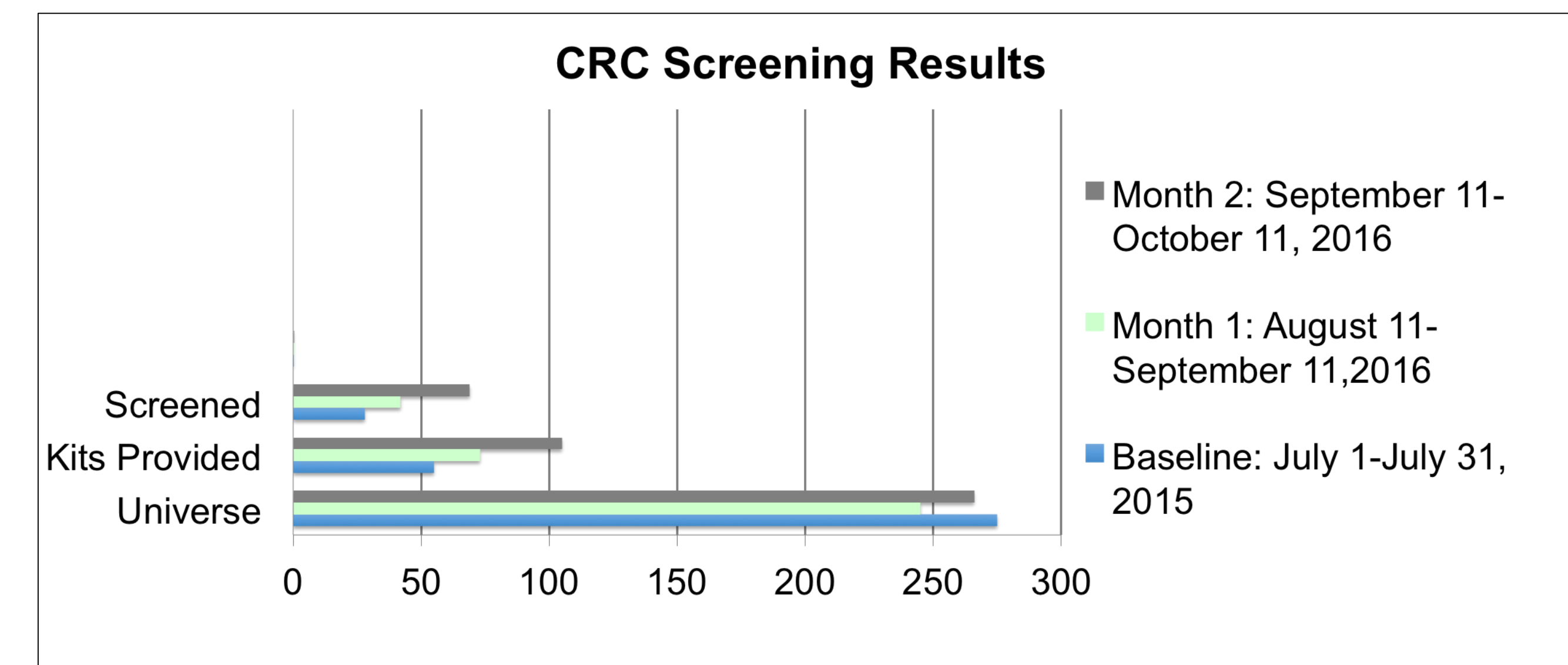
Framework



Quality Improvement Intervention

Date	Participants	Focus/Activities
8/11/2016	<ul style="list-style-type: none"> Study team members CHC Site Administrator 	<ul style="list-style-type: none"> Introductions Establishment of project goals Preliminary action planning
8/16/2016	<ul style="list-style-type: none"> Study team members Clinical support staff Information technology 	<ul style="list-style-type: none"> Introductions 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
8/30/2016	<ul style="list-style-type: none"> Study team members Clinical support staff 	<ul style="list-style-type: none"> 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
8/30/2016	<ul style="list-style-type: none"> Study team members Patient navigator 	<ul style="list-style-type: none"> Preliminary orientation to navigator roles and responsibilities Orientation to "Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers" as a framework to guide project implementation
8/31/2016	<ul style="list-style-type: none"> Study team members Patient navigator 	<ul style="list-style-type: none"> Continue navigator role orientation and training Continue orientation to CHC manual Presentation and review of project resource binder Define initial implementation strategies and processes
9/13/2016	<ul style="list-style-type: none"> Study team members Patient navigator 	<ul style="list-style-type: none"> Debrief post week-one implementation Identification of opportunities for refinement and process improvement Planning for implementation of process refinements
10/24/2016	<ul style="list-style-type: none"> Study team members CHC CEO On-site Project Mentor Providers 	<ul style="list-style-type: none"> Presentation of project results Debriefing with CHC CEO and other key organizational stakeholders Distribution of project-related materials to CHC CEO and stakeholders

Results



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.

Acknowledgements

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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.

References

- See available handout for references.

