

Return to Cancer Screening Planned Do Study Act (PDSA) Quality Improvement Project

This PDSA Quality Improvement (QI) Protocol is now available for any U.S. screening facility to download and use without charge.

This PDSA QI Protocol is not the protocol in place for use by the CoC and the NAPBC accredited facilities or programs actively pursuing accreditation. *Completing this project does not fulfill standards put in place by the CoC or the NAPBC.*

Why is this topic important?

This has been a difficult year for cancer care and screening due to the pandemic:

- Cancer screening has been significantly curtailed.
- Hosting of in person screening events has not been encouraged due to safety concerns.
- More cancer deaths will occur if we cannot make up for screening deficits.
- Screening can resume safely in most, if not all, facilities.
- Now is the time to get back to pre-Covid screening rates.

Why are we hosting this PDSA quality improvement initiative?

- We can **accelerate return to screening** by providing easy to adopt project plans.
- We can **leverage existing guidelines, messaging and interventions**.

Who can use this project outline?

- Any hospital or outpatient facility that includes an active cancer screening practice.

How can an institution use this project?

- Read the PDSA materials and decide if this protocol will work for your practice
- Follow the Plan/Do/Study/Act outline as provided or
- Use the information and interventions to conduct a similar project
- Complete the three forms as you do your work so you can actively monitor progress being made in increasing screening rates and adjust interventions accordingly.

When can I get started?

- Now

PDSA INTRODUCTION

PDSA QI Problem Statement: Cancer screening is an important component of cancer care. Because of the COVID-19 pandemic, cancer screening has been substantially disrupted due to: 1. closing of screening facilities; 2. limited staffing of screening facilities and programs; 3. lack of patient awareness that screening is safe when precautions are taken; 4. backlogs causing scheduling delays; 5. traditional in person screening events curtailed due to safety concerns; and 6. program specific reasons. The [American Cancer Society toolkit](#) and a list of interventions below, are available to help accelerate return to screening efforts.

PDSA QI Project Aim Statement: The aim of this quality improvement PDSA project is to leverage the [American Cancer Society toolkit](#) and diverse interventions to improve cancer screening rates.

PDSA STEP ONE – PLAN (Form A)

Step 1a. **Select one or more target screening focus** (breast, colorectal, lung or cervical)

- Each institution should select one or more target screening area of greatest importance to their local community: breast, colorectal, lung, or cervical.
- To select the screening area(s) of greatest impact to your community, consider the volume of cancer types in your area and the size of your program.
- When selecting the screening intervention(s) you plan to implement, consider the specifics of your staffing, facilities and how best to reach the community you plan to target.
- The [American Cancer Society guidelines](#) for screening are available online.
- The American Cancer Society has developed [resources](#) for health care providers on cancer screening during the COVID-19 pandemic.
- [Effective Messaging](#) for the public on cancer screening during the COVID-19 pandemic. materials for screening are available from the American Cancer Society.

Step 1b. **Assemble a team of key stakeholders (Quality Improvement Team):**

- Stakeholders will likely include diverse providers who are typically involved with screening, such as family physicians, primary providers and gynecologists for pap smears, radiologists for mammography and CT lung screening, surgeons and gastroenterology for colonoscopies, and others in your program.
- Stakeholders will need to include providers who are part of outpatient screening facilities.
- Based on the typical roles and responsibilities of the team members, assign roles and responsibilities for this project.
- Stakeholders should consider all conceivable barriers to screening, which may include concerns about contracting Covid. Widely share available communications that provide reassurance regarding the safety of screening while we are in the pandemic.
- Meet regularly and frequently until the project is moving smoothly forward.

Step 1c. **Follow ACS Guidance on Cancer Screening During COVID-19**

Step 1d. **Draft the Rationale and Problem Statement for your institution.**

- Document 3 or 4 reasons screening has been curtailed (use or modify the problem statement provided above).
- Describe what you want to accomplish by answering four fundamental questions:
 - **Question #1:** What are we trying to accomplish?
 - **Answer #1:** We are trying to increase screening and close the gap [*fill in blank with screening type, such as colonoscopy, mammography, etc.*] that occurred due the pandemic. As possible, we plan to assess and address the backlog from 2020 screening deferrals.
 - **Question #2:** How will we know that we have reached our goal? Gather information about pre-pandemic, during pandemic rates of screening and then determine what a reasonable number of additional screenings per month as your goal. The goal should represent at least a 10% increase in screening to achieve compliance.
 - **Answer #2:** We will measure clinical screening rates [*fill in blank with screening type, such as colonoscopy, mammography, etc.*] before and during the pandemic and follow rates of screening monthly after the implementation of our screening interventions.

