



# COLORECTAL CANCER SCREENING NAVIGATION PROJECT

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Colorectal Cancer Screening Program

November 25, 2022

**Health PEI**

# *Important information*

- This presentation will be recorded and posted to the Colorectal Cancer Screening page in the Staff Resource Centre (SRC); the link will be circulated in a future MAO newsletter.
- Presenter: Tamara Vessey; Moderator: Marla Delaney
- Acknowledge and respect the Mi'kmaq people of Abegweit in Mi'kma'ki
- Today's agenda:
  1. Who we are
  2. Project objectives
  3. Where we are to date
  4. Overview of navigation process
  5. Primary care communications
  6. Navigation participant exit and future state
  7. Project evaluation
  8. Special thank-you
  9. Questions, comments & ideas for improvement from a PCP lens

# Who are we?

- Provincial Cancer Coordinator: Marla Delaney
- Navigation Project Coordinator: Tamara Vessey
- RN/LPN Navigators: 3 part-time staff
- Medical Secretary

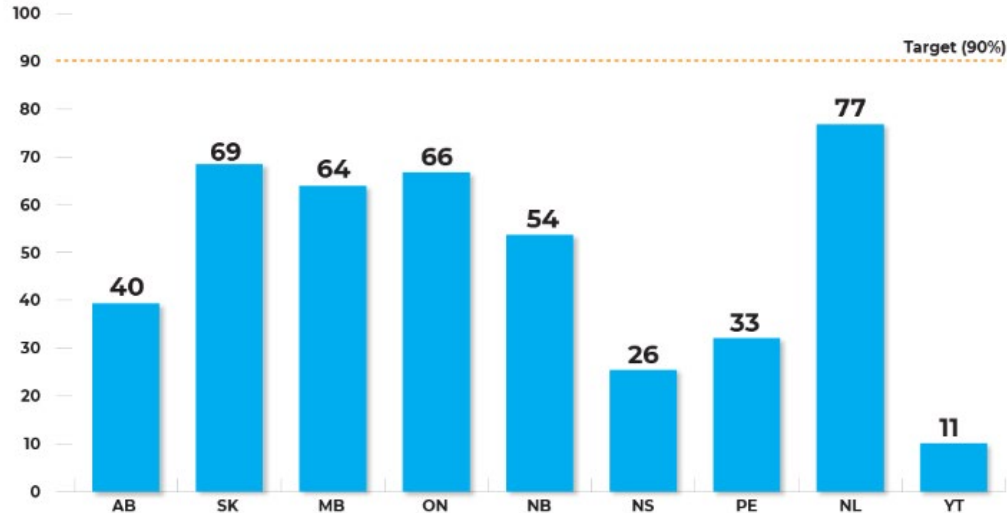


# *What are the project objectives?*


- Reduce screening colonoscopy wait times for CCSP participants to within 60 days of a positive FIT result
- Implement clinical best practice and standard processes
- Provide a coordinated and accessible approach to patient care

*During the screening year 2017-1018, 33% of Prince Edward Islanders with an abnormal fecal test received a follow-up colonoscopy within 60 days.*

*(Graph from: [Wait time to follow-up colonoscopy - Canadian Partnership Against Cancer](#))*



Data source: Provincial and territorial cancer agencies and programs



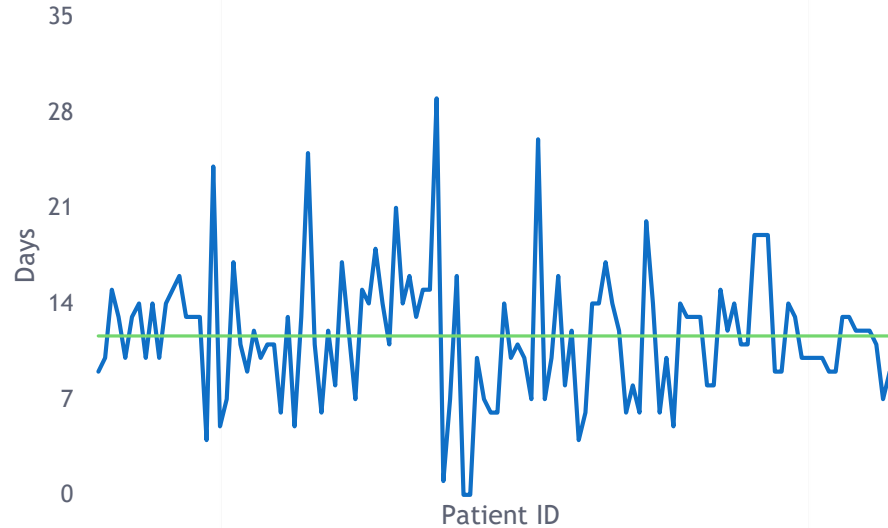
*Navigation project **soft launch**: On July 4, 2022, we began navigating unaffiliated CCSP FIT-positive patients to colonoscopy.*

