



North Brooklyn Health Network
Woodhull Medical Center

*Colon Cancer Screening
Initiative*

Harry A. Winters, M.D.
Chief, Division of Gastroenterology
North Brooklyn Health Network

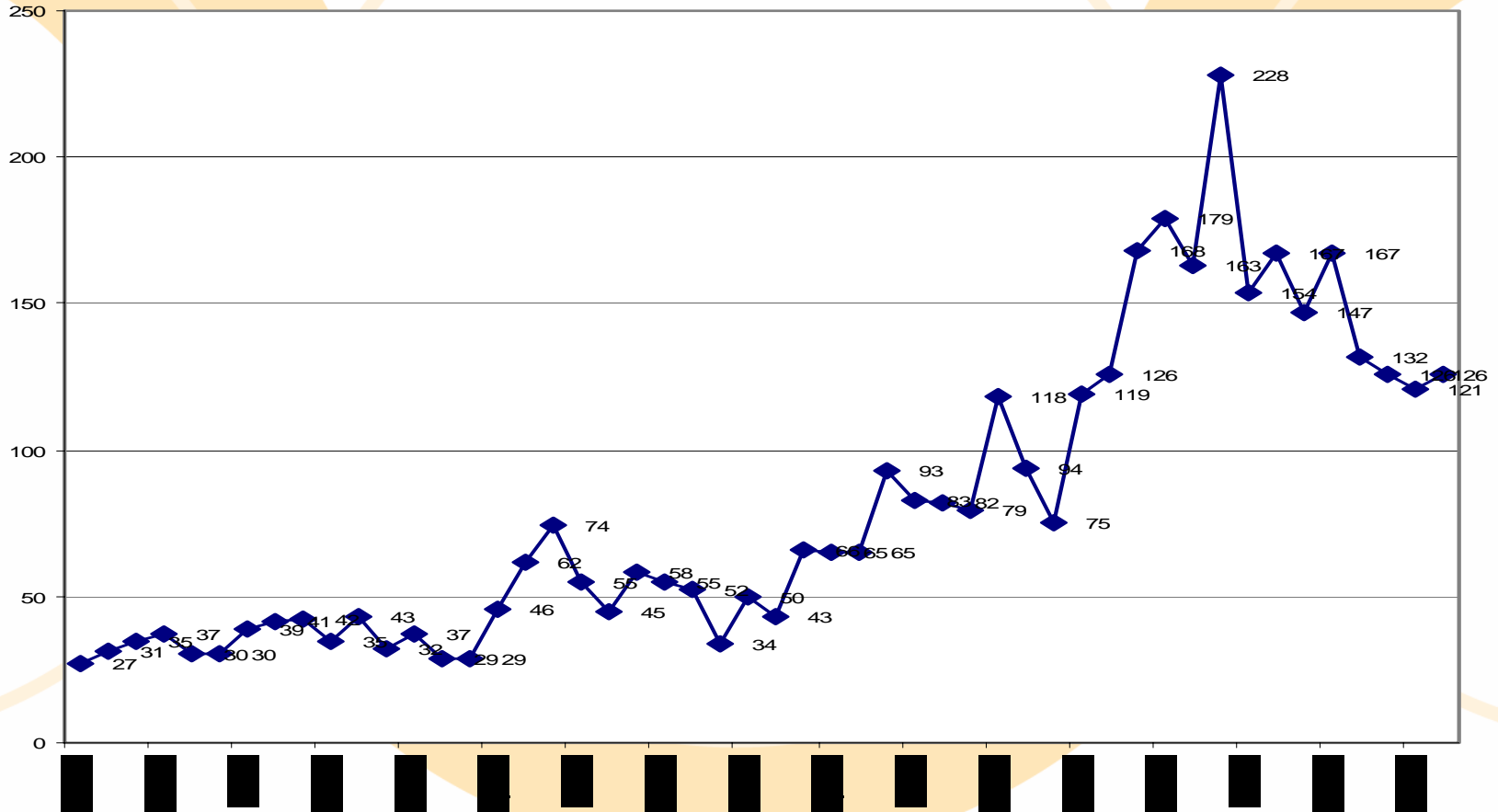
Obstacles in Urban Health

- **Poverty impacts health in urban communities**
- **Factors:**
 - **Education**
 - **Lack of political clout**
 - **Immigrants**
 - **Environmental conditions**