- **Question #3:** What change can we make that will result in improvement?
- **Answer #3:** Identify interventions that you believe will reach target populations, providers, and other key stakeholders. In general, you will wish to provide some form of media messaging; some form of education about screening safety during pandemic; identify and address barriers to screening and select interventions that will be most effective in your community. A full list of interventions and online materials are available below.

- **Question #4:** What is the anticipated timeline for completing the project?
- **Answer #4:** Programs will want to complete this project within six months of initiating the first intervention. The effort can be extended beyond six months as appropriate based on local needs.

Step 1e. **Collect data on pre-intervention rates of screening; calculate screening gap and target goal**

- Refer to and complete **Form A**
- Be sure to complete one set of forms for each **target screening focus** selected in Step 1a.
- Document the average monthly **pre-pandemic rates of screening**. We recommend averaging the number of screenings in September 2019 and January 2020 to estimate monthly screening rates.
- Document the average monthly **during-pandemic rates of screening**. We recommend averaging the number of screenings in September 2020 and January 2021 to estimate monthly screening rates. Institutions are welcome to use different months to calculate averages.

- **Calculate the screening gap** as the difference between average monthly screening rates before and during the pandemic.
- **Establish the screening target goal**
 - o The screening target goal will be expressed as the number of additional screenings to be achieved each month and indicated on **Form A**
 - o The primary (required) study goal is to return to pre-pandemic screening rates.
 - o **Each institution is expected to return to pre-pandemic rates of screening.**
 - o The secondary study goal is to increase rates of monthly screenings by 10% to help address the backlog of people not screened during the pandemic.
 - o **If the screening gap represents less than a 10% increase in screening, the target goal will represent the absolute number of additional screenings per month that represent a 10% increase of screening reported during the pandemic.**
 - o **Report the target goal in Form A**

PDSA STEP TWO – DO

Step 2a. Review the [American Cancer Society](#) toolkit.

- Is there a particular return to screening approach that could be implemented?
- Can you implement the return to screening interventions?
- Present plan to Cancer and/or quality leaders at your institution as appropriate.
- Conduct screening activities with description and implementation dates for each target screening focus.

Step 2b. Consider implementing more than one intervention in sequence or in parallel:

Proposed interventions to improve return to cancer screening:

1. Patient Reminders
 1. Individual patient outreach by healthcare providers
 2. Hospital-wide patient outreach
2. Patient Education
 3. One-on-One Education
 4. Group Education
3. Small Media
 5. Dissemination of guideline and messaging information to patients across hospital system
 6. Dissemination of guideline and messaging information across community sites
 7. Social media posts and/or press releases
 8. Collaboration with local community group leaders to reach vulnerable populations at risk for screening disparities
4. Provider Awareness & Education
 9. Dissemination of guideline and messaging information to **primary care practitioners** (defined by institution)
 10. Dissemination guideline and messaging information to **specialists** (defined by institution)
5. Provider Reminder/Recall
 11. Reminders sent to health care providers
6. Provider Assessment/Feedback
 12. Interventions aimed at evaluating provider performance in delivering or offering screening to patients
7. Increase Community Access
 13. Reduce Socioeconomic Barriers
 14. Reduce Structural Barriers
 15. Reduce Economic Barriers
8. Other interventions: Evidence-Based Interventions for Cancer Screening from the Community Guide

*Information should include details on why return to screening is important, who should return and how to return to screening and some reassurance that it is safe to return to screening.

PDSA STEP THREE – STUDY (Forms B&C)

Step 3a. Monitor and document activities for improvement in monthly screening rates

General principles for how to monitor your progress

- Monitor screening activities as you proceed.
- Modify or intensify efforts according to the amount of progress that has been made in returning to pre-pandemic monthly rates of screening.
- Identify barriers as needed and select optimal interventions.
- Document as you go to keep track of changes in monthly screening rates as a way of determining whether additional interventions are needed.
- The project will be complete when your screening rates have returned to pre-Covid rates and represent at least a 10% increase in screening.

- If monthly screening rates do not reach target goals in 6 months, consider an extension.

Instructions on monitoring progress using forms B&C

1. Refer back to form **Form A** for baseline information as needed
2. Use **Form B to monitor and record monthly screening rates**
3. Use **Form C as an activity tracker to keep a running log of interventions**
4. At the end of each month, please document the **number of screenings** for the month, and check (select) the **interventions** that were implemented during the month
5. If your monthly screening rate is not improving, consider implementing more interventions or switching to different interventions

PDSA STEP FOUR – ACT

- Reflect on the success of your project.
- Present final results with cancer leaders.
- Summarize outcomes from the PDSA quality improvement effort and identify which interventions were most successful.
- Consider using successful interventions in future years to optimize screening.
- Make sure efforts are ongoing for as long as the pandemic is affecting healthcare delivery.
- Celebrate improvements and lessons learned.
- Communicate accomplishments to internal and external customers (e.g., consider hosting webinars).

