



RCHC/RCCO

Sharing Promising Practices:

Categories: Clinical Practice Operations Compliance Finance

Aim:

Increase Sonoma Valley Community Health Center colorectal cancer screening rate by 41% from 2013 to 64% in 2016 (determined via UDS data). Goal is to reach 71% by December 2017.

Target Population:

Adult patients ages 50-74

Promising Practice Overview:

Sonoma Valley Community Health Center increased colorectal cancer screening rates from 23% in 2013 to 64% as of December 2016 (determined via UDS data) by implementing the following changes:

- Biggest finding is that when SVCHC did the paper to electronic conversion in 2014 when they moved locations, Colonoscopy records for patients did not carry over, and providers were not documenting completed procedures so we moved this to medical records. There were 5 significant upgrades since 2014 and they needed to provide more training for staff and providers.
- In 2014, SVCHC started quarterly data validation and that process helped to identify data issues.
- In 2015, the report in i2i was fixed providing accurate UDS data.
- SVCHC started sharing monthly pivot table data with providers (available on shared drive).
- SVCHC changed the huddle sheets so these are now red for providers to clearly identify patients that need to have a colonoscopy or FIT test. These are in color and printed from i2i. This helped with 1) making providers aware of what their patients need and 2) when they review their patient list from the pivot table, the same patients are listed from the huddle sheet.

Measures:

- Increase colorectal cancer screening rate among adult patients over 50 years of age.

Pre-existing infrastructure:

- Huddle sheets
- Monthly pivot tables for providers on shared drive
- Quarterly data validation
- No good recall system in place – using i2i and Televox (text/VM to patients) for cervical cancer screening with plans to expand to colorectal cancer screening next.

Changes:

Sonoma Valley Community Health Centers made the following changes to increase colorectal cancer screening rates:

- SVCHC is focusing on re-training staff (they've had a lot of turnover) and they are planning a July training with staff where each person will receive a FIT kit and will be asked to complete. This helps staff to better communicate the process and promote screening among staff.
- LCSW developed a script that health center care team staff can use to talk with patients.
- They started using the videos from Petaluma Health Center (English and Spanish)
- They added a procedure to their workflow where staff provide patient education from Healthwise.
- SVCHC is currently working on Colorectal Cancer Screening in our current CQI – PDSA. They are focusing on using the FIT test for patients that haven't completed in the past. SVCHC is using it for PCMH as we have found a real disparity in insured vs. uninsured. 45% of patients not completing the FIT test were uninsured or underinsured. The cost was \$116 for cash paying patients and they developed a reduced rate of \$16 for their sliding fee scale which will be implemented in July 2017.
- For the PDSA: 1) There is a contest to name it which increases staff buy-in, 2) All staff provide input for the Plan and then vote for the best steps in looking at the issue, 3) All staff works together to ensure all of the training materials are available and easily accessible, 4) They try to include all departments, and 5) We try to keep this in mind for any change: "Small measures, detailed steps make lasting change."
- Continued revision of workflows, processes and training of staff to assist patients in this important health screening.

Results:

- As of May 31, 2017, SVCHC achieved 70% on UDS Colorectal Cancer Screening measure. They are close to meeting their 2017 goal of 71%. Patients are expressing increased satisfaction because they are being followed up with to receive screenings and feel like they are establishing a health home.

Conclusions:

The following activities contributed to improved colorectal cancer screenings:

- Increased data validation and data sharing among provider and care teams.
- Increased awareness of patient's needs through color coded huddle sheets.
- Identified disparity in insured vs uninsured patient rates for screening and developed reduced rates for uninsured and underinsured patients (not yet implemented).
- Had LCSW create patient script for staff to use to educate patients on the importance of screenings.
- Use of patient videos developed by Petaluma Health Center.
- PDSA cycle with participation from all departments.

Companion Documents:

6.9.2017 Colorectal Cancer Screening PDSA
Staff Script for Colorectal Screening
Patient Education – Simplified FIT instructions from Petaluma Health Center (English and Spanish)



PLAN – DO – STUDY – ACT

PDSA Cycle #: **1 05/01/2017 to 09/30.2017 (136 Days)**

Model for Improvement: Three questions for improvement.