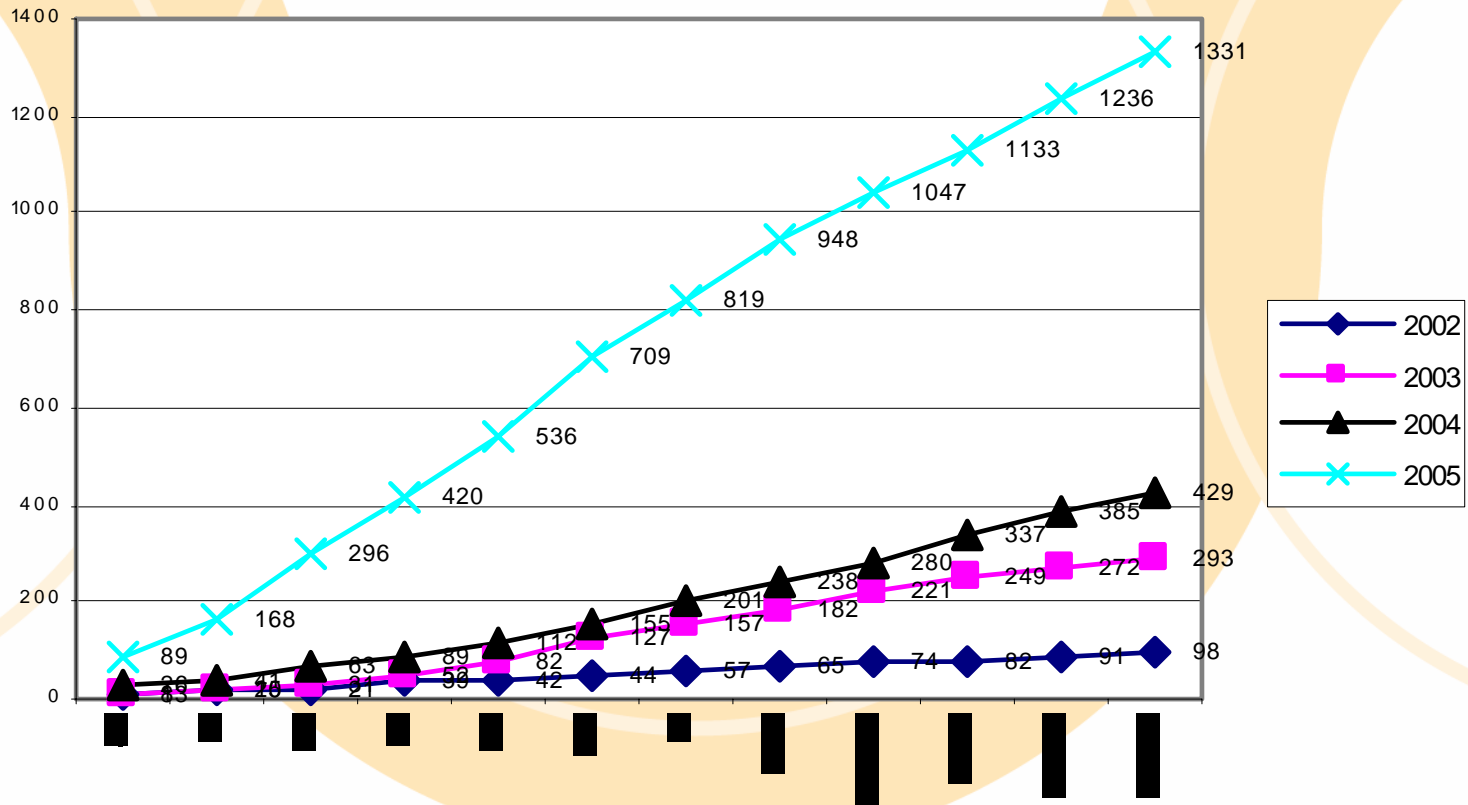
PARTNERS FOR LIFE

- **ADMINISTRATION**
- **MEDICAL DIRECTOR**
- **CHAIRMAN OF MEDICINE**
- **DIVISION OF GASTROENTEROLOGY**
- **WOODHULL MEDICAL GROUP**
- **FINANCE OFFICE**
- **AMBULATORY SURGERY**
- **DEPARTMENT OF NURSING**
- **CENTRAL REGISTRATION**
- **OFFICE OF COMMUNITY AFFAIRS**
- **DEPT OF SOCIAL SERVICES**
- **NYC- DEPARTMENT OF HEALTH**
- **FUND FOR PUBLIC HEALTH**
- **NY COMMUNITY TRUST**
- **AMERICAN CANCER SOCIETY**

