

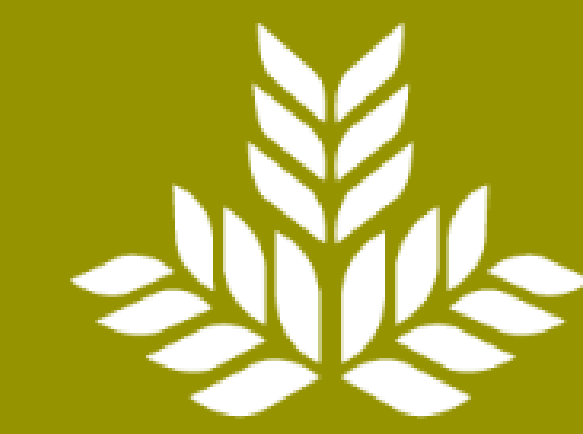


Virtual Head and Neck Cancer Screenings

An Evidence-based Quality Improvement Project

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Background

Early diagnosis of head and neck cancers are essential to successful treatment and increased survival. During the COVID-19 pandemic, many people avoided routine cancer screenings (American Cancer Society, 2021). According to the National Cancer Database, Northeast Georgia Medical Center has higher numbers of people diagnosed with late-stage head and neck cancers than early stages (NCDB, 2022). The PDSA quality tool was utilized to guide the project.