1. What are we trying to accomplish? *Increase the number of uninsured patients that complete FIT colorectal screening on an annual basis.*
2. How will we know that change is an improvement (measures)? Describe the measureable outcome(s) you want to see. Review of the data for patient completing the FIT screening test at 60 and 120 days after the initial test implementation.
3. What change can we make that will result in an improvement? *1. Improve back office staff knowledge on the FIT Screening Test. 2. Improve and increase the education materials for both staff and patients. 3. Improve the recall process to include FIT Screening Test. 4. Implement LVN Case manager follow-up at 90 days to remind patients to complete test.*
 - a. Define the processes currently in place; use process mapping or flow charting. *Providers order FIT Test for patients 50-75. Currently it is hard to determine the follow-up completed with patients as it is not documented in patient progress note. There are a significant amount of reports that are run on this measure that show not all patient50-75 are having this test ordered for them.*
 - b. Identify opportunities for improvement that exist (look for causes of problems that have occurred or identify potential problems before they occur): (1) points where breakdowns occur; (2) Work-a-rounds that have been developed; (3) Variation that occurs; (4) Duplicate or unnecessary steps. *1. The patient process has been broken because of the barrier of cost associated with the FIT Test. The other process current breakdown as there is no documented follow-up for patients that have not completed the FIT test. 2. There have been no documented work arounds. (3-4 no noted items)*
4. Decide what you will change in the process; determine your intervention based on your analysis: (1) Identify better ways to do things that address the root causes of the problem; (2) Learn what has worked at other organizations; (3) Review the best available evidence for what works; (4) Remember that solution doesn't have to be perfect the first time. *1. A. Improve back office staff education and knowledge regarding FIT testing; B. Provide script for Back Office staff to complete. C. Improve the documentation that is provided to English and Spanish speaking patients. D. Improve the follow-up and recall documentation for patient and assist providers with talking to patients about completing the FIT Screening Test. 2. Review all documentation that RHCH COO/CQI RN's have provided on Colorectal Cancer Screening Measure. 3. Same as 2.; 4. "Small measures, detailed steps make lasting change."*

PLAN	List your action steps and time line:	Person(s) Responsible:	Timeline
<ul style="list-style-type: none"> ✓ What changes are you testing with the PDSA cycle(s)? ✓ What do you predict will happen and why? ✓ Who will be involved in this PDSA? 	<ol style="list-style-type: none"> 1. <i>Review of Current Colorectal Cancer Screening Procedure used at SVCHC</i> 2. <i>Include the FIT screening test in Sliding Fee Scale (SFS) Lab Fee Schedule.</i> <ol style="list-style-type: none"> a. <i>Ensure staff and SFS patients know that test is included and no out of pocket cost to them. (SFS Lab Training Back Office Staff and Provider)</i> b. <i>Ensure that Self pay patients understand the true cost of the test. (Signage?)</i> 	<p>1.Dr. Ahern, Dr. Vo, Luz., Gricelda</p> <p>2a&b. Cheryl, Teresa, Denise, Diana</p>	<p>Doc Due 6.9.2017</p> <p>Due Date 6.9.2017</p>

<ul style="list-style-type: none"> ✓ Plan a small test of change. ✓ How long will the change take to implement? ✓ What resources will they need? ✓ What data need to be collected? 	<ol style="list-style-type: none"> 3. <i>Review of current Standing Order for FIT screening that is used by LVN's and RN's. (Make sure order is entered into Lab Module and FIT Testing kits available in Health Center)</i> 4. <i>Review and Revision of English and Spanish patient instructions provided by RCHC.</i> 5. <i>Development of Back Office Staff education to ensure they understand how the FIT Test is completed.</i> <ol style="list-style-type: none"> A. <i>Provide Back Office staff with FIT Kit to Complete</i> B. <i>Provide Back Office with Videos that can be used</i> 6. <i>Review draft Colorectal Cancer Screening Patient Education Procedure to ensure all Providers and Back Office staff are providing the same document or documents to the all patients regarding FIT testing.</i> <ol style="list-style-type: none"> a. <i>Ensure Back Office Staff understand that FIT Screening is early detection for Colorectal Cancer.</i> b. <i>Develop Script for staff to use and provide role playing opportunities</i> 7. <i>Select a Small Pilot to start 08/01/2017 to 9/30/2017.</i> 8. <i>Pilot data will be provided to CQI Committee. After data review a poll will be taken to identify items for revision and refinement for the next PDSA cycle (#2) to start after 10/2/2017 meeting.</i> 	<p>3. Teresa, Gricelda, Julie L.</p> <p>4. Maria L., Diana, Luz, Denise</p> <p>5a. Teresa 5b. Julie L. RCHC videos/Doc Shared drive</p> <p>6. Dr. Vo. Luz, Gricelda, Maria</p> <p>a. Teresa Luz, Maia Elena</p> <p>b. Teresa, Monica, Luz, Diana</p>	<p>Due Date 6.9.2017 Review by committee through email poll</p> <p>Due Date 6.9.2017 Review by committee through email poll</p> <p>06/05/2017 MTG Review of all 4 videos</p> <p>Due Date 6.9.2017 Review by committee through email poll Doc Due 06/05/2017 MTG</p> <p>Due Date 6.9.2017 Review by committee through email poll</p> <p>08/01/2017</p> <p>10/02/2017</p>
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		7.LVN Case Managers IT Data	
<p><u>DO</u></p> <ul style="list-style-type: none"> ✓ Carry out the test on a small scale. ✓ Document observations, including any problems and unexpected findings. ✓ Collect data you identified as needed during the “plan” stage. 	Describe what actually happened when you ran the test.		
<p><u>STUDY</u></p> <ul style="list-style-type: none"> ✓ Study and analyze the data. ✓ Determine if the change resulted in the expected outcome. ✓ Were there implementation lesions? ✓ Summarize what was learned. Look for unintended consequences, surprises, successes, failures. 	Describe the measured results and how they compared to the predictions.		