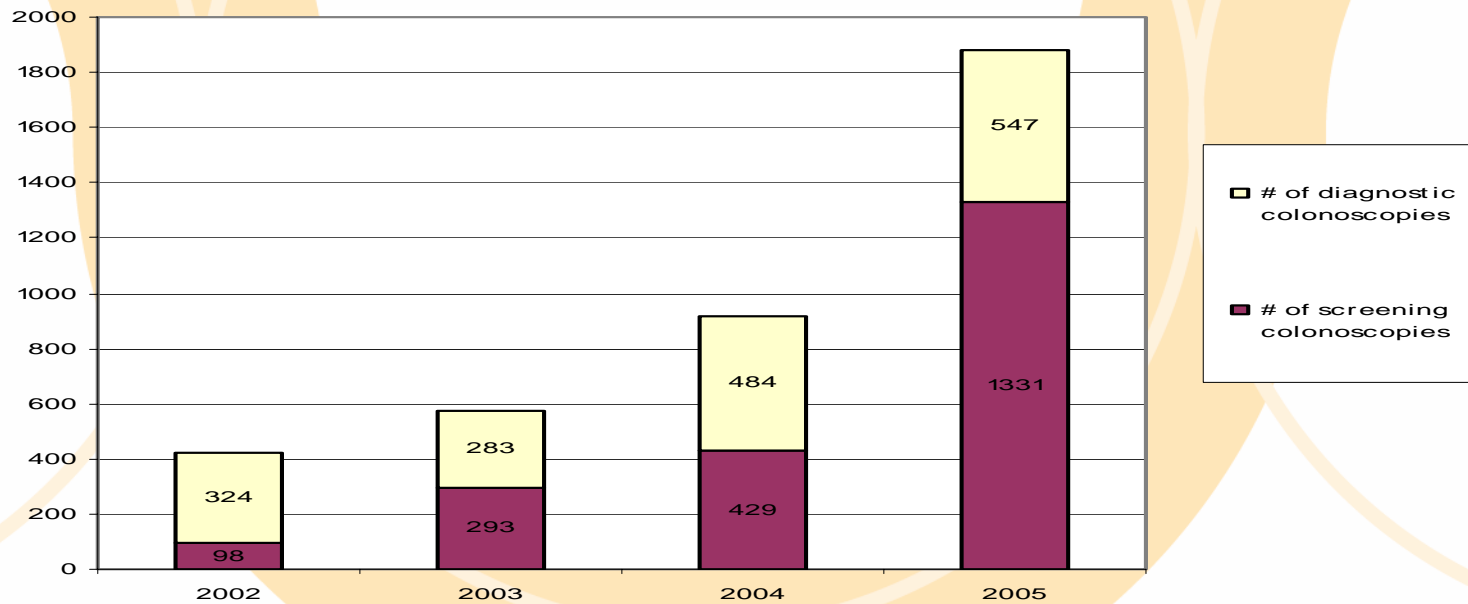
Total colonoscopies 2002 - current



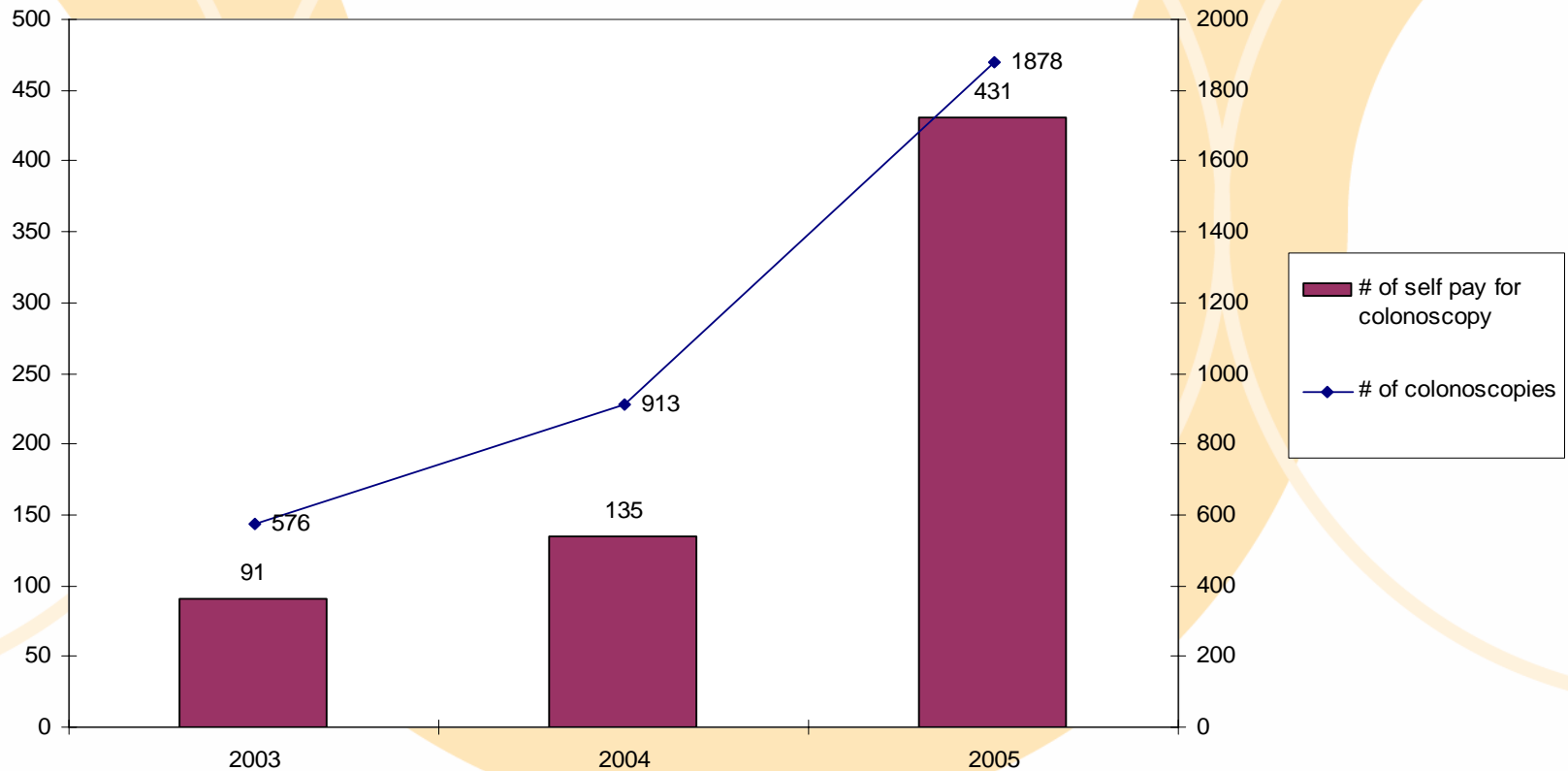
