Improving Colorectal Cancer Referrals for Testing at a Rural Health Clinic: A Quality Improvement Project

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PROBLEM STATEMENT

- The underutilization of colorectal cancer (CRC) screening is a public health concern.
- Early detection of CRC can lead to treatment and improve health outcomes.
- Records show that one-third of eligible adults in the U.S. have not been screened for CRC (American Cancer Society, 2022).

PROJECT PURPOSE

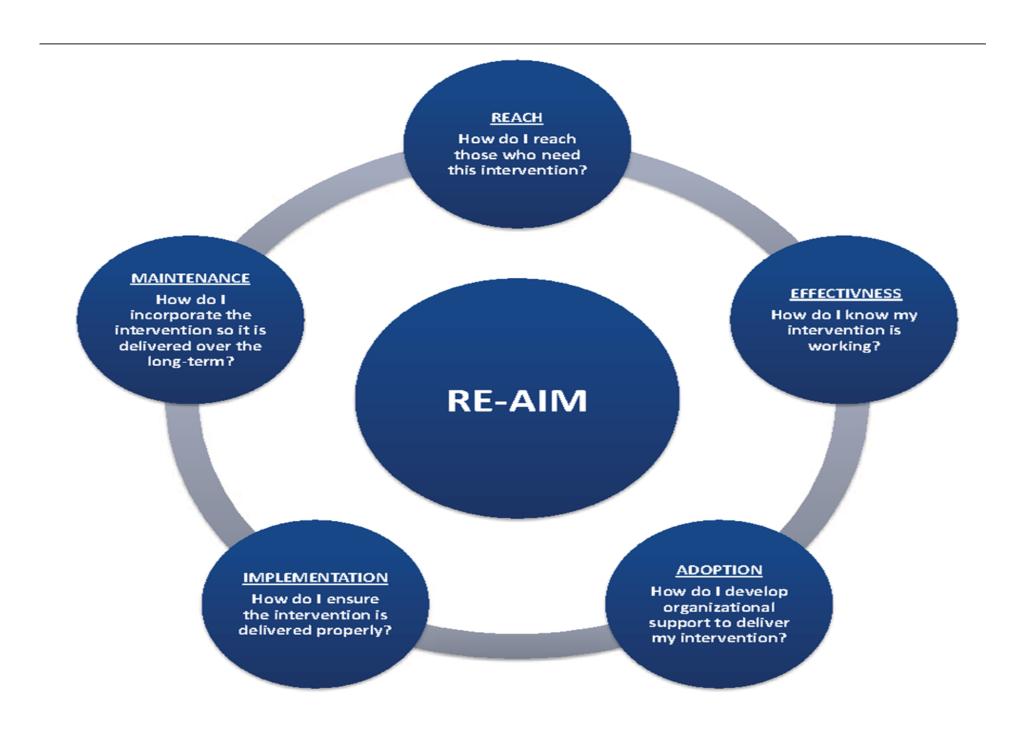
PURPOSE: To correct the CRC screening inconsistency and office workflow in a rural health clinic and improve provider documentation of CRC referrals for testing by implementing an evidence-based CRC protocol in hopes to improving health outcomes.

AIM: To evaluate if the implementation of a CRC protocol can increase provider referrals for testing and improve provider CRC screening documentation at a rural health clinic within 90 days.

CLINICAL QUESTION: In all adult patients in a rural health clinic, between the age of 45 to 75, does the implementation of a Colorectal Cancer (CRC) protocol compared to current office practice, improve provider CRC screening documentation and completion of CRC referrals for testing by 5% in 90 days?

MODEL & NURSING THEORY

MODEL: The RE-AIM Framework



NURSING THEORY: Lewin Change Theory



METHODS

Subjects and Sampling:

Consecutive Sampling: Adults 45-75 years of age who are at average risk for CRC. Inclusion Criteria:

• Average risk adults between the age of 45-75 and or with a documented diagnoses code of Z12.11 (encounter for screening for malignant neoplasm of colon).

