Screen it out! Improving Colon Cancer Screening among Kingwood Clinic Patients.

Background
Colon cancer was the 5th most common type of cancer diagnosed in ’23. It represents 7.8% of all new diagnoses and 8.6% of all attributable deaths. Increased screening according to USPSTF guidelines have led to a year over year reduction in both incidence and mortality. Despite this, Kingwood Continuity Clinic performed below Enterprise Goal in the first trimester of 2023, with similar results before that date. The screening process for Colon Cancer is divided in 3 steps; First to properly order the ideal screening test, 2nd the patient has to follow the instructions and 3rd the Physician must receive and document results of such a test.

Objective
Identify gaps in knowledge of colorectal cancer screening guidelines and increase screening rates at resident clinic. Improve Colon Cancer screening among patients visiting Kingwood clinic.

Methods
Study period; June 2023-February 2024
• Comprehensive educational resources were be provided to Residents and Medical Assistants, outlining the screening criteria tailored to each patient.
• An instructive video that demonstrated proper documentation of quality measures was shown every Monday for 5 weeks, with Residents encouraged to review it at the outset of each Clinic week.
• A championship Resident was available every clinic week to provide guidance and orientation on the steps to follow to order the mammography for Breast cancer screening and document exclusions criteria’s as needed.
• A pre and postintervention survey was performed among Residents to document knowledge of screening process.

Results
Residents Knowledge improvement graphic
A) Comfort level ordering appropriate screening test.
B)ECW familiarity for red flags; CDSS.
C)Best options for Uninsured patients.
D)Exclusion criteria knowledge.
E)Confident teaching to incoming Residents.
F)Proper request of documentation when needed.

Clinic screening for Colon Cancer improved from 4% to 16.9%, while noticeable improvement was noted, its still below the Enterprise performance of 23.1%. Knowledge growth among Residents about the screening process showed remarkable improvement as noted on the graphic.

Discussion
The improvement was 12.9%, more which represent 6 times more than the metrics recorded before intervention, however still remains under the desire enterprise goal. Challenges such as the complexity of the screening process, patient factors influencing adherence, and the need for further training may have contributed to this outcome. Moving forward, a multi-faceted approach, including ongoing education, addressing barriers to screening, and collaboration with patients, will be essential for sustained improvements. Possible future intervention include a staff assigned to careful follow up of the screening test ordered to identify barriers for achievement.

Conclusion
This project highlighted the complexity of the screening process and the importance of addressing barriers to adherence. This QI project did provide the Residents the knowledge to properly order a screen test, and made them comfortable on teaching those skills to incoming Residents as well. Future interventions should aim for strict follow ups of the screening orders.

References
National Cancer Institute. (n.d.). Cancer of the colon and rectum - cancer stat facts. SEER.