Cumulative screening colonoscopies



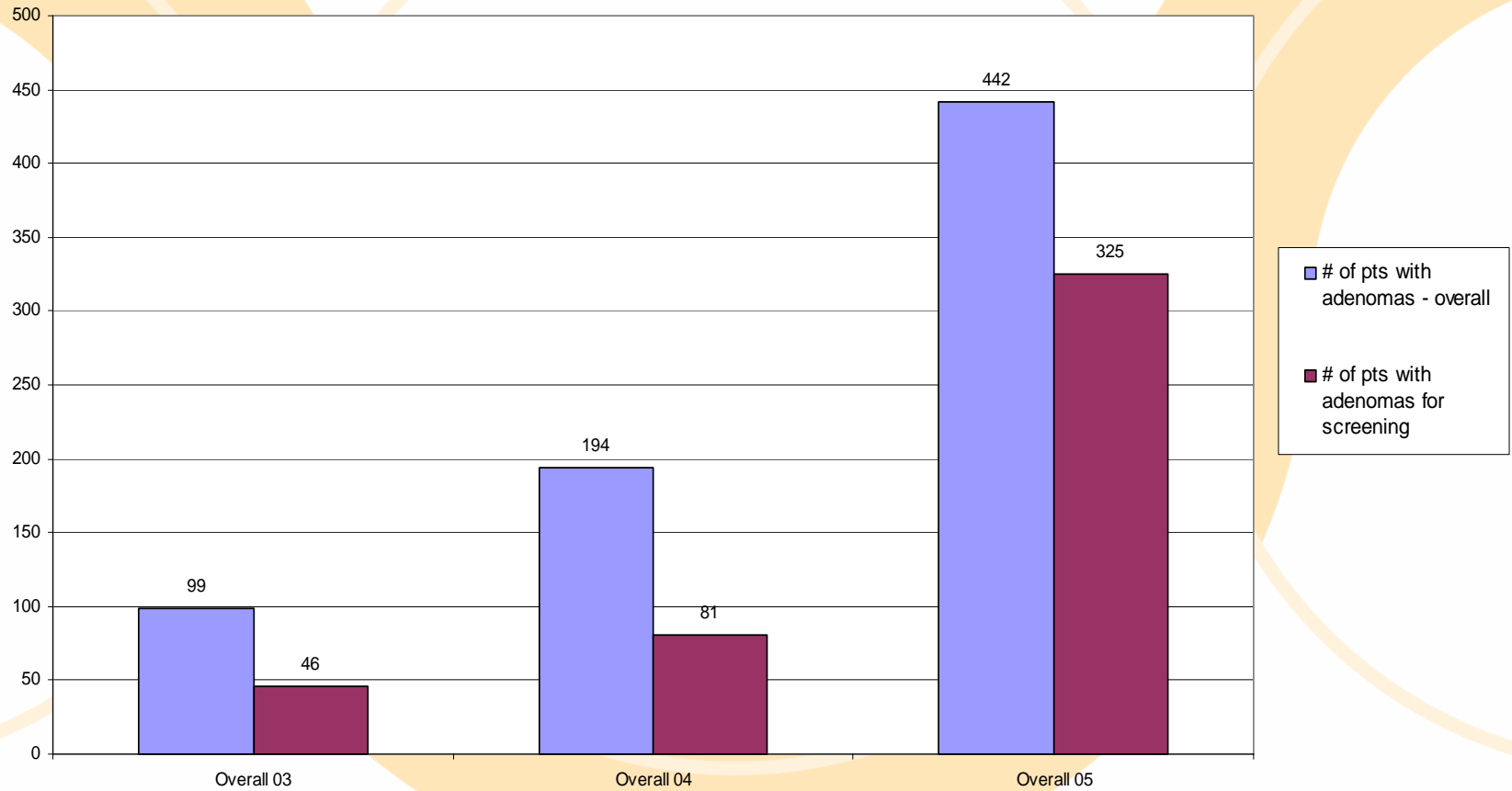
Diagnostic/Screening Colonoscopies 2002-2005