Exclusion Criteria:

• Those with gastrointestinal disorders such as crohn's disease, ulcerative colitis, diverticulitis, certain genetic conditions such as hereditary nonpolyposis colorectal cancer, familial adenomatous polyposis, a personal medical history of CRC history, and a history of abdominal or pelvic radiation to treat past cancer.

Setting:

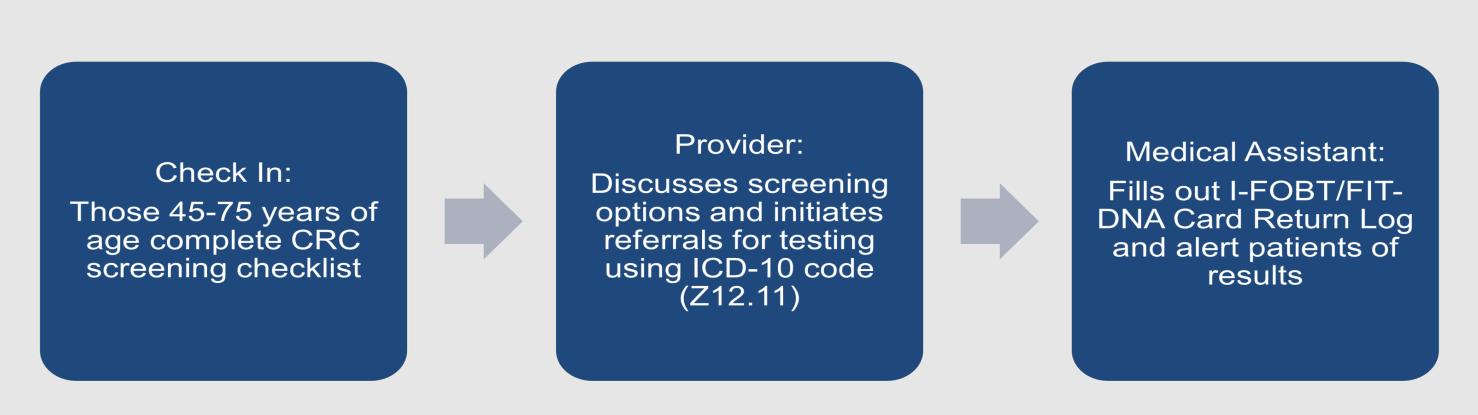
Low-income primary care rural health clinic in north Florida.

Instrument/Tools:

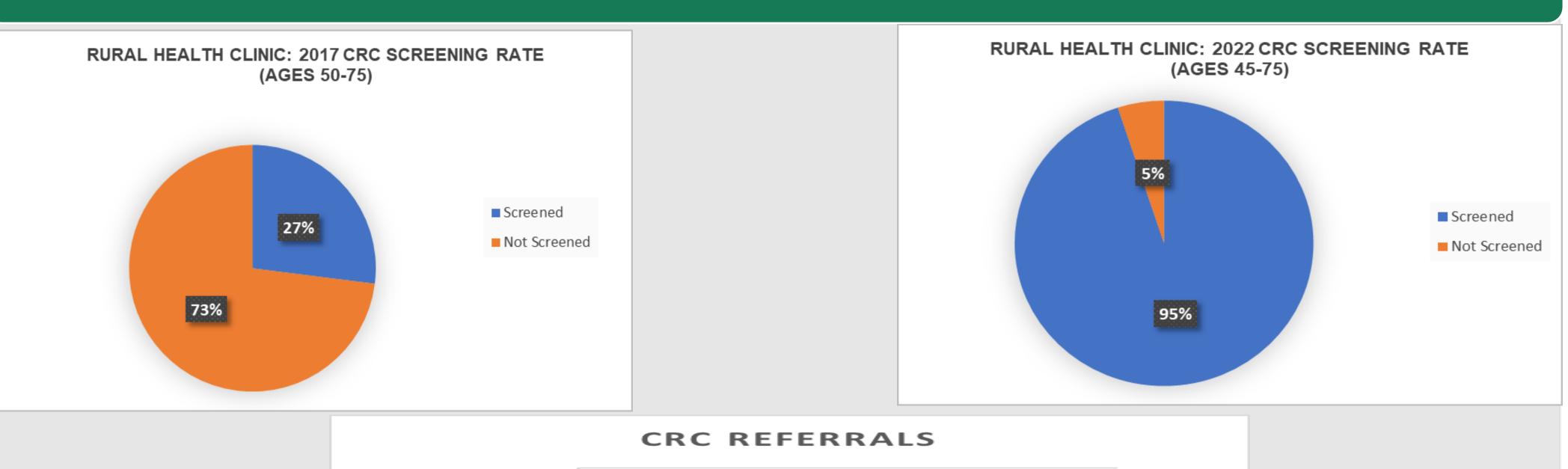
- ICD-10 code (Z12.11) will be utilized for CRC screening referral for testing and to locate and track referrals in the clinic's Electronic Health Record.
- The Appraisal of Guidelines for Research and Evaluation (AGREE II) Instrument tool will be used to validate the CRC protocol content.

