Cheyenne VAMC Comprehensive Colorectal Cancer Screening Program

DESIGNING AN EFFICIENT AND COMPREHENSIVE COLORECTAL CANCER SCREENING PROGRAM TO ENHANCE THE HEALTHCARE OF OUR VETERAN POPULATION.

Background Information and Framework

- VA Endoscopy Unit – outpatient procedural area, providing screening and diagnostic endoscopic procedures, including colonoscopies.
- Team of 5 RNs, 2 endo techs and 5 part time gastroenterologists who alternate procedure time.
- Unit provides scoping 4 days a week.
- Veterans typically referred for initial colorectal cancer screening at age 50; family history or other health concerns may indicate referral for earlier screening.
- Findings on colonoscopy determine the interval for follow-up screening or repeat exam.

Cheyenne VA Population

The Cheyenne VA Medical Center serves the southeast region of Wyoming, as well as northern Colorado. Cheyenne has outreach clinics in Fort Collins and Greeley. The Cheyenne VA also hosts mobile clinics in Wheatland, Laramie, and Sydney, Nebraska.

Total Enrollees over age 50 approximately 17,000. A little over 12,000 of those utilizing VA benefits.

Total Enrollees under age 50 approximately 6,000. Approximately 4,000 of those utilizing VA benefits.

Cheyenne VA population by Gender:

92% Male patients

8% Female patients

Current Statistics

- Our unit performs approximately 90-100 colonoscopies every month, roughly 17% being first time screenings.
- Current department quality indicators reveal 65% of first time male screenings and 25% first time female screenings are positive for adenoma polyps.
- National ADR (Adenoma Detection Rate) benchmarks are 25% for male and 15% for female.
- Per the Centers for Disease Control (CDC), colorectal cancer is the 2nd leading cause of cancer deaths for men and women in the United States.
- Greater than 90% of cases occur in individuals age 50 or older (CDC, 2016).
- Most cases of CRC develop from adenoma type polyps in the large intestine.
- Studies show adenomas can typically progress to cancer in about 7 to 10 years (Macrae, 2016).
- Over the past year we have diagnosed approximately 16 cases of colon cancer.

A Review of Current Practice

Problem Identified

In our daily practice, we discovered patients who were returning either too soon, or long after the recommended follow up interval.

We recognized this may result in:

1)Unnecessary expense

2)Unnecessary risk to patient as well as an inconvenience

3)Risk for developing cancers in those patients who are overdue

Intervention

Staff initiated an audit of all patients who underwent a colonoscopy in 2011.

Anyone who had recommendations for 3 or 5 year follow up should have returned by 2017. The goal was to determine if follow up recommendations given in 2011 had been addressed or completed.

Findings

Initial audit involved reviewing 2 months of cases from 2011. Findings revealed 20-40% of veterans were not notified of the need for a five year follow up colonoscopy.

Recognizing the Need for Streamlined Care

Possible causes for fall out

- 1. High turn over in primary care providers
- 2. Lack of consistent gastroenterologists
- 3. Unreliable clinical reminder functions within the electronic medical record (EMR).

Facilitating the Process Improvement

- 1. Change in leadership at the VA
- 2. Implementation of new procedural software in the department

“Continuity gives us roots; change gives us branches, letting us stretch and grow and reach new heights.” —*Pauline R. Kezer*

An Opportunity to improve, which would require extensive collaboration and planning