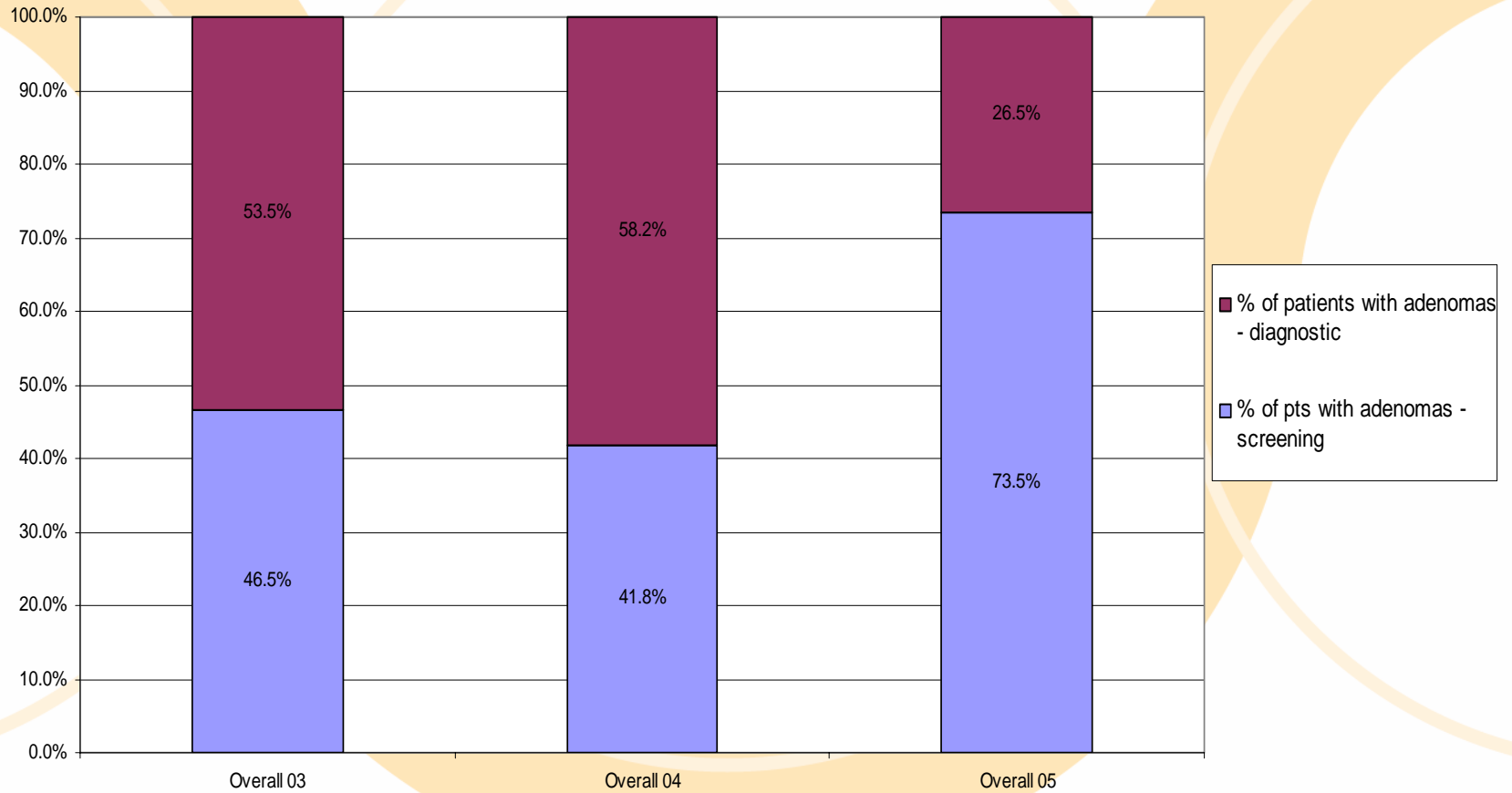
Colonoscopies performed on self-pay patients



