Reducing Fecal Immunochemical Test (FIT) Rejections for Colorectal Cancer Screening

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BACKGROUND

Colorectal cancer screening has decreased the incidence and mortality of colorectal cancer. In May 2017, the national average screening rate among eligible VA patients was 82%, while the rate at VA Greater Los Angeles Healthcare System (GLA) was at 76%. At GLA, initial colorectal cancer screening consists of annual FIT testing. Preliminary analysis demonstrated high FIT rejection rates and difficulty obtaining a second specimen. We theorized that performance on the colorectal cancer screening measure could be improved by reducing the number of rejected FIT specimens.

PROJECT AIM

The purpose of this project is to decrease the number of rejected FIT specimens received by the laboratory that need to be rejected from 28.6% to less than 10% by December 2017.

METHODOLOGY

- Performing gembas walks to observe the current process
- Engaging laboratory managers, technicians, nurses, and physician leaders to better understand the issues
- Engaging laboratory managers, technicians, nurses and physician leaders to develop interdisciplinary interventions with gathered information

INTERVENTIONS

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- In collaboration with the Chief of communications and Primary Care Leads, Robocall was developed to remind patients to return FIT specimens
- In collaboration with nursing, red stickers were placed on FIT envelopes
- New specimen rejection tracking process created with input from lab technicians
- FIT script brainstorming session with nurses

RESULTS

- Locally collected data on rejected specimens prior to May 2017 is unreliable
- Rejection rates decreased from 28.6% (June 2017) to 9.0% (September 2017)
- Expired specimens, the most common form of specimen rejection, decreased from a high of 15.3% to 3.22% of total specimens received
- Colorectal cancer screening rates increased from 76% in April 2017 to 82% in August 2017

CONCLUSION

- A robust data collection system needs to be established prior to accurately evaluating the status quo
- Targeted interventions on root causes for specimen rejection were effective in reducing the specimen rejection rate
- Multiple and extensive conversations with front-line staff were essential in understanding root causes
- Obtaining input from front-line staff was necessary to develop effective interventions

Next Steps

- Additional interventions to reduce FIT specimen rejections will be executed (e.g. provision of label printers to reduce rejections caused by illegible handwriting)
- Data will be evaluated for sustainability
- Data will be evaluated for its impact on colorectal cancer screening rates
- The next Plan-Do-Study-Act cycle will be initiated (e.g. improving the return rate of FIT kits that are given to patients) based on ongoing results

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