CRC Screening Improvement Action Plan

Please complete the Action Plan, including the following interventions:

SCREEND
Improving Colorectal Cancer Screening Rates in North Dakota

Choose at least 2 Primary EBIs	Provider Assessment/Feedback	Evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening (feedback).
	Provider Reminders/Recall Systems	Inform healthcare providers that it is time for a client's cancer screening test (reminder) or that the client is overdue for screening (recall).
	Client Reminders	Written (letter, postcard, or email) or telephone messages (including automated messages) advising people that they are due for screening.
	Reducing Structural Barriers	Non-economic burdens or obstacles that make it difficult for people to access cancer screening. Examples include: modifying hours of service to meet client needs; offering services in alternative settings; eliminating or simplifying administrative procedures or other obstacles such as transportation, dependent care, translation services, etc.
Choose at least 1 Supportive EBI	Small Media	Videos and printed materials that can be used to inform and motivate people to be screened for cancer.
	Patient Navigation	Used by partnering clinics as an approach to reduce barriers to access and use of cancer screening services, and to support implementation of EBIs. It may also be used to facilitate completion of follow-up colonoscopies performed after a positive or abnormal CRC screening test.
Choose at least 1 Tool	Provider recommendation to patient	The positive impact of advice from a doctor is well documented. This assures all patients receive this important message.
	Policy Development	The foundation of a systematic approach. This is the precondition for a reliable and predictable office practice.
	Tracking and Follow-up of screening tests	Use of reminder system for office staff to check back with the patient who is screening such as with a take home FIT test to encourage them to complete it.
	Measuring Practice Progress	Using data, staff and patient feedback, and/or meetings to evaluate and share progress of new procedures. This allows the opportunity to rehearse new skills, identify need for continuing education and explore ways to support one another, positively reinforce areas of excellence and develop solutions for deficiencies.

CRC Screening Improvement Action Plan

Overall SMART Goal: Quality Health Clinic will improve CRC Screening rates by 20% by 12/31/2023.

Improving Colorectal Cancer Screening Rates in North Dakota

Interventions	Smart Goals Specific, Meaningful, Action oriented, Realistic, Timeline	Team Members (specific)	Community Partners	Resources
1. Provider Reminders (Primary EBI)	1) Schedule provider education to include up to date best practices for colorectal cancer screening, discuss best options for screening average risk clients, prioritizing colonoscopy for high-risk clients and orientation to ScreeND goals for Grafton and Park River Family Clinics by 10/12/23. 2) Use the EHR to identify all patients over 45yo who are not UTD with CRC Screening (not just colonoscopy) and to flag all patients within 3 months of due date by 10/12/23. 3) Refine pre-visit prep to include health maintenance notifications of patients due for cancer screenings by 11/1/23.	1) Nikki 2) Carolyne 3) Nikki and Carolyne	Community Health EPIC – Healthy Planet, Care Everywhere Altru Leads NDHIIN Referral Sites Rapid Action Collaborative	QHA ; A Provider's Guide to Colorectal Cancer Screening; CRC Algorithm Visual Process map for cancer screening for staff Pre-appointment Questionnaire; Brochures Interdepartmental partnerships: billing, claims, laboratory, radiology, IT EHR Functionality

	4) Generate and monitor an Epic report to ensure that patients are coming in for their testing by 11/1/23.This will allow us to closely monitor the requests to patients and the acceptance of the surveys. a) The average "order date" to "completion date" will be tracked and recorded by Kristen starting on 11/1/22. 5) Create a reminder process workflow by 12/31/23. a) Ask staff members to assess the current processes and workflow by 10/13/23 b) Choose the provider reminder method best suited for the clinic (manual or electronic) by 11/1/23. (electronic selected – Care Gaps) c) Identify staff members who will receive and respond to reminders. Make sure roles are clearly defined by 12/1/23. d) Train staff members on how to respond to reminders by 7/1/23. e) Set up the reminder system by 12/15/23.	4) Carolyne 5) Carolyne		