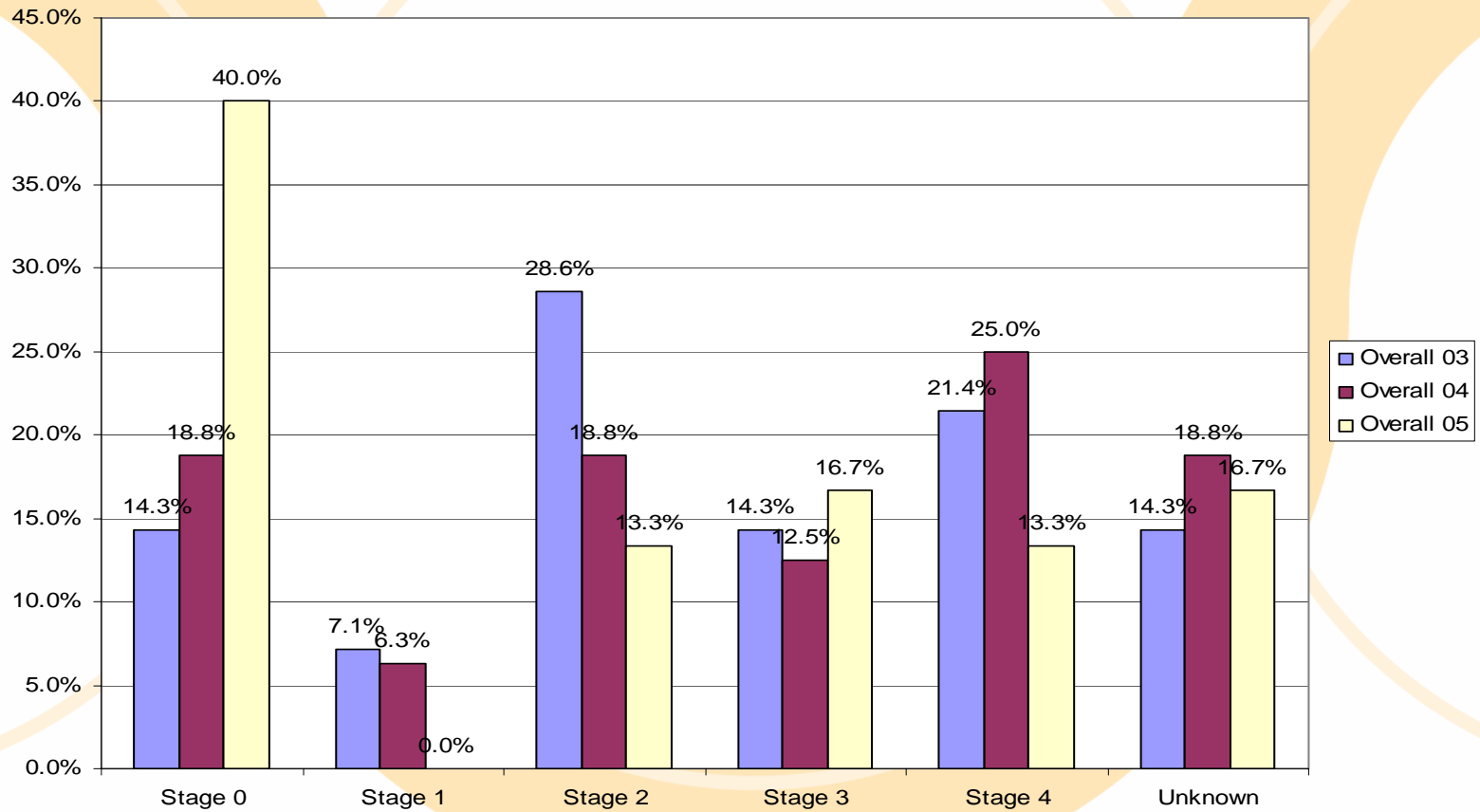
Adenoma Prevalence



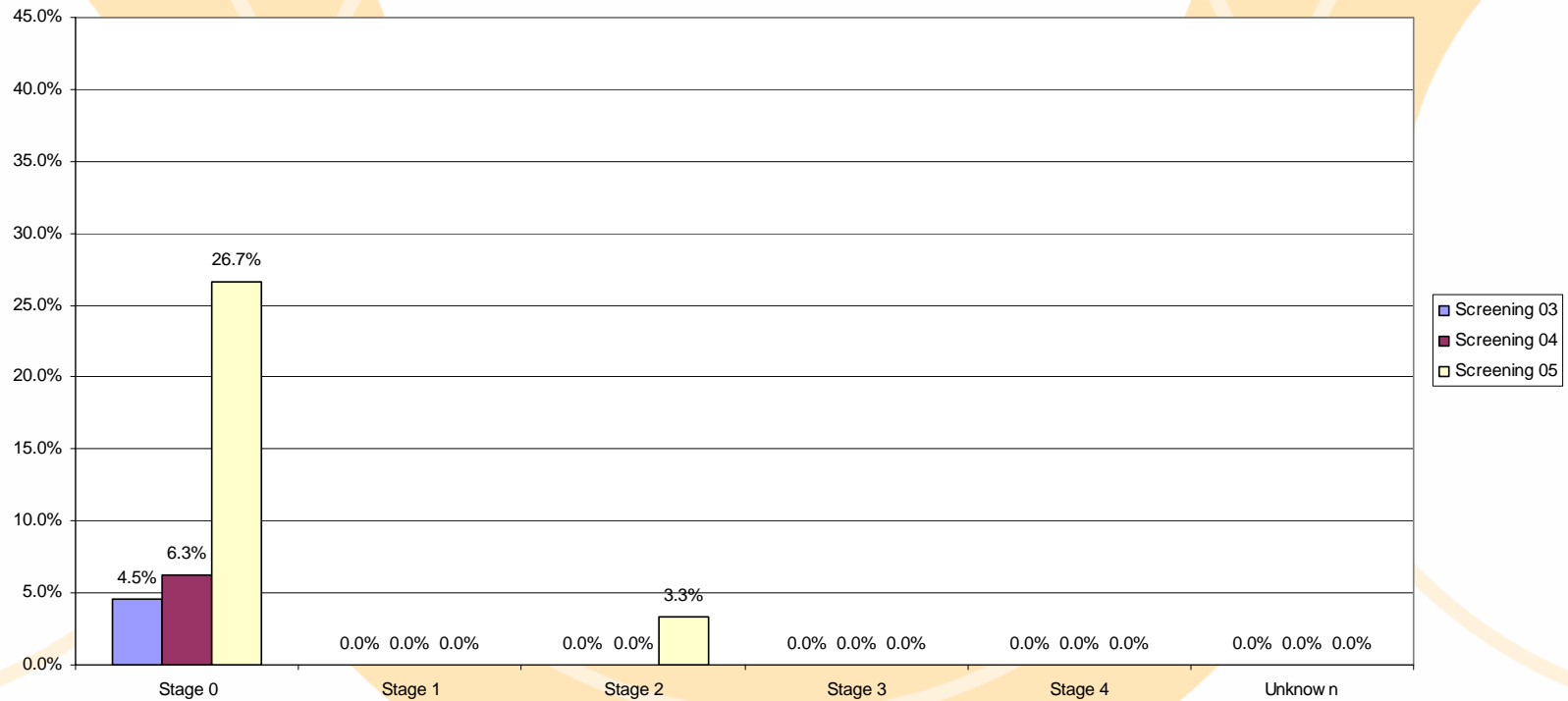
Adenoma prevalence



Colon Cancer Staging



Colon cancer staging – screening colonoscopies



CHANGE FOR THE BETTER

- **NEW SYSTEMS**
- **NEW ENDOSCOPY EQUIPMENT AND COMPUTERS**
- **PATIENT AND PROVIDER NAVIGATORS**
- **NEW ATTITUDE**
- **KNOCKING DOWN BARRIERS**
- **NEW TOOLS**

Woodhull Medical Center

760 BROADWAY
BROOKLYN, N.Y. 11206

ADDRESS:

PHONE:

MR#:

DOB:

INSURANCE:

(Patient Imprint Card)

COLORECTAL CANCER SCREENING DIRECT REFERRAL FOR COLONOSCOPY

Dear Doctor: Please complete this simple questionnaire to determine the appropriate indication for the colonoscopy. After completing the questionnaire, see below for further instructions. Thank you.

	YES	NO	UNKNOWN
1. Is the patient 50 years or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a history of colon or rectal cancer or polyps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the patient have a family history of colon cancer or polyps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the patient have a history of ulcerative colitis or Crohn's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the patient have any of the following: abdominal pain or cramps, rectal bleeding, diarrhea, constipation, change from your usual bowel habits, weight loss, loss of appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. IF fecal occult blood tests were done, were any ever positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If the patient had a colonoscopy before, how many years ago was it? _____			Years

(Stamp or print physician name/Signature)

(Office and Fax Numbers)

(Date)

Dear Health Care Provider: please check the appropriate box.