*Navigation project **full launch**: On August 29, 2022, we began navigating affiliated CCSP FIT-positive patients to colonoscopy.*

*Navigation records between July 4, 2022, and November 24, 2022, were used to create the following graphs in this presentation.*

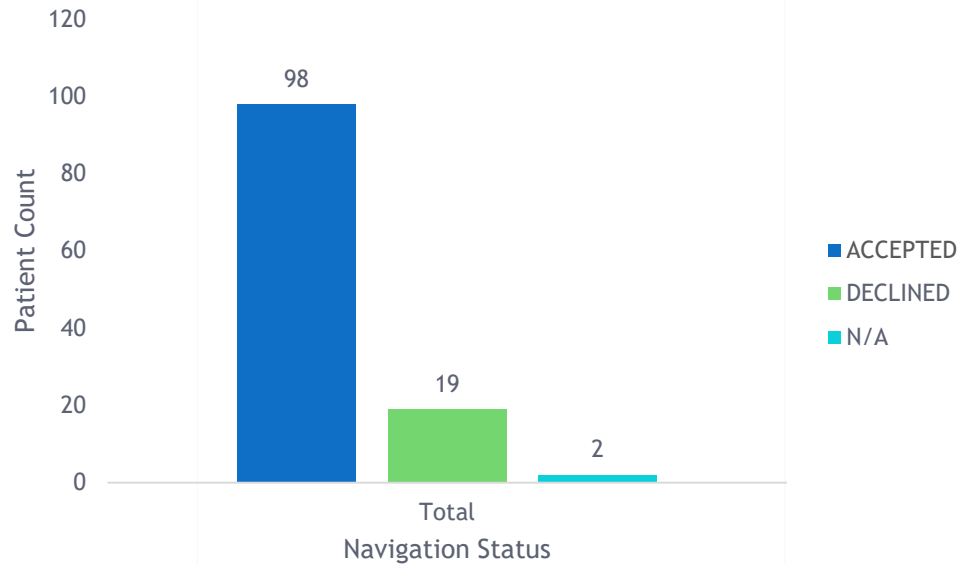
# *Project objectives - where are we?*

*Reduce wait times - enrollment timeline*



# *Project objectives - where are we?*

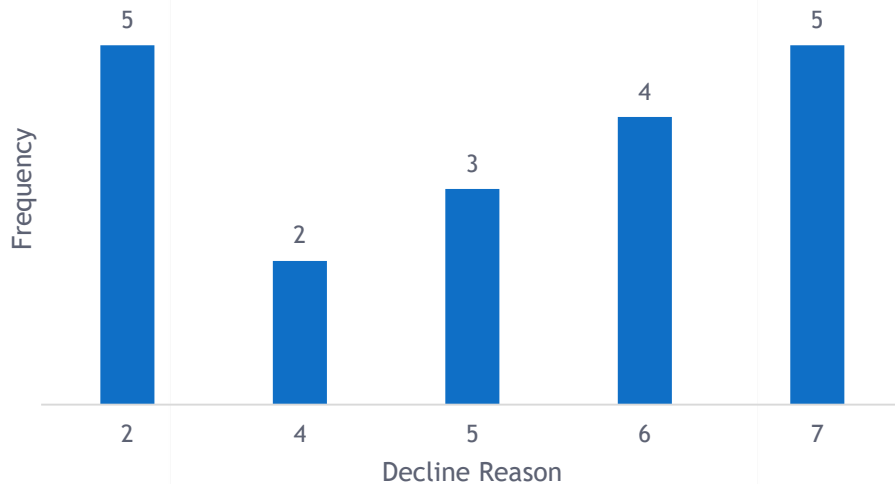
*Reduce wait time - enrollment status*





# *Project objectives - where are we?*

## *Reduce wait time - decline reasons*

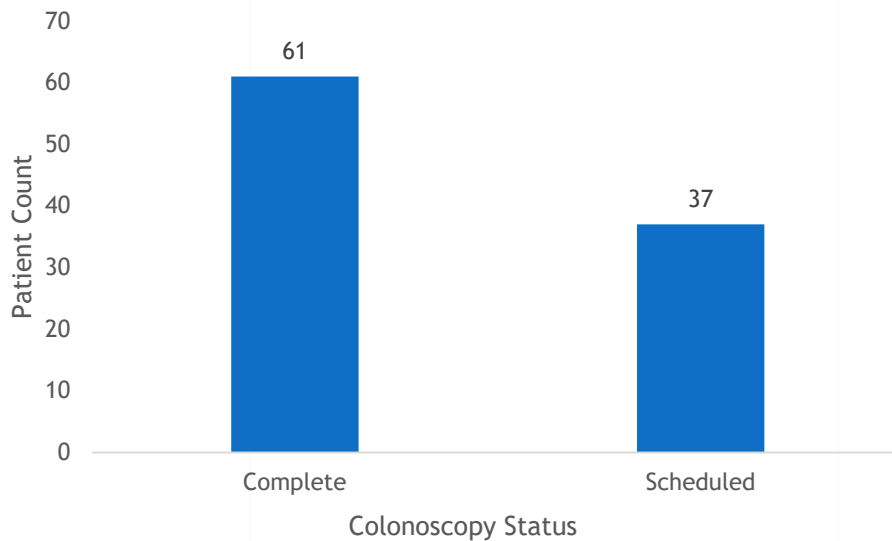


Legend:

- 2: Patient does not want colonoscopy
- 4: Navigator declines patient - high risk
- 5: Navigator declines patient - followed by endoscopist
- 6: Navigator declines patient - not due for surveillance/colonoscopy
