Community Screenings

Sunrise Hospital and Medical Center

August 27, 2025





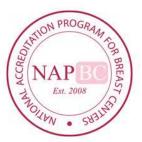


Who We Are





Facility Overview | Accreditations and Certifications



ACS National Accreditation Program for Breast Centers Accreditation



American College of Radiology Breast **Imaging Center of** Excellence



Joint Commission Disease Specific Certification Comprehensive Stroke Center **Chest Pain**



Surgical Quality Partner Award



ACS Commission On Cancer Accreditation



HCA Unit of Distinction **Award Adult Oncology Services** Inpatient Rehabilitation



♣ Background | The Why

State no longer receiving CDC funding for FIT and colonoscopy screenings

- Screenings are an annual CoC requirement
- Standard compliance
- Demonstrate reduced barriers to the community
- Develop community trust
- Cancer Resource Center



∜ Vision | Planning / Goals

To provide 250 FIT kits to <u>anyone</u> that wanted to be screened

- Connected with Nevada Cancer Coalition
 - Introduction to Nevada Health Centers

Requested 250 FIT kits to be supplied and processed at no cost



* Development | Planning

Introduction to Nevada Health Centers Leadership / Navigation

- Identified several locations
- Discussed flow process
- Discussed patient intake form / bilingual
- Identified pick up locations
- Discussed how results will be communicated
- Discussion on non-compliant follow ups



♦ Development | Planning

In-house development

- Created bilingual intake form
- Created tracking worksheet
- Arrange and educate hospital courier of pick-up locations and processes
- Created I-plan for Admitting to ensure patients are not billed
- Created flow chart for Pathology to ensure compliance
- Created 250 patient packets that included FIT kits with instructions, ACS colon cancer screening education and patient testimonial materials



***TOOL KIT**

- **COLLABORATE** with Community Health Centers or Primary Care Centers. Collaborating with primary care physicians for self-referral opportunities up front as this will be helpful down the road and encourage establishing a "medial home" for ongoing care and eliminating the barrier for anyone that has no primary care physician.
 - Conduct a brief education session on how to conduct the at home test and how to send off the results.
- NUMBER and label all test kits. Consider bi-lingual forms.
- LAB Consider utilizing one lab location for consistency and timely results.
 - Develop a registration process with the preferred lab eliminating a barrier of having the patient taking the sample to the lab.
 - Using a closed system and having the kits sent to an internal lab, this will allow you to track which kits are returned and which need follow up. Additionally, this will ensure the patient would not get billed for the processing.
 - Establish a point of contact in the lab to discuss your event, understand their lab processes/timeframes and how to handle fdlow up on tests. This will help with client education and managing expectations. If you are having kits sent to an external lab, this will still be useful in tracking who took what kits and organizing your intake/contact information for follow up.
- **COLLECT** the following information from the individual- this will be used for patient follow up. Ensure you collect multiple communication options to increase likelihood of reaching person:
 - Name
 - DOB
 - Sex
 - Race
 - Address
 - Ask preferred method of communication
 - Phone
 - Email Insurance information only to be used if they need to be referred out.
 - · Ask the patient if they have a primary care physician for the results to be sent to.
 - If they do-collect said information
 - If they do not ask them to select one of the PCPs from the self-referral listing to have results sent to (*unless a "standing order" physician has been coordinated ahead of time).



TOOL KIT CONTINUED.....

- ASSIGN a kit to the individual using the numerical system of kits- this is so you can track what has been returned and what needs a follow up.
- FOLLOW UP Use organization's protocol for follow up.
 - Suggested Follow up
 - Verbally call and document all positive results to the physician of record.
 - Fax results to physician of record.
 - If positive, call client and ensure follow up with physician of record. If no answer, call twice, email once. If no response: Send certified letter
 - Negative results can be emailed / mailed to patient.
 - Consider attaching healthy eating information
 - Colonoscopy and or screening recommendations
- OUTCOMES Measure success of the event
 - Number of kits handed out vs the number of kits returned
 - Male vs female
 - Number of positives
 - Number that followed up getting a colonoscopy or referred to surgeon
 - Results of follow up pathology



* Outcomes

- Duration 4 months
- 155 FIT kits distributed
- 109 submitted for processing
- 70% return rate!!!
- 4 positive results
- o 3.7% had curative cancer surgeries