- IF ONLY #1 IS YES AND THE PATIENT HAS NOT HAD A COLONOSCOPY IN THE PAST 10 YEARS, OR***
- IF ANY OF #2-6 ARE YES AND THE PATIENT HAS NOT HAD A COLONOSCOPY IN THE PAST 3-5 YEARS, THEN:***

Your patient is **eligible** for **Direct Referral for Colonoscopy**. For Woodhull patients, please send the

Woodhull Medical & Mental Health Center

GASTROINTESTINAL ENDOSCOPY

Colonoscopy Procedure Report

Name:

MRN: MRN-003078

DOB: 08/10/1936

Exam Date: 02/10/2006

Referring Physician:

Introduction: A 69-year-old female patient presents for an elective outpatient Colonoscopy.

Indications:

- Average-risk screening.

Consent: The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

Preparation:

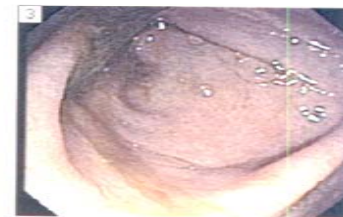
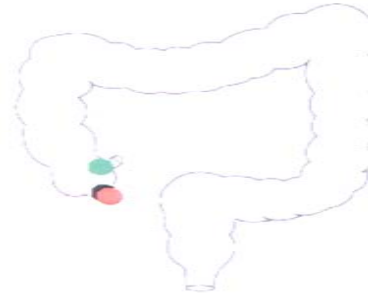
- EKG, pulse, pulse oximetry and blood pressure were monitored throughout the procedure.
- The patient was kept NPO for >10 hours prior to the exam.
- ASA Classification: Class 2 - Patient has mild to moderate systemic disturbance that may or may not be related to the disorder requiring surgery.
- The patient received Golytely in preparation for the procedure.
- An intravenous line was inserted.

Medications:

- The patient was given 2 L/min of oxygen throughout the procedure.
- Fentanyl 100 mcg IV before the procedure
- Versed 2 mg IV before the procedure
- Fentanyl 50 mcg IV during the procedure

Procedure: The endoscope was advanced with ease through the anus under direct visualization to the cecum, confirmed by an appendiceal orifice, cecal strap (crow's foot), and ileocecal valve. The scope was withdrawn and the mucosa was carefully examined. The patient's toleration of the procedure was good. The quality of the preparation was excellent.

Findings: A single sessile polyp, measuring 15 mm in size, was found in the proximal transverse colon. It was not bleeding. The polyp was completely removed by snare cautery polypectomy. Retrieved and placed in jar 1. There were multiple wide-mouth, severe diverticula in the sigmoid and ascending colon. A retroflexion was not done due to patient intolerance and small caliber of a rectum.



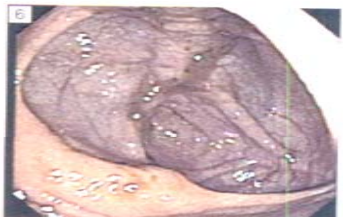
●-appendiceal orifice



●-appendiceal orifice



diverticulum-colon



●-ileocecal valve

Patient Name _____

Patient ID:MRN-003078

Exam Date:02/10/2006

Unplanned Events: There were no unplanned events.

Impression:

- A single sessile polyp found in the proximal transverse colon; removed by snare cautery polypectomy.
- Multiple diverticula found in the sigmoid and ascending colon.
- A retroflexion was not done due to patient intolerance and small caliber of a rectum.

Recommendations:

- Start a high fiber diet.
- Follow-up on the results of the biopsy specimens in 4 days.
- Colonoscopy recommended in 5 years if the polyp is an adenoma.
- Begin taking psyllium (Metamucil) 1 teaspoon every day.

Procedure Codes:

- 45385: Colonoscopy with snare polypectomy

Performed By: The procedure was performed by Sedat Ekici, an M.D. under the direct supervision of Harry Winters, an M.D. The attending physician was present for all critical portions of the procedure including, insertion, full inspection, and withdrawal of the endoscope as well as all therapeutic and diagnostic interventions.

Report electronically signed by Dr. Harry Winters, M.D. on 02/10/2006 at 12:52 AM
Harry A. Winters M.D.



polyp(s)-colon

Woodhull Medical & Mental Health Center

760 Broadway, Brooklyn, NY 11206

Colonoscopy Discharge Instructions

Patient Name: _____ Date of Birth: 08/10/1936
Patient ID: MRN-003078 Procedure Date: 02/10/2006

[] **You received sedative medications. It is important for your safety to follow the instructions below for the remainder of the day:**

- BE TAKEN directly home from the hospital and rest. Do NOT resume normal activities until tomorrow.
- Do NOT drive, return to work, or operate any machinery or power tools.
- Do NOT make any important personal or business decisions, sign any legal papers, or perform any activity that depends on your full concentrating power or mental judgment.
- Do NOT drink any alcohol or take nerve or sleeping drugs.

[] **A biopsy or polyp removal was performed. There is a slight risk of bleeding that can occur for up to 14 days later. Please follow the instructions below:**

- Do NOT take aspirin, Motrin, Advil or similar medicines used to treat pain or arthritis for 14 days. Use Tylenol only. Consult Dr. Winters if you are taking blood thinners or aspirin for other health conditions.
- Check for blood or black stool after each bowel movement.