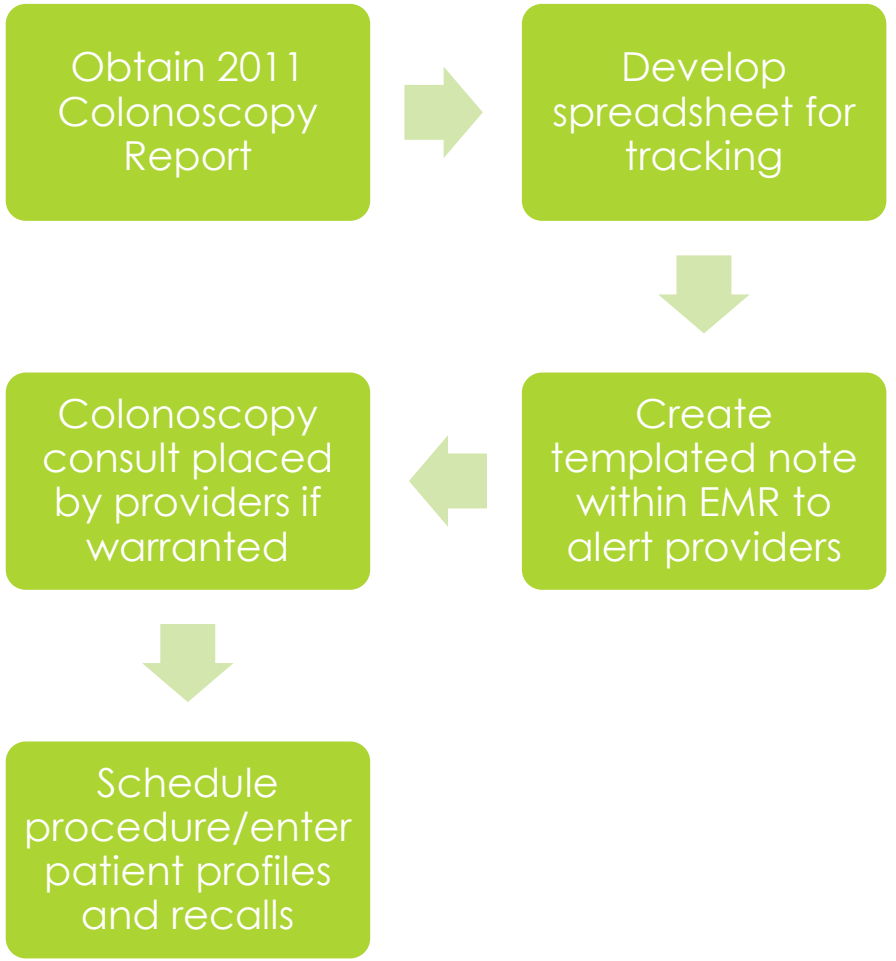
Together with our (previous) unit manager , we developed a work group with key stake holders from various departments; the group was comprised of 3 Endoscopy RNs, the Unit Manager, the Chief of Primary Care, Chief Nurse Executive, Chief of Medicine, Compliance Officer, and a Clinical Applications Coordinator.

Design Method

TWO COMPONENTS:

1). Review historical data and rectify patient care and follow-up

2). Institute a new process for current and future patients.



Implementation

Complete all 2011 audits

- Spreadsheet created, broken down by month
- Over 1,000 charts to be audited
- Currently 75% complete
  - Findings: will be discussed on upcoming slide

Reconcile overdue patients

- Alert providers via new templated note within EMR
- PCP to review and discuss with veteran to determine if procedure is warranted and document in the EMR.
- PCP places consult for procedure.

Improving the patient recall system

Endoscopy staff educated primary care providers on the importance of entering the diagnosis (related to the colonoscopy) into the EMR to trigger a clinical reminder.

Endoscopy staff compiled a list of most common intestinal diagnosis codes (ICD-10) for their use.

New Endoscopy software allows staff to enter patient profiles with recommended return intervals as determined by the GI provider – this serves as safety net.

Program Progress and Outcomes

- 1,071 Charts to Audit from 2011
  - 732 Audits Complete
    - 64 Found to need follow up
      - 30 Recall Reminders notes have been entered
        - 27 have been addressed by the PCP

This demonstrates a 90% success rate with the newly implemented process

Moving Forward

Complete Audits

Continue to audit charts from 2012 through 2017

Using the designated process, proceed rectifying cases that are found to be due or overdue.

This will be a lengthy process and we anticipate discovering ways to make the process more efficient along the way.

Recalls and Reports

Create a safety net, by continuing to place recalls for current patients within the Endosoft system – separate from the EMR.

Utilize reports within Endosoft to identify veterans who are due for a colonoscopy within the next 4-12 weeks and reconcile with EMR to ensure a consult has been placed.

Expand the Program

Continue to educate patients on the importance of screening colonoscopies starting at age 50 and follow up as recommended.

Continue to work with providers on reinforcing colon cancer screening education to their patients and improved documentation of GI diagnoses.

Goal: 100% of all patients due for colonoscopy will receive proper education and be offered testing options.