



Implementing Change: Increase in CRCS Rates BANCROFT FAMILY HEALTH TEAM: LC2

Bancroft Family Health Team utilized various approaches to improve and increase their CRCS rates for patients 50 to 74 years of age. Recognizing barriers from the patient perspective and their ability to identify eligible patients, they aggressively tested and improved their processes. Implementation of multiple changes and approaches that engaged their patients resulted in a big shift in the percentage of patients screened.

Improved Patient Identification

The clinic process was redesigned to successfully identify and flag patients who were eligible for CRCS. Roles and responsibilities of team members were maximized to increase the efficiency process of screening appropriate patients. Team members who worked on this process were: Physician, Nurse Practitioner, Billing/Prevention Clerk, IT Personnel, Chronic Disease Nurse and Administrative Staff. Eligible patients were flagged with a “sticky” in their EMR, which prompted the physician and clinical staff to remind the patient that they did not have a fecal-occult blood test (FOBT) result in their file.

Improved Referral Process

Colonoscopy referrals, from local healthcare facilities, were loaded into the EMR database for ease of access during a patient’s office visit.

Improved Patient Education

A wall-sized colorectal display was hung in the waiting



Top row (L to R): Nancy Quinton, Debra McGrath, Kim Robinson

Bottom row (L to R): Linda Mitchell, Jenny Kellar, Dr. Carolyn Brown, Clarissa Townsend, Cheryl Edwards

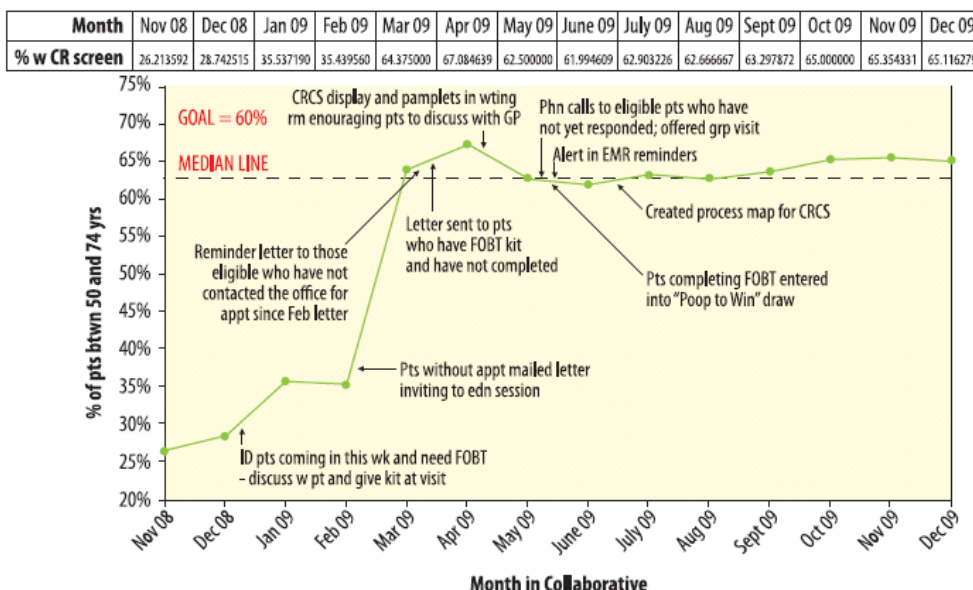
Photo taken January 25, 2010 by Event Masters Digital Imaging

area, along with pamphlets, to inform and encourage eligible patients to discuss CRCS with their physician. The display provided facts about colorectal cancer, screening methods and risk reduction. Staff members held public information sessions at local pharmacies to provide education on CRCS.

Improved Follow-up

Upon the return of FOBT kits, patients were told that they had been entered into a draw for prizes. Patients who had not come to the office were sent letters and then received follow-up phone calls.

BANCROFT FAMILY HEALTH TEAM PERCENT OF ELIGIBLE PATIENTS SCREENED WITH FOBT OR COLONOSCOPY COLORECTAL SCREENING RATE INCREASES FROM 26 TO 65%



39% INCREASE IN COLORECTAL CANCER SCREENING RATES

"QIIP inspired us to 'just do it'. Start small and show others the results."

Dr. Carolyn Brown, Bancroft Family Health Team

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