[] **Potential common after effects and treatments following the procedure:**

- Mild abdominal pain, bloating, or excessive gas - rest, eat lightly, and use a heating pad.
- Redness and/or swelling where the IV was - apply a warm compress and elevate arm.
- You may not have a bowel movement for up to 3 days.

[] **Symptoms to report to your physician:**

- Severe or continuous abdominal pain, nausea, vomiting or bloating.
- Chills or fever above 101 degrees occurring within 24 hours after procedure.
- Large amount of rectal bleeding that does not stop. A small amount of rectal bleeding is not serious, especially if hemorrhoids are present. Persistent black stool.
- IV site stays red and swollen for more than 2 days.

Please call your doctor at (718) 963-5763 if any problems or questions arise. If you cannot reach your doctor and this is an emergency, please come to the Emergency Department immediately and bring these forms with you.

Harry A. Winters M.D.
Attending Physician

Health Care Provider (Sign)

(Stamp)

FOR PATIENT:

These instructions were explained to me, and my questions, if any, have been answered to my satisfaction. I fully understand and acknowledge receipt of these instructions.

Patient Signature

Patient Escort Signature

Date and Time

Woodhull Colonoscopy Database 2005-2006

Patient Demographics

Referral Information

Last First

Referral Source: Referring Clinic:

MR# Gender: DOB Age:

Indication: Referring Physician:

Address City State Zip:

PPU Appointment PPU Clearance

Home phone: Phone #2: Phone Indication:

PPU Time: Not Cleared

Country of Birth: Race Insurance:

Reschedule PPU Appt:

Reschedule PPU Time:

Procedure Findings

Colonoscopy date

Colonoscopy Not Performed:

Colon results A::

Colonoscopy Time

Reasons for Cancellation:

Colon results B::

Procedure Remarks:

Colonoscopy Performed

Reschedule Date

Colon results C::

Reschedule Time:

Colonoscopy Performed II

POLYP 1

POLYP 2

POLYP 3

POLYP 4

Location 1:

Location 2:

Location 3:

Location 4:

Size 1:

Size 2:

Size 3:

Size 4:

Polyp type:

type 2:

type 3:

type 4:

Histology 1:

Histology 2:

Histology 3:

Histology 4:

POLYP 5

POLYP 6

POLYP 7

Location 5:

Location 6:

Location 7:

Size 5:

Size 6:

Size 7:

type 5:

type 6:

type 7:

Histology 5:

Histology 6:

Histology 7:

Post Procedure Doc's/Patient Navigator Notes:

Performing Physician:

Lifetime Patient Dashboard

- **Allow primary care clinicians and specialists to take an active role in screening and prevention.**
- **When a Health Promotion action is needed, all clinicians may address.**

The Physician clicking on HMT-HTML patient summary icon on the desktop will get this screen

Patient Summary

NAME	AGE	DOB	SEX	MRN
Test,Epip	72Y	30 Mar 1933	Female	5999998

Health Maintenance Test Summary

RULE NAME	TIME PERIOD	LAST RESULT	LAST VALUE	NEXT ORDER FOR	ORDER NOW?
Eye Exam	q 1yr (>= 18y)				<input type="checkbox"/>
Mammography	q 1yr (>= 40y)				<input type="checkbox"/>
Colonoscopy	q 10 yrs (>= 45y)				<input type="checkbox"/>
Foot Exam	q 1yr (>= 18y)				<input type="checkbox"/>
Pneumovax	once (>= 65y)	12 Feb 04	Click to see EVENT DETAIL		
Influenza	q 1yr (>= 50y)	18 May 04	Click to see EVENT DETAIL		<input type="checkbox"/>
Pap Smear	q 1yr (>= 18y)				<input type="checkbox"/>

Click Here to Order Checked Procedures Now

Summary of the HMT Screen

- If the patient has a completed event for the time period, the last date column will light up and last value column will have the results.
- If the patient has a scheduled order for the time period, the scheduled date will appear in the Next Order For column.
- If the patient has neither a completed event nor an active order, a checkbox will appear in the Order Now column.

Providers checks on the Order Now? column and click on the bottom to order these procedures/ tests

Patient Summary

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Test,Epip	72Y	30 Mar 1933	Female	5999998

Health Maintenance Test Summary

RULE NAME	TIME PERIOD	LAST RESULT	LAST VALUE	NEXT ORDER FOR	ORDER NOW?
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Colonoscopy	q 10 yrs (>= 45y)				<input checked="" type="checkbox"/>
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Pneumovax	once (>= 65y)	12 Feb 04	Click to see EVENT DETAIL		
Influenza	q 1yr (>= 50y)	18 May 04	Click to see EVENT DETAIL		<input checked="" type="checkbox"/>
Pap Smear	q 1yr (>= 18y)				<input checked="" type="checkbox"/>

Click Here to Order Checked Procedures Now

SOME THINGS NEVER CHANGE

- **HIGH NO-SHOW RATES**
- **INACCESSIBLE PATIENTS**
- **NON-COMPLIANT PATIENTS**

WORK IN PROGRESS

- **REMINDER POST CARDS**
- **PHYSICIAN ASSISTANTS**
- **ENDOSCOPY UNIT EXPANSION**
- **COMMUNITY OUTREACH**
- **EDUCATION**