- 7: Patient wants to repeat FIT

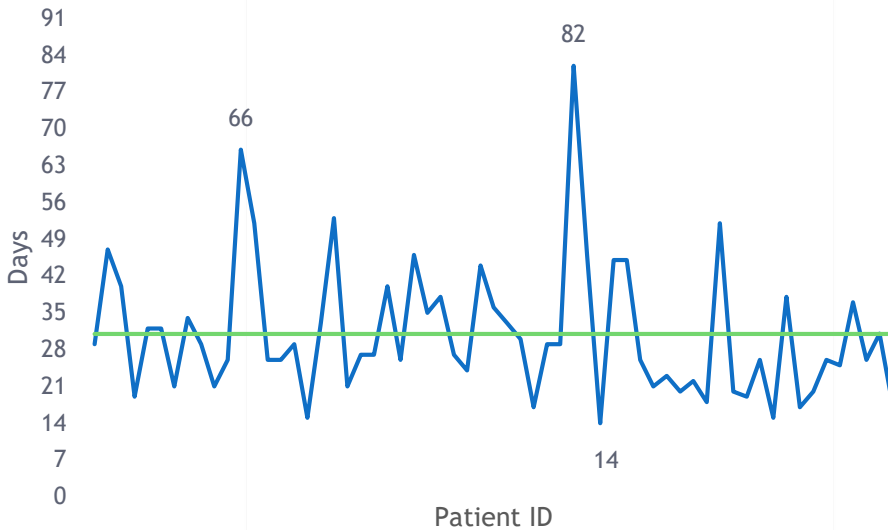
# *Project objectives - where are we?*

*Reduce wait time - colonoscopy timeline*



# *Project objectives - where are we?*

*Reduce wait time - colonoscopy timeline*



# ***Project objectives - where are we?***

## *Clinical best practices and standard processes*

### **Bowel Prep**

- Standard Bi-PegLyte
- Extended Bi-PegLyte
- Pico-Salax

### **Anticoagulant and Antiplatelet Management**

- Nova Scotia's Colon Cancer Prevention Program (CCPP) Clinical Care Directive

### **Three Topic Navigation Protocol**

- Call one - review of FIT result, colonoscopy information and intake assessment
- Call two - appointment reminder with review of bowel prep and hospital arrival information
- Call three - exit call with review of rescreening interval

