

# Quality Improvement Highlights

NSCH

6/3/2015

[Edition 1, Volume 1]

**For all NSCH staff:**

**Welcome to the first edition of Quality Improvement Highlights!**

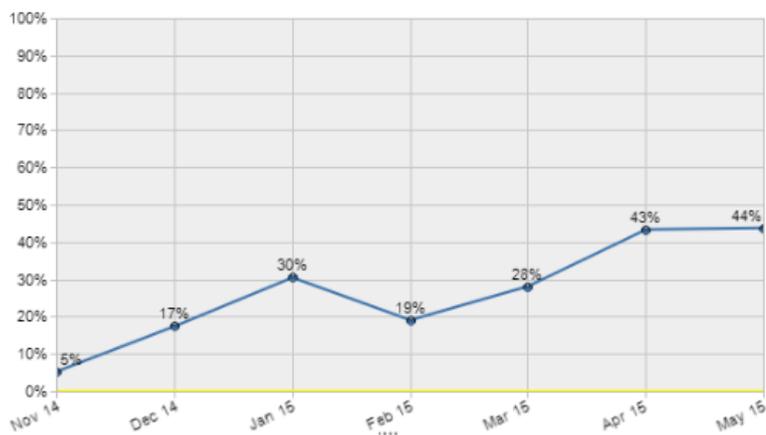
NSCH teams have been working hard to improve our quality measures outcomes, and the Quality Improvement Committee (QIC) would like to showcase the results on a quarterly basis.

For the first issue, the QIC would like to recognize Cynthia Matos and Kristina Cliffe of Salem Team A for their impressive progress with colon cancer screening rates. Please see the graph below and the accompanying report from Kristina documenting their teamwork.

More information about the QI Program and Dashboard Measures are also available for your review in the QI Folder in the Knowledge Drive.

***Kristina Cliffe CRC Screening Rates by month:***

**November 2014 to May 2015 Trend**



## **Salem Team B Colon Cancer Screening Approach**

**Kristina Cliffe**



Most patients that I see are new to the practice. Cynthia Matos who is a medical assistant that works directly with me, will ask patients if he or she had a mammogram, colonoscopy, or pap smear during the first visit. She does this while screening for vital signs and chief complaint. If the patient states yes, she will provide them with a medical release or obtain the results from Patient Gateway. If the patient states no, she will then ask his or her interest and provide them with basic CRC screening information. Afterwards, Cynthia will verbally report the patient's response, questions, or concerns to me. During the visit, I will take the opportunity to further discuss the purpose of screening, options, and address concerns. If the patient is a candidate for hemoccult stool cards and defers the colonoscopy, I will notify Cynthia who will give the patient a kit and provide directions at the end of the visit. The kit provides patients with a collection hat, gloves, hemoccult stool kit, and directions (English and Spanish). The kit was established by the A team in Salem. The goal is to have CRC screening by the new patient's physical exam or within 3 visits. If the patient is not receptive to screening, our goal is to continue with encouraging and educating on the benefits of CRC screening.