FORMS (A, B, C) can be used as a record of your institutional screening activities. The information recorded is expected to help guide adjustments to both short- and long- term screening intervention strategies.

Return to Screening PDSA QI Form A – Enrollment and Baseline Data Collection

Instructions: Complete this form right away to get the project started.

Name of Local Project Leader:	
Contact Information:	<i>Email:</i> <i>Phone number:</i>
Name of Participating Institution(s)	
Focus of Screening Effort: (one form per site)	<i>Colorectal</i> <i>Breast</i> <i>Lung</i> <i>Cervical</i>
Number of Interventions selected for the first month	_____#
Pre-Pandemic Rates of Screening	<i>Average monthly pre-pandemic rate (September 2019 + January 2020 rates/2):</i>
During Pandemic Rates of Screening	<i>Average monthly pandemic rate (September 2020 + January 2021 rates/2):</i>
Select Screening Target Goal (see instructions -PDSA Step 1e.)	_____ <i>represents the number of additional monthly screenings to be achieved by end of six months.</i>
Data Source for screening rates	

Return to Screening Study Form B – Post-Intervention Monthly Data Collection

Instructions: Monthly data collection should start a month before the first intervention is implemented and continue through the six months of the project.

Name of Local Project Leader:				
Name of Participating Institution(s)				
Contact Information:	<i>Email:</i>			
	<i>Phone number:</i>			
Disease site (check one per form):	Breast	Cervical	Colorectal	Lung
Intervention start date:				

Post-Intervention Monthly Screening Rates (for one disease site)
Month 0 (Before 1st intervention):
Month 1 (1st month after 1st intervention)
Month 2 (2nd month after 1st intervention)
Month 3 (3rd month after 1st intervention)
Month 4 (4th month after 1st intervention)
Month 5 (5th month after 1st intervention)
Month 6 (6th month after 1st intervention)

Return to Screening Study Form C – Intervention Log

Instructions: Select all interventions implemented and provide the date when the intervention was started. Fill in this as long as you are conducting your efforts and complete the form no later than 6 months after the first intervention.

Name of Local Project Leader:	
Name of Participating Institution(s)	
Contact Information	<i>Email:</i> <i>Phone number:</i>
Increase Community Demand	
PATIENT REMINDERS	
1. Patient outreach by healthcare providers to eligible and at-risk patients* (e.g., phone calls, EMR portal, email, text messages, letters)	Yes No <i>Start date:</i>
2. Facility/Institution-level outreach* (e.g., automated notifications to eligible patients within health system)	Yes No <i>Start date:</i>
PATIENT EDUCATION	
3. One-on-One Education (delivers information to individuals about indications for, benefits of, and ways to obtain cancer screening)	Yes No <i>Start date:</i>
4. Group Education (Group education is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format to a variety of groups)	Yes No <i>Start date:</i>
SMALL MEDIA	
5. Dissemination of guideline and messaging information to patients across the hospital system (e.g., banners/posters pamphlets, hospital website)	Yes No <i>Start date:</i>
6. Dissemination of guideline and messaging information across community sites (e.g., vaccination sites, grocery stores, pharmacies, etc.)	Yes No <i>Start date:</i>
7. Institutional social media posts and/or press releases (e.g., Twitter and Facebook. See Example Social Media Posts and Press Release Template)	Yes No <i>Start date:</i>
8. Collaboration with local TV/radio/new channels to communicate the importance of cancer screening and the safety of screening despite the COVID-19 pandemic	Yes No <i>Start date:</i>

Increase Provider Delivery		
PROVIDER AWARENESS & EDUCATION		
9. Dissemination of guideline and messaging information to <u>primary care practitioners</u> (defined by institution)	Yes	No
	<i>Start date:</i>	
10. Dissemination guideline and messaging information to <u>specialists</u> (defined by institution)	Yes	No
	<i>Start date:</i>	
	<i>List all providers involved:</i>	
PROVIDER REMINDER/RECALL		
11. Reminders sent to health care providers that it is time for a client's cancer screening test or that the patient is overdue for screening	Yes	No
	<i>Start date:</i>	
PROVIDER ASSESSMENT & FEEDBACK		
12. Interventions aimed at evaluating provider performance in delivering or offering screening to patients	Yes	No
	<i>Start date:</i>	
Increase Community Access		
13. Reduce Socioeconomic Barriers (ex. Collaboration with local community group leaders to reach vulnerable populations at risk for screening disparities)	Yes	No
	<i>Start date:</i>	
14. Reduce Structural Barriers (ex. Modifying hours of service)	Yes	No
	<i>Start date:</i>	
15. Reduce economic barriers (ex. Reduce out-of-pocket costs)	Yes	No
	<i>Start date:</i>	
OTHER		
16. Other – Please describe other interventions performed by your institution.	Yes	No
	<i>Start date:</i>	
	<i>Description:</i>	