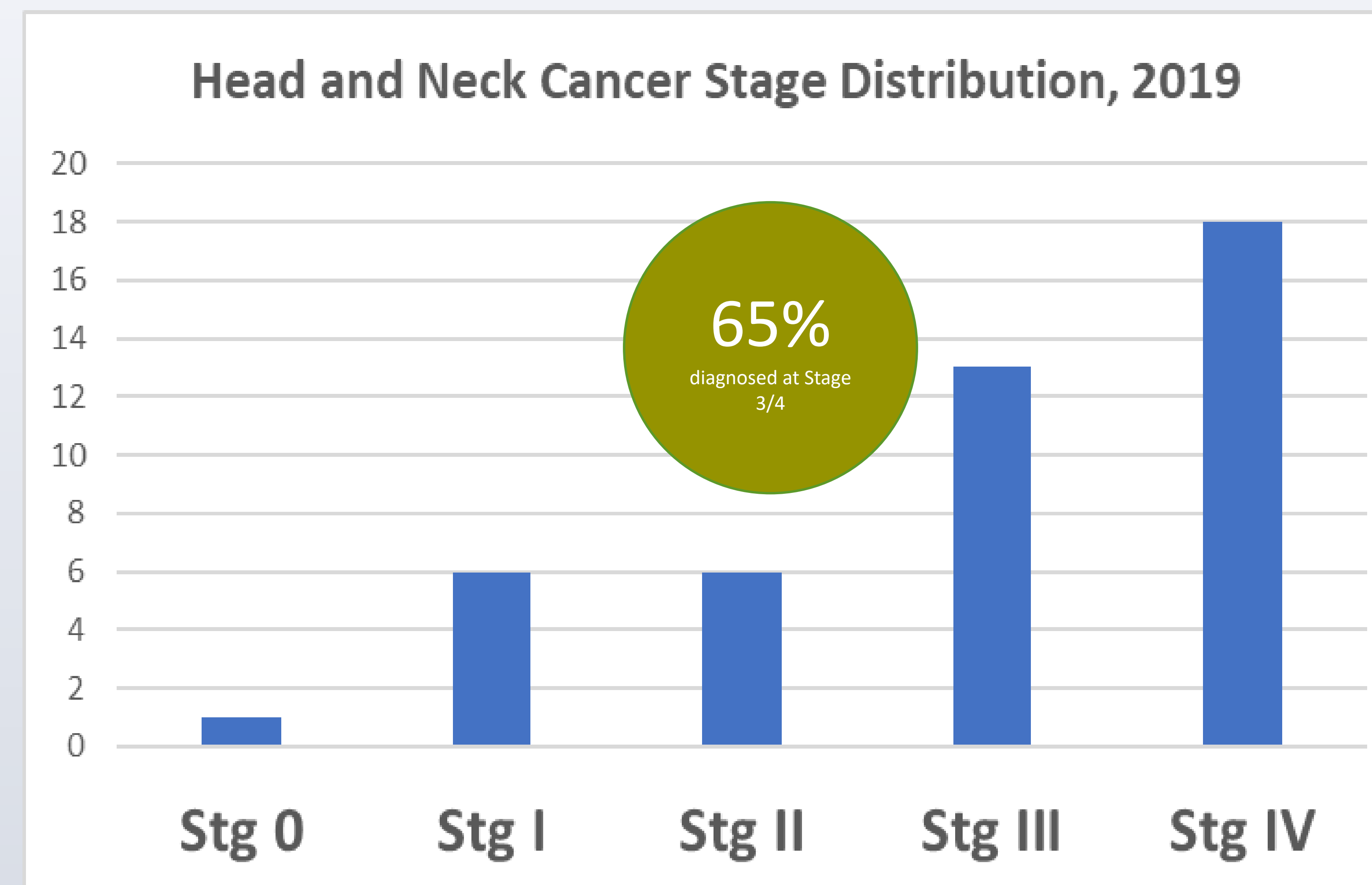
Plan

- Physician and support team members were identified
- Target populations defined
- Resources and funding secured
- Technology platforms identified
- Dates/times secured
- Event promotion, educational materials obtained
- Incentives acquired
- Participant follow-up plan determined
- 2021 screening with employee base for learning

Do

- Screening appointments were taken through web-based site in 2021.
- 2021 screening held on 5.12.2021 9am-12noon.
- 2022 screening held on 4.11.2022 9am-11am.
- Skype and Zoom virtual platforms utilized, one on one education provided during screening, and print materials and resources mailed/ handed to participants.