# ***Project objectives - where are we?***

## *Coordinated and accessible approach to patient care*

### **Coordinated**

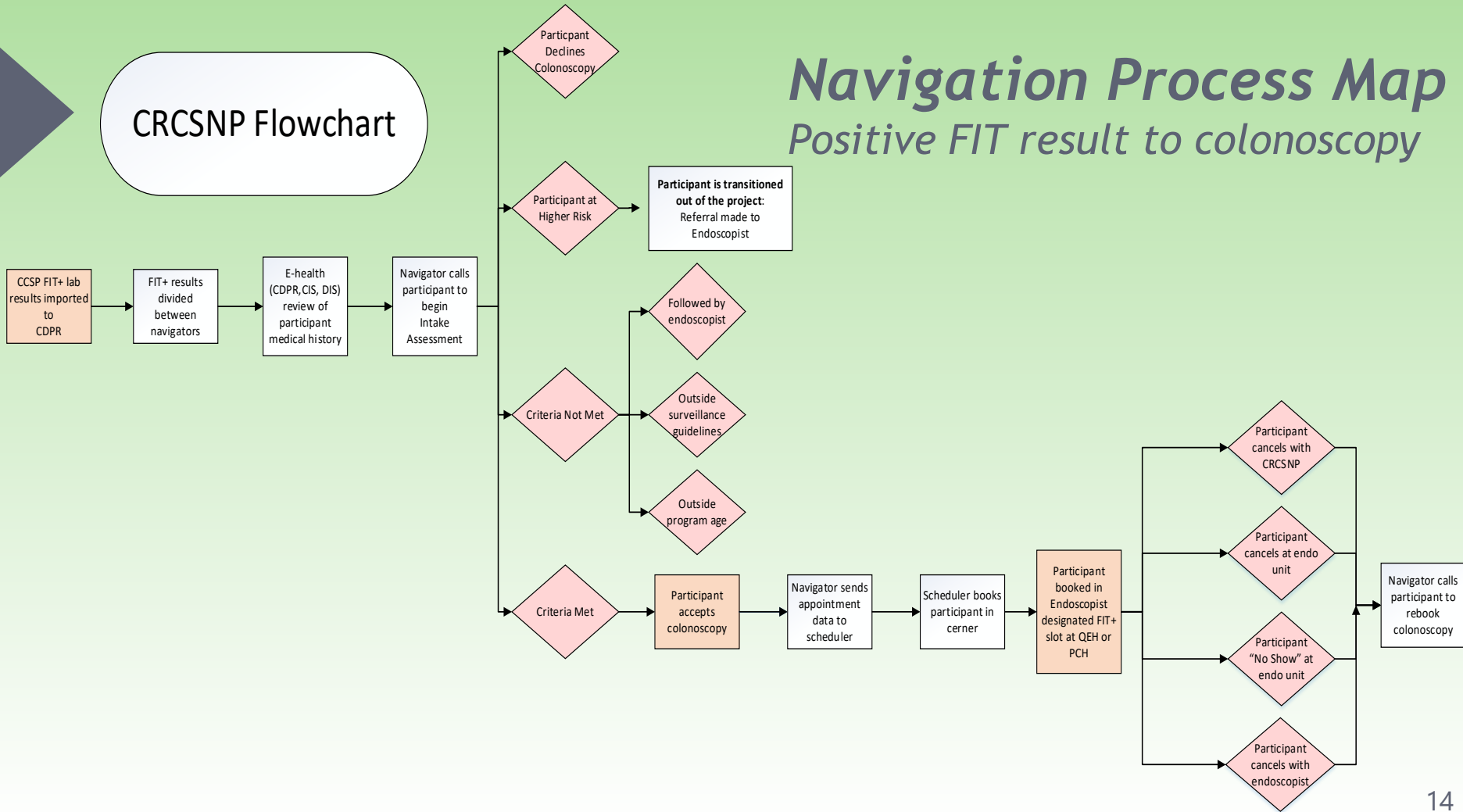
- Stakeholders informed clinical best practices and standard processes to ensure a firm project foundation
- Once created, patient documents were circulated to project stakeholders for review
- Once created, stakeholder communications (letters and faxes to endoscopists, suite staff, schedulers, primary care and patients) were circulated to a member of each group for review

### **Accessible**

- Local and toll-free phone number or email address where messages are monitored and replied to daily

# CRCSNP Flowchart

## Navigation Process Map Positive FIT result to colonoscopy





# *Program Communication to Primary Care Navigation Enrollment Status*

**Note on bottom of Positive Occult Blood Results from Provincial Laboratory Service:**

*Beginning August 29th, 2022, the Colorectal Cancer Screening Navigation Program will manage patient follow-up for any positive occult blood tests ordered through the Colorectal Cancer Screening Program. If you have any questions, please contact [crnavigator@ihis.org](mailto:crnavigator@ihis.org).*

# Program Communication to Primary Care

## Colonoscopy Appointment Status

### PARTICIPANT STATUS

### NAVIGATION PROGRAM COMMUNICATION TO PRIMARY CARE PROVIDER

A Participant accepts direct colonoscopy

**Fax:** *Patient Appt. letter* including patient name, MRN, date of test result and appointment date and time of colonoscopy.

B Participant or Navigator declines direct colonoscopy

**Fax:** *Declined letter* including reason for program exclusion:

1. The client is outside the program's age range (50 to 74)
2. The client has declined a colonoscopy procedure.
3. The client is followed by an endoscopist (i.e. inflammatory bowel disease, etc.).
4. The client is up to date for surveillance/follow-up or colonoscopy screening.
5. The client is up to date for surveillance/follow-up or colonoscopy screening and is symptomatic.

C Navigator declines direct colonoscopy because participant requires an endoscopist consult

**Fax:** *Navigator Declined letter* indicating that the navigator has referred participant to an endoscopist for a consult of the risks and benefits of the colonoscopy procedure.

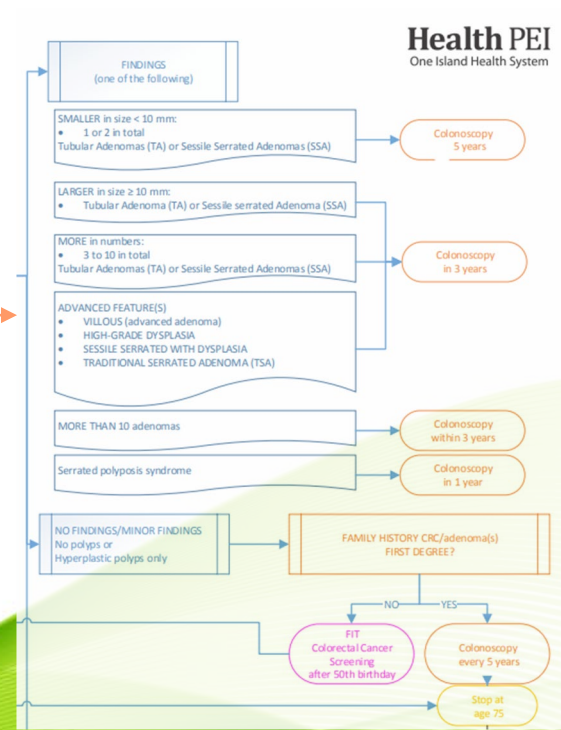
D Colonoscopy appointment is cancelled

**Fax:** *Cancelled Colonoscopy Appt. letter* indicating the original date and time of colonoscopy appointment, notice of cancellation and indication that we will contact the participant to reschedule.



# Participant Navigation Exit Current State

- Navigator reviews physician and pathology report and contacts the participant to discuss rescreening interval only.  
[Decision Aid Primary Care Colorectal Screening Pathway Guidelines.pdf \(healthpei.ca\)](https://www.healthpei.ca/Decision_Aid_Primary_Care_Colorectal_Screening_Pathway_Guidelines.pdf)
- Navigator directs participants back to endoscopist's office or primary care to discuss colonoscopy results in more detail if needed.
- CCSP program sends out a reminder letter at the rescreening interval.



# *Participant Navigation Exit Future State*

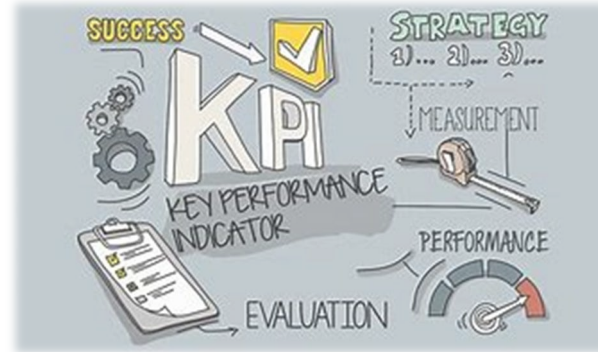
- Participants who should return to colonoscopy are tracked by the Colorectal Cancer Screening Database and contacted for navigation at the appropriate rescreening colonoscopy interval.
- Working to secure financial resources and build capacity to do this:  
**Timeline to be determined.**



# Evaluation

## Pilot project process evaluation

- **Measuring Reach:**
    - FIT+ CCSP Participant Inclusion and Exclusion
  - **Measuring Implementation:**
    - Navigation Protocol Adherence of Delivery
    - Navigation Protocol Consistency of Delivery
    - Navigation Protocol Time Cost of Delivery
    - Patient Experience in Navigation Program
- 
- **Third Party Evaluation:** Assessing the experience of various stakeholders, including PCPs, engaged in the Colorectal Cancer Screening Navigation Project



# *Thank you!*

*Special thanks to document and processes reviewers:*

- Dr. Baglole
- Dr. Beck
- Dr. Clark
- Dr. Craswell
- Dr. Eng
- Dr. Gillis
- Dr. Hay
- Dr. Khan
- Dr. MacDonald
- Dr. McCrea
- Dr. Walker
- Joanne Woodard, RN Clinical Lead (PCH)
- Julie Chisholm, Manager Surgical Services (PCH)
- Paula Triantafillou, RN Clinical Lead (QEH)
- Tracey Diamond, Manager Ambulatory Care(QEH)
- Brittany Daigle, LPN
- Debbie Downe, RN

*And thanks to you for joining us!*

# Health PEI



# *Discussion*

## *Questions, Comments and Ideas*

- Clarification or specific questions for the navigation team
- Ideas or innovation to improve communication and processes from a PCP lens

For questions, comments or concerns following this presentation, please email [crnavigator@ihis.org](mailto:crnavigator@ihis.org) and cc: [tevessey@ihis.org](mailto:tevessey@ihis.org). A member of our navigation team will promptly respond to your email.



# Appendix

Link to staff resource centre (SRC) for colorectal screening & navigation:

<https://src.healthpei.ca/colorectal-cancer-screening>

Link to cancer surveillance and research in PEI, colorectal report:

<https://www.princeedwardisland.ca/en/information/health-pe/cancer-research-and-surveillance>

Link to Canadian Partnerships Against Cancer (CPAC):

Colorectal Screening:

[https://www.partnershipagaincancer.ca/?s=&post\\_type=topics&taxonomy=dbt-cancer-site&term=dbv-colorectal](https://www.partnershipagaincancer.ca/?s=&post_type=topics&taxonomy=dbt-cancer-site&term=dbv-colorectal)

Early Diagnosis:

[https://www.partnershipagaincancer.ca/?s=&post\\_type=topics&taxonomy=cancer-continuum&term=diagnosis](https://www.partnershipagaincancer.ca/?s=&post_type=topics&taxonomy=cancer-continuum&term=diagnosis)

National Strategy for Cancer Control:

<https://www.partnershipagaincancer.ca/cancer-strategy/>