	f) Conduct quality assurance checks on the reminder system to make sure the correct patients are flagged. Set protocols for reporting inaccuracies or other problems with the reminders, and for fixing them 12/15/23. g) Determine how providers will order screening tests, and how this will be documented in the patient's record by 12/15/23. h) Establish a quality assurance process to make sure screening tests are ordered and completed as recommended by the U.S. Preventive Services Task Force. (4/1/23) - Develop checklists, forms, or other tools to document preparation (if applicable), completed screening, and update of the reminder. 12/15/23 6) Require specific action to close out the alert/tracking by 4/1/23.	6) Nikki, Carolyne		

	(specific actions predicted to be: getting off of the completed list and updating the patient's health maintenance list.)			
2. Patient Reminders (Primary EBI)	1) Generate automatic reminder letters/notifications in the EHR 1/1/23. 2) Explore options for phone calls/text reminders for CRC Screening by 1/1/23. 3) Develop a protocol for notifying patient and completing referral, including scheduling of appointment for follow-up colonoscopy completion for positive FIT tests by 1/1/23. 4) Audit a sampling of charts to scan for various documentation options; determine best practices to assure reports can be pulled accurately and share with staff. Monitor for consistency. 1/1/23 5) Provide navigation services for high risk or complex patients to assist with overcoming barriers to screening. 2/1/23 6) Develop a process to assist with scheduling appointments for screening exams for patients who only seek care for acute conditions including those patients	1) Nikki, Carolyne 2) Jon 3) Nikki, Carolyne, Jon 4) Nikki, Carolyne 5) Nikki, Carolyne 6) Nikki, Carolyne	Community Health EPIC – Healthy Planet, Care Everywhere Altru Leads NDHIIN Referral Sites Rapid Action Collaborative	MAP Toolkit for Healthcare Professionals NHCRCSP Patient Navigation Replication Manual Rapid Action Collaborative, Module 4: Patient Navigation

	who come into the walk-in without a PCP. Prepare administrative staff for increased appointment requests and/or any new processes by 1/1/23.			
3. Small Media/Education	1) Integrate CRC screening messaging into current educational messaging by 11/1/23. 2) Explore messaging wording to find most meaningful and effective message to this population. Include Spanish text and voice by 11/1/23. 3) Share CRC screening efforts and progress through approved media outlets (social media, local news, QAPI board, waiting room posters/health TV). 4) Research, select and/or customize education tools for waiting area and/or patients rooms. 5) Survey staff to gain understanding of staff compliance and what efforts would be effective to get them to complete screening.	1) Nikki, Carolyne, Geneal 2) Nikki, Carolyne, Geneal 3) Geneal 4) Nikki, Carolyne, Geneal 5) Nikki, Carolyne, Jon	Local Public Health Local Newspaper Local major employers	2019 CRC Communications Guidebook MAP Toolkit for Healthcare professionals Rapid Action Collaborative, Module 4: Crappy Communication 5/6/2021
4. Policy Development	1) Develop CRC Screening policy to include current CDC recommendations by 10/12/23. 2) Develop standing orders and algorithm to be used by every nurse, for every patient by 11/10/23. 3) Educate nursing staff to assure standardization of the	1) Nikki, Carolyne, CMO 2) Nikki, Carolyne 3) Nikki, Carolyne		CRC Policy example CRC Algorithm visual CRC Standing Order Example Rapid Action Collaborative Module

	algorithm across all staff by 11/10/23. 4) Explore opportunities to automate any function within the new EHR to streamlining workflow – ongoing.	 4) Nikki, Carolyne, Jon		2: Practical Policy on 11/10/22
5. Provider Recommendation to Patient	1) Remind providers that the advice that they give makes a positive impact on the patients and ask for scripting they would use by 10/12/23. 2) Provide scripting/handouts/AVS materials and create a smart phrase for physicians to use when charting in appropriate consultations to ensure consistent and well documented education to patient.	1)Nikki, Carolyne 2)Nikki, Carolyne		CRC educational materials Patient education materials