**Instructions**

This sample quality improvement project may be adapted by the unit, as appropriate. It provides basic instructions for implementing the data collection and submission needed to participate in the ASGE Value of Colonoscopy Community Outreach Challenge. To participate in the ASGE challenge your project must span a minimum of three months, taking place between April and October 2022 with data submission to ASGE *no later than* October 31, 2022. Questions can be directed to quality@asge.org.

**Quality Improvement Project Sample**

In the United States, it is estimated more than 52,000 people will die of colorectal cancer in 2022, and roughly 151,000 new cases will be diagnosed; this makes CRC the second leading cause of cancer-related death and the fourth most diagnosed cancer site.[[1]](#footnote-1)

Despite improved uptake of screening colonoscopy, which is credited for the accelerated decline in colorectal cancer incidence and mortality since 2000, one-third of eligible adults are still not up to date with colorectal cancer screening, and disparities of colorectal cancer among racial and ethnic populations are striking.[[2]](#footnote-2)

Attention must be paid to reducing disparities in preventive colorectal cancer screening, early cancer detection, and patient outcomes. Achieving equity in colorectal screening and outcomes requires that physicians and other health care providers work together to improve access to screening tests and improve screening rates. Far too often patients are handed a prescription or referral for a colorectal cancer screening test, but they do not fully understand how to complete their screening, or they do not fully understand their screening options.

We chose to start an improvement project to increase the public’s knowledge of the importance of screening colonoscopy and colonoscopy post positive FIT DNA or FIT test in concert with the American Society for Gastrointestinal Endoscopy (ASGE) Value of Colonoscopy Community Outreach Challenge.

**PLAN**

A multidisciplinary team was formed to discuss how we could improve the number of referrals for screening colonoscopies and for colonoscopies post positive DNA FIT or FIT tests.

* The team reviewed materials provided by ASGE through the Society’s [Value of Colonoscopy Campaign](https://www.asge.org/home/resources/key-resources/value-of-colonoscopy-update) and formulated a plan to educate patients not getting a screening colonoscopy at 45 years old or following up on a positive test from other screening modalities to see if this education would change their mind about getting a colonoscopy or following up on a positive FIT DNA or FIT test.
* *Describe the plan.*
* The team chose to adopt the data collection tools provided by ASGE to track the number of patients who were 45 years and older who have never had a screening colonoscopy, had a positive FIT DNA test, or had a positive FIT test who followed up on a referral.

**DO**

* *Describe deployment of your plan including time of intervention.*
* Staff was educated on the plan and instructed on how to record colonoscopies based on referrals on the data collection sheet and how that information would be aggregated in the xls file at the end of the project period.

**STUDY**

Our goal was to track our conversions rate(s) to procedure completion, specifically as follows.

* Number of patients aged 45 and older requesting referral for screening colonoscopy
* Number of these patients who completed screening colonoscopy
* Calculate the conversion rate (completed screens/referrals)
* Number of patients aged 45 and older who had an appropriate indication for FIT DNA\* and had a positive FIT DNA test requesting referral for colonoscopy
* Number of these patients who completed colonoscopy
* Calculate the conversion rate (completed colonoscopies/referrals)
* Number of patients aged 45 and older who **did not have** an appropriate indication for FIT DNA\* and had a positive FIT DNA test requesting referral for colonoscopy
* Number of patients aged 45 and older who had an appropriate indication for FIT\* and had a positive FIT test requesting referral for colonoscopy
* Number of these patients who completed colonoscopy
* Calculate the conversion rate (completed colonoscopies/referrals)
* Number of patients aged 45 and older who **did not have** an appropriate indication for FIT\* and had a positive FIT test requesting referral for colonoscopy

\*Appropriate indication for FIT DNA or FIT is patients aged 45 or older without symptoms, without prior colorectal cancer or polyps, and without any of the factors that define high-risk screening.

The steps we took were as follows:

1. To get the number of referred patients for screening colonoscopy or colonoscopy post positive FIT DNA or FIT test we worked with our scheduler to pull the numbers from our software.
2. To get the number of patients who completed colonoscopy we entered the data sheets in the xls file and tallied the results.
3. We calculated the conversion rates for each using the formulas noted above.
4. To get the number of patients who **did not have** an appropriate indication for FIT DNA or FIT\* and had a positive FIT DNA or FIT test requesting referral for colonoscopy (as in Step 2) we entered the data sheets in the xls file and tallied the results.

*Describe your results.*

**ACT**

We entered information about our plan and the study results into the ASGE Value of Colonoscopy Community Outreach Challenge survey tool and look forward to seeing how our study compares with our colleagues’ studies and experiences.

ASGE VOC Community Outreach Challenge survey tool link: <https://www.surveymonkey.com/r/SD9FVSN>

**Deadline:** Data must be submitted to ASGE ***no later than* October 31, 2022**, to participate in the ASGE Value of Colonoscopy Community Outreach Challenge.

1. American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022. https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html [↑](#footnote-ref-1)
2. Ibid. [↑](#footnote-ref-2)