

# Understanding the follow-up of positive fecal immunochemical tests (FIT) at your facility

This survey should be completed by either the head of gastroenterology or another person who is very knowledgeable about the organization of FIT positive follow-up at your facility.

There is space at the end of the questionnaire to add free-text comments or upload files. Some acronyms: FIT: fecal immunochemical test. GI: gastroenterology Feel free to contact us at [kevin.j.selby@kp.org](mailto:kevin.j.selby@kp.org) if you any questions

# Questions regarding your service area

1. What is your service area? \*

2. Currently in 2017, are there differences in how FIT positive results are followed up at different GI facilities within your service area? \*

- ☐ Yes  
☐ No  
☐ Don't know

2b. If yes, can you describe the differences?

3. Between 2015 and the present, have there been changes to the the organizational structure or procedures for FIT positive follow-up at your facility? \*

- ☐ Yes  
☐ No  
☐ Don't know

3b. If yes, how so?

4. Do you have any changes planned for the organizational structure or procedures for FIT positive follow-up at your facility for 2017 or 2018? \*

- ☐ Yes  
☐ No  
☐ Don't know

4b. If yes, how so?

# Questions regarding responsibility for FIT positive results

**5. Regarding FIT-positive patients, does your GI department currently primarily: \***

- ☐ Await an e-consult from the primary care provider prior to contacting patients
- ☐ Directly access test results, place an e-consult if needed, and contact patients
- ☐ Other (please describe):

**6. Currently in 2017, does your GI department take responsibility for the follow-up of all positive FIT results, regardless of e-consult status? (i.e. verify that action has been taken on every patient with a positive test) \***

- ☐ Yes
- ☐ No
- ☐ Don't know

**7. What barriers, if any, do you see if GI places an e-consult automatically after all positive FIT results? In other words, without input from other providers such as the Primary Care Provider (PCP).**

**8. Currently, does your GI department / service area have a person (or a small group of people) assigned the primary responsibility of tracking the follow-up of patients with positive FIT results? \***

- ☐ Yes
- ☐ No
- ☐ Don't know

**8b. If yes, what is that person's (or group of people) job title? (ex: registered nurse, medical assistant, etc.)**

**8c. If yes, how many hours a week would you say that person (or total for group of people) dedicates to tracking positive FIT results?**

**8d. If yes, how long has your GI department been assigning this task to a specific person (or group of people)? (number of years)**

**9. Have you encountered barriers to designating or maintaining a designated person (or group of people) in your department as responsible for tracking patients with positive FIT results? (i.e. inadequate resources, competing demands, etc.) \***

# Questions regarding the availability of colonoscopies

**10. Within the last year, have there been changes to the availability of colonoscopy appointments at your facility? \***

- ☐ Yes  
☐ No  
☐ Don't know

**10b. If yes, how so?**

**11. Within the last year, have you been told by the schedulers in your department that there were no colonoscopy appointments available for FIT-positive patients within the next week? \***

- ☐ Yes  
☐ No  
☐ Don't know

**11b. If yes, typically how many weeks was the wait?**

# Questions regarding contacting FIT-positive patients

**12a. Currently, what is (are) the primary method(s) used for contacting FIT-positive patients to schedule them for a colonoscopy \***

- ☐ Telephone alone
- ☐ Secure message alone
- ☐ Written letter alone
- ☐ Telephone and then secure message or letter if not able to reach by phone
- ☐ Secure message and then telephone or letter if no response electronically
- ☐ Other (describe)

**12b. Currently, what is (are) the job title(s) of the people who make the majority of patient contacts? (more than one answer possible, ex: registered nurse, medical assistant, etc.) \***

**13. Do you have a standard script that is followed when phone calls are made to FIT-positive patients? \***

- ☐ Yes
- ☐ No
- ☐ Don't know

**14. Currently, are all FIT positive patients having a colonoscopy given the same colonoscopy prep? (i.e. Gavilyte/Colyte) \***

- ☐ Yes
- ☐ No
- ☐ Don't know

**15. Do you have standard letters that are mailed to FIT-positive patients that cannot be reached by phone or secure message? \***

- ☐ Yes
- ☐ No
- ☐ Don't know

**16. What is the minimum number of days you try to contact FIT-positive patients prior to closing cases? (mark 0 if you don't know) \***

**17. What is the minimum number of phone contact attempts prior to closing cases? (mark 0 if you don't know) \***

**18. What is the minimum number of letters and/or online messages that are sent to FIT-positive patients prior to closing cases? (mark 0 if you don't know) \***

**19. Before a case is closed, does a licensed provider (i.e. registered nurse, physician, etc) typically attempt to contact the patient? \***

- ☐ Yes
- ☐ No
- ☐ Don't know

**20. Currently does a physician or other licensed provider typically review cases before they are closed? \***

- ☐ Yes  
☐ No  
☐ Don't know

**21. Is the patient's primary care provider notified that their FIT-positive patient has not had a colonoscopy when the case is closed? \***

- ☐ Yes  
☐ No  
☐ Don't know

## Questions regarding tracking performance

**22. In 2017, has your GI department reviewed the proportion of FIT-positive patients who did not get a follow-up colonoscopy? \***

- ☐ Yes  
☐ No  
☐ Don't know

**22b. If yes, with whom was this information shared? (check all that apply) \***

- ☐ Physicians in our department  
☐ Physician Assistant / Nurse Practitioner  
☐ Nurses  
☐ Medical Assistants  
☐ Schedulers  
☐ Department manager  
☐ Assistant physician in chief (APIC)  
☐ Assistant medical group administrator (AMGA)  
☐ Physician in chief / Medical group administrator (PIC/MGA)  
☐ Other (please specify):

**22c. If yes, how often is the information reviewed?**

# Thank you!

**23. What is your full name? (we may contact you by email or phone for further details if needed) \***

**23b. What is the name of your facility? \***

**24. What is the best way to contact you if additional details are needed? \***

**25. Do you have any further comments or feedback? Can you think of other people from your facility who we should contact for further insights?**

**Use this space if you have standard letters or documents that could help us understand FIT positive follow-up at your facility:**

Feel free to contact us at [kevin.j.selby@kp.org](mailto:kevin.j.selby@kp.org) if you have questions or comments