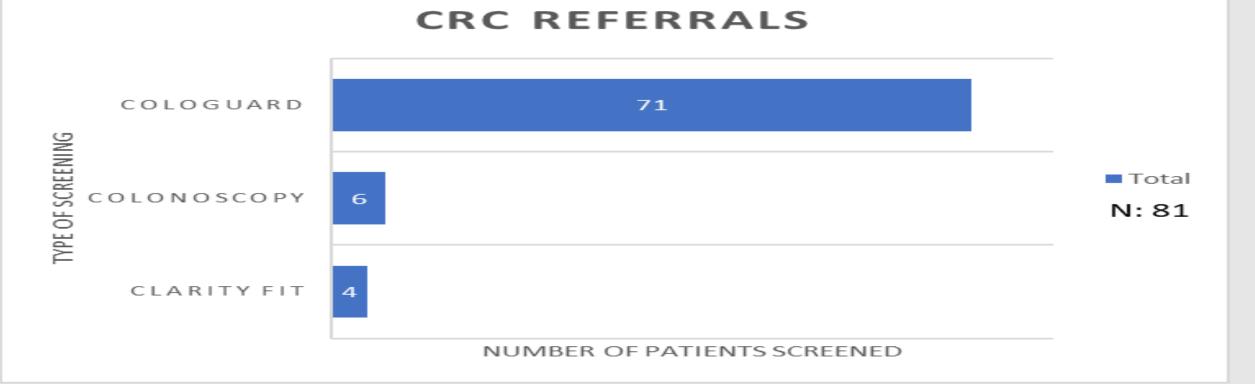
Intervention and Data Collection:

A retrospective study performed over a 3-month period between June 2022 and September 2022. The patients were identified using ICD-10 code (Z12.11) in the electronic database. All data were collected retrospectively from the EHR Advanced MD database and the I-FOBT/FIT-DNA Card Return Log.



RESULTS





DISCUSSION

- The type of CRC screening methods include a fecal occult blood test or fecal immunochemical test (FIT) every year; stool DNA such as Cologuard every 3 years; colonoscopy every 10 years; computed tomography colonoscopy every 5 years; or flexible sigmoidoscopy every 5 years or every 10 years with the combination of annual FIT testing (USPSTF, 2021).
- The positive results of the DNP QI project did reveal that the use of a standardized CRC protocol increased CRC referrals for testing and improved provider documentation.
- Limitations include high staff turnover and inconsistency in distribution of the CRC screening checklist.

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- A standardized evidence-based protocol provides a framework to improve CRC referrals for testing in a primary care setting.
- The CRC protocol addresses the screening gap in underserved populations to reduce morbidity and mortality linked to CRC.
- The QI project can influence the way care is implemented by having an organized and standardized approach to screening and clinical practice outcomes.

SUSTAINABILITY

 The DNP QI project will be sustained in the organization with the CRC protocol in place and applied to the organization's system policy.

REFERENCES

