

Improving Completion of Colonoscopy Referrals from UIM Clinic

Internal Medicine PGY-2, Rayphael Hardy, MD; Chelsey Petz, MD
 Department of Internal Medicine, Medical University of South Carolina

Background

Colorectal Cancer is the third leading cause of cancer deaths in United States citizens. Racial and ethnic minorities and low-income patients are at increased risk of morbidity and mortality from colorectal cancer and have lower screening rates.

Current Condition

In September 2021, 58% of UIM resident patients age 50-75 were up to date on colorectal cancer screening. Nationally, 71.6% of adults aged 50-75 were up to date on screening in 2020. There is a discrepancy in the amount of faculty patients that are able to be contacted and scheduled compared with the resident patients. This is an area that we are able to intervene upon.

Goal

We aim to improve colonoscopy scheduling in our resident clinic population from 60% to 65% by March 2023.

Primary and Secondary Outcomes

Improve colonoscopy referrals that get scheduled by 5%. We also hope this will translate into a larger percentage being completed (secondary outcome).

Monthly Data Results

Month	Unable to Contact	Refused	Scheduled	Completed	Attempting to Contact	Total	Percent Scheduled	Percent Complete
July								
Faculty	N/A	3	38	3	N/A	44	86%	7%
Residents	21	4	51	1	N/A	76	67%	1%
						120		
August								
Faculty	N/A	5	58	16	N/A	79	73%	20%
Residents	16	5	54	11	N/A	86	62%	13%
						165		
September								
Faculty	N/A	1	57	5	N/A	63	90%	8%
Residents	22	9	46	5	4	86	53%	6%
						149		
October								
Faculty	0	0	41	28	0	69	59%	41%
Residents	16	2	49	9	3	76	64%	12%
						145		
November								
Faculty	2	2	27	14	10	55	49%	25%
Residents	7	5	39	10	4	65	60%	15%
						120		
December								
Faculty	0	3	22	13	5	43	51%	30%
Residents	14	5	47	4	7	77	61%	5%
						120		
January								
Faculty	0	4	37	13	8	54	68.50%	24%
Residents	14	11	41	7	9	63	65%	14%
						117		
February								
Faculty	0	4	28	15	2	49	57%	31%
Residents	15	7	27	1	7	57	47%	2%
						106		

Figure 1: Monthly Data from UIM Resident and Faculty Patients

Target Conditions

Interventions:

1. Patient education on colonoscopy and the process of scheduling.
2. Developing a handout for nurses and physicians to provide to patients that are being referred for colonoscopy that includes contact information and referrals department contacts.
3. Contacting gastroenterology scheduling to determine the protocol for calling patients.
4. Review monthly EPIC reports to determine the etiologies for why patients are unable to be contacted.

Discussion

- By January 2023, we were able to achieve our goal of reaching 65% of patients scheduled.
- We learned that the GI scheduling department process to contact a patient is a standardized.
- Creating a flyer to give to patients may have aided in our improvement of scheduled patients.
- Unfortunately, each monthly EPIC report is variable since certain patients may have been contacted, or already completed a colonoscopy depending on the date that the data was pulled.
- This can create variability among the data when it is being reviewed and analyzed.
- Future directions include calling patients who are unable to be contacted or refused scheduling, continuing to provide handouts during patient visits to encourage scheduling.