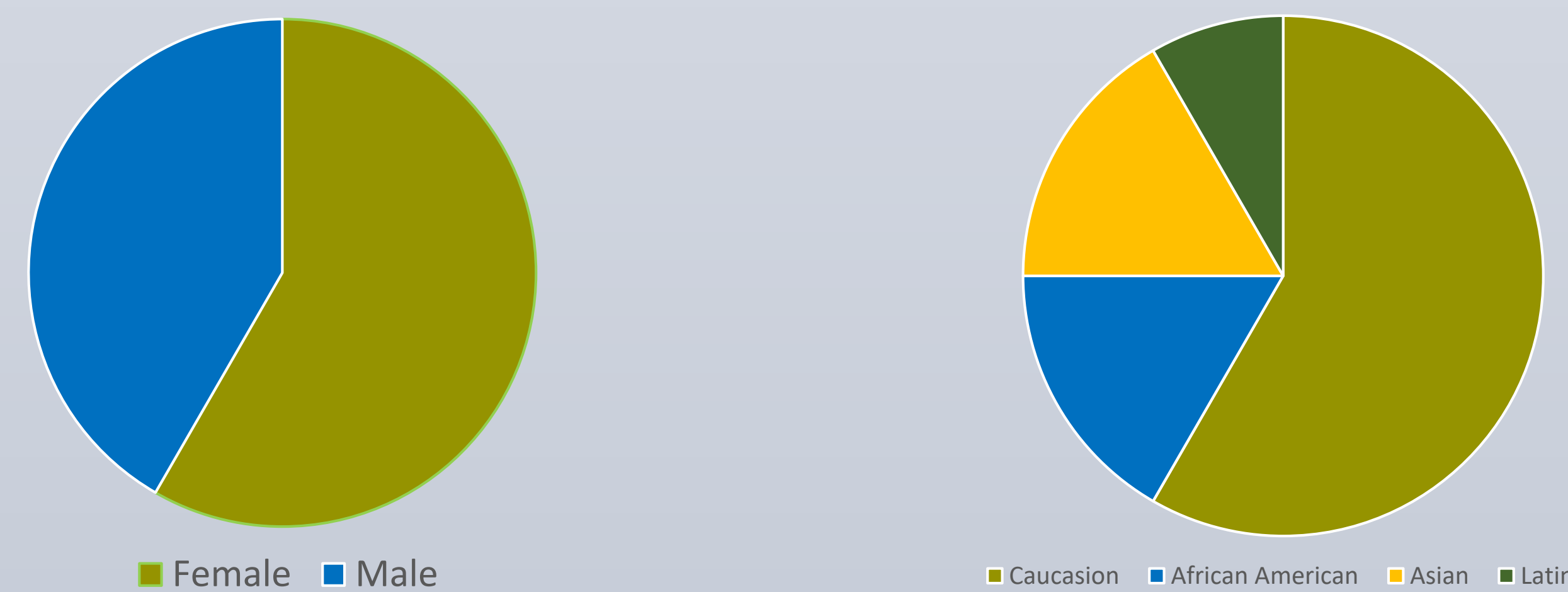
Community Need Identified



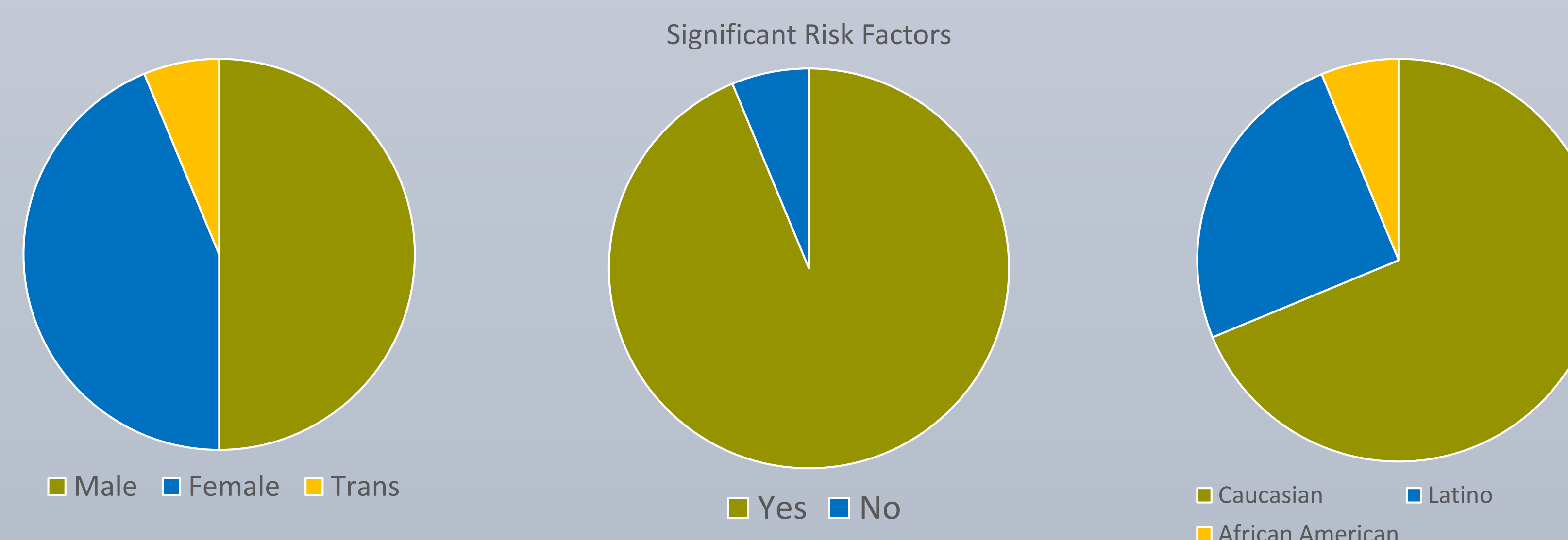
Based on National Cancer Database (NCDB) organizational data, over 65% of head and neck cancers at NGMC are diagnosed in either Stage 3 or Stage 4.

Outcomes of Screenings

2021 Screