

Colorectal Cancer Screening

A quality improvement initiative using a bilingual patient navigator, mobile technology, and fecal immunochemical testing to engage Hispanic adults

Martin Angelo Rozario, DNP, MSN, RN-BC, PCCN, PHN, AnnMarie Walton, PhD, MPH, RN, OCN®, CHES, FAAN, Mose Kang, MSN, RN, FNP-C, and Blanca Iris Padilla, PhD, MSN, APRN, FNP-BC



BACKGROUND: Fecal immunochemical tests (FITs) are an effective screening method to detect and prevent colorectal cancer (CRC) when done in appropriate intervals. The use of bilingual patient navigators (PNs) and secure short message service (SMS) has been demonstrated to increase CRC screening rates among Hispanic adults.

OBJECTIVES: The purpose of this quality improvement project is to increase CRC screening rates among Hispanic adults in a family clinic by 25% in the post-project implementation period using an uncensored bilingual PN, secure SMS, and at-home FITs.

METHODS: A retrospective chart review was used. Spanish-translated educational videos were delivered using SMS, and instructional screening guidance was provided via telephone in Spanish by the PN. Participants were surveyed to determine satisfaction with the support received from the PN.

FINDINGS: Findings showed a 35% increase in the clinic's FIT rates. Findings also showed that having a PN's support influenced the decision to complete FIT as compared to the use of secure SMS.

KEYWORDS

colorectal cancer screening; Hispanic; patient navigator; fecal immunochemical test

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.423-429

COLORECTAL CANCER (CRC) IS THE THIRD MOST COMMON CANCER and second leading cause of cancer death in men and women in the United States (Vogel et al., 2017), but it is treatable when diagnosed early (American Cancer Society [ACS], 2020). Each year, more than 1.4 million Americans are diagnosed with CRC, and it accounts for more than 50,000 deaths annually (ACS, 2020). More than half of all CRC cases are attributed to modifiable risk factors and may be prevented through early detection and screening (Siegel et al., 2020). There is strong evidence that supports individualized, cost-effective approaches to screen asymptomatic people at average risk for CRC (Imperiale et al., 2014).

Background

CRC screening is a widely used method for detecting CRC and precancerous lesions in an otherwise asymptomatic individual with no prior history of CRC or precancerous lesions (Rex et al., 2017). The ACS (2020) recommends completing direct visualization every 10 years and stool/serology tests every one to three years because they are notably effective in reducing CRC mortality when completed at appropriate time intervals. Although most practice guidelines recommend CRC screening at age 50 years, the ACS (2020) recommends that those with average risk begin screening at age 45 years.

CRC screening using a high-sensitivity stool-based test or visual examination should be dependent upon patient preference and test availability (ACS, 2020). The colonoscopy remains the gold standard for the detection of CRC and is noted to be the most common screening modality among Hispanic people; however, they are not completed at recommended intervals (Centers for Disease Control and Prevention [CDC], 2019; Viramontes et al., 2020). Stool/serology tests, such as fecal immunochemical tests (FITs), have been approved by the U.S. Food and Drug Administration as alternative tests that detect bleeding from cancerous tumors and polyps found in the intestine (ACS, 2020). Stool/serology tests are effective in reducing CRC mortality when completed annually; however, adherence to more frequent testing is a challenge (ACS, 2020). FITs have demonstrated improved accuracy and are more intuitive for individuals in comparison to the outdated guaiac fecal occult blood tests (Daly et al., 2017). Mail-in FITs have also shown promising