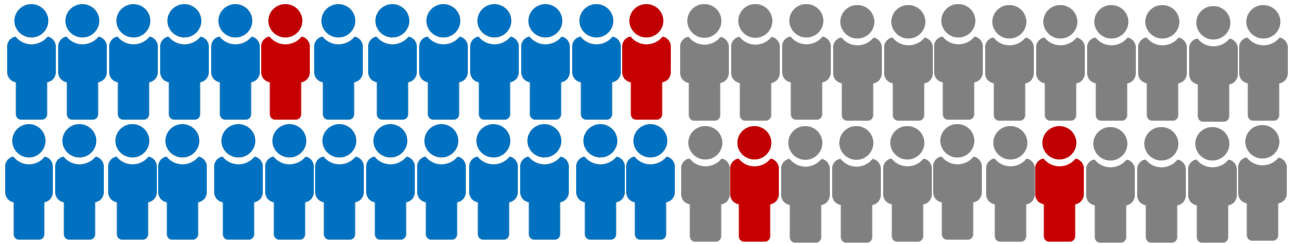


ABC Clinic



Of **1,009** eligible patients, **521** were up-to-date on screening over the first program year.

Screened
 Positive FIT
 Unscreened
 Each icon represents approximately 20 patients

488
life-saving opportunities

More than **100** patients would have a positive FIT if everyone were screened.*
* Based on an estimated rate of 10% positive/abnormal FIT

“ People are dying of embarrassment or ignorance, and it is completely unnecessary. ”
~ Beverly Greenwald, PhD

Our Team

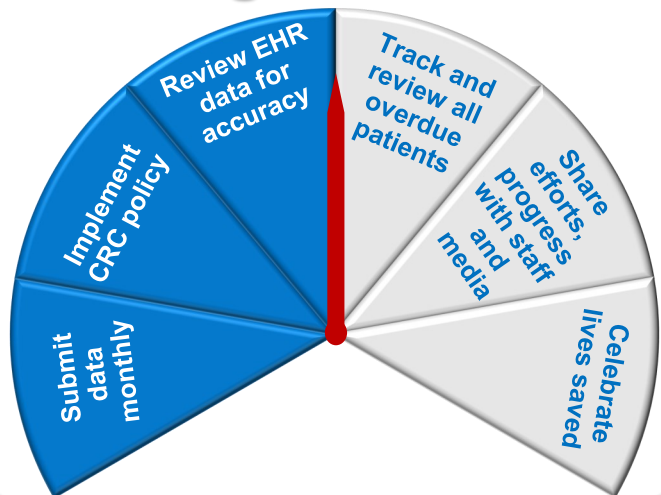
Olive Oyl
Patient Care Coordinator

Betty Boop
Director of Nursing

George Jetson
Nurse Practitioner

Charlie Brown
Chief Executive Officer

Moving The Needle



ABC Clinic

Our Action Plan



Milestones

- Copper
- Bronze
- Silver
- Gold
- Platinum

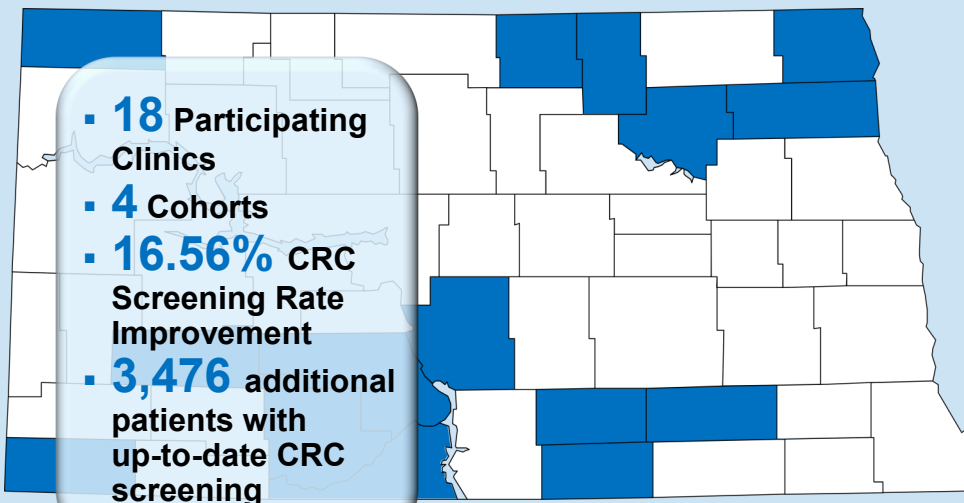
Highlights

- Team lead understands how to collect and use data to drive improvement
- Shared use of Slicer Dicer tool with other EPIC users in a peer-to-peer learning event
- Developed a customized digital display for the waiting room, including promotion of upcoming events, prevention recommendations, and clinic services marketing
- Developed a birthday card as a reminder to get screened for CRC for all patients turning 45-49 years of age following the change to USPSTF recommendations
- Increased mts-DNA (Cologuard®) as a screening option
- Provider consistently participates on TA calls
- Enrolled in the ND Colorectal Cancer Screening Initiative Program
- Developed a Clinic Team meeting on a monthly basis to address workflow and communication challenges, and includes provider assessment and feedback on QI measures.
- CRC Awareness month activities
- Comprehensive Case Study of patients overdue for screening; resulting in multiple findings and actionable items
- Submitted letter of intent for ND Comprehensive Cancer Grant focusing on a year-long educational social media and newspaper campaign regarding the various types of cancers to promote early screenings

Milestone Next Steps

- Team members participate in scheduled coaching calls and rapid action collaborative
- Implement at least two (2) evidence-based interventions specific to improving CRC screening rates
- Achieve 1st year goal for improving CRC screening rate
- Share ScreenND performance with Clinic Board or Leadership

ScreenND Program At-A-Glance



Self-Assessment Progress

- Clinic Practices
- Patient Flow
- Screening and Results Tracking
- Rescreening
- Documentation and EHR Utilization
- EHR for Process Improvement
- Community Preventive Services Task Force (CPSTF)