Increasing Colorectal and Cervical Cancer Screening Rates:
A Quality Improvement Project at the Craven County Community Health Center

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BACKGROUND

Craven County Community Health Center is a Federally Qualified Health Center in New Bern, North Carolina. Providers deliver primary and preventative care to patients from a variety of populations.

Cancer screenings are important and cost-effective tests in primary care. Colonoscopies and pap smears are both trusted tests to screen for colon cancer and cervical cancer, respectively. The United States Preventive Service Task Force (USPSTF) gives both guidelines a grade “A,” indicating “the USPSTF recommends the service. There is high certainty that the net benefit is substantial.”

Even though highly recommended, many physicians struggle to implement these guidelines in patient cancer screening. At Craven County Community Health Center, a large proportion of patients were not receiving recommended screenings, due to a lack of referrals by providers. It is our hope that by changing the system in which eligible patients are identified as needing referrals for cancer screenings, we will see an increase in the number of screening tests completed.

PROJECT AIM

- By May 2018, increase the rate of referrals of African American male patients between the ages of 50 and 60 years for colorectal cancer screening by 2%.
- By May 2018, increase the rate of referrals of African American female patients between the ages of 30 and 40 years to the North Carolina Breast and Cervical Cancer Control Program for cervical cancer screening.

CHANGES MADE (PDSA CYCLES)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Do</th>
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<tbody>
<tr>
<td>Nurses flag charts for patients needing screening; physician makes referral, secretary tracks progress</td>
<td>Secretary records data on data sheet by looking at EHR each day and documenting the number of referrals made for screenings in target groups</td>
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<tr>
<td>Reminder system (flyer in nurses station) utilized to aid in nurses remembering to flag patients’ charts</td>
<td>Determine if reminder system improves referral rates. If so, continue next cycle. If not, consider alternate strategy.</td>
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Study

Act

RESULTS/OUTCOMES

- **Colonoscopy Referrals For 50+ Years-old African American Male**
  - Within 1 week of the implementation of the reminder system, the clinic saw 3 African American males who are 50 year-old and older and 1 patient was set for referral (Figure 1).
  - In the same week, the clinic saw 10 African American females and 5 of them were screened for cervical cancer. This is a 50% improving from compared prior to the implementation of the reminder system. (Figure 2)

LESSONS LEARNED

- Value of quality improvement projects and utilization of PDSA cycles.
- Value of interdisciplinary team work to conduct quality improvement projects.
- Appreciation for the challenges of implementing quality improvement projects.

NEXT STEPS

- Increase our goals from a 2% increase to a 5% increase in referral rates.
- Identify limitations and create solutions to improve screening rates.
- Do nurses have difficulty remembering to check for patient eligibility?
- Do providers lack the time to question about and place referrals?
- Are patients who are referred actually receiving screenings?

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