ACT

- ✓ Based on what was learned from the test:
 - Adapt: modify the changes, repeat PDSA cycle.
 - Adopt: consider expanding the changes to additional staff/pods.
 - Abandon: change your approach and repeat PDSA cycle.

Describe what modifications to the plan will be made for the next cycle from what you learned.

Staff Script for Colorectal Screening

At SVCHC, we care about your health and overall wellness. Because of that, we would like you to get the best care possible. We have a screening test for colorectal cancer that we like patients to complete between the ages of 50 and 75.

A **screening** is a test that looks for cancer/abnormal cells **before** a person has any symptoms. When abnormal tissue or cancer is found early, it may be easier to treat. Screening tests are given when you have no cancer symptoms and is generally repeated on a regular basis.

We have a patient handout that I will review part of with you. This may answer some of your questions.

(Staff member reviews **patient handout** with patient)

Please take it home with you so you can have it as a reference.

Do you have any questions?

I see here that you have never had a colonoscopy/or completed a FIT test. What is the reason? (Staff checks for barriers and attempts to answer patient question/provide reassurance)

I see here that your last colonoscopy/FIT test was (time frame) ago, so you understand the general procedure. I'd like to review it again with you as some parts may have changed.

(Staff reviews procedure and asks patient for any questions)

1. Flush the toilet before you start.



2. Then after your bowel movement, place used toilet paper in the blue bag provided instead of in the toilet.



3. Do not flush the toilet just yet.

4. Lift one flap on the test card to uncover the small white square under the flap.



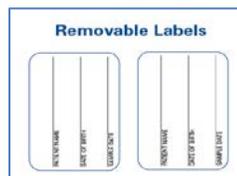
Use one of the blue brushes from the kit to gently touch the stool in the toilet bowl for about 5 seconds.



- If the stool is loose, simply stir the water around the stool.
- Make sure to shake brush first to remove excess water and any clumps of stool.
- Put the used brush in the same blue waste bag that is Holding the used toilet paper, and dispose of the bag with your household trash.



5. Print your name, your date of birth, and the date you put the stool sample on the card by writing on labels located on the instruction sheet.



6. Peel off the label and use it to reseal the flap where you put your sample.



7. **Wait for a different bowel movement to collect the second stool sample.**

8. Follow steps 1 through 7 above using the second flap on the test card.

9. Place the labeled test card in the envelope provided.



10. Please take the test card to the lab at your clinic or mail it back to the lab in the yellow envelope.



1. Deje ir el agua antes de defecar.

2. Después de defecar, coloque el papel higiénico que uso para limpiarse en la bolsa azul que se le proporciona. No ponga el papel en el inodoro.



3. Todavía no le baje a la taza del baño.

4. Levante una de las tapas de la tarjeta de prueba para destapar el cuadro blanco pequeño "sample 1" para empezar.



5. Use uno de los cepillos azules proveídos para tomar el excremento suavemente por 5 segundos



a. Si el excremento está muy suelto, solo revuelva el agua alrededor del excremento con el cepillo.

b. Sacuda el cepillo para retirar el exceso de agua y las acumulaciones de material fecal.

c. Coloque el cepillo usado en la misma bolsa de basura de color azul que contiene el papel higiénico usado, y deseche la bolsa.



6. Escriba su nombre, fecha de nacimiento, y la fecha del día en que está haciendo la prueba de excremento en la tarjeta en los espacios indicados.

Removable Labels	
PERSON'S NAME	DATE OF BIRTH
DATE OF BIRTH	DATE OF TEST

7. Despegue la etiqueta y usela para resellar el cuadro número 1, donde puso la muestra.

8. Espere otro día para coleccionar otra muestra de excremento.



9. Siga los pasos del 1 al 7 levantando la segunda tapa "sample 2".

10. Ponga la tarjeta etiquetada en el sobre proveído.

11. Por favor devuelva la tarjeta de prueba al laboratorio en la clinica o mandelo por correo al laboratorio en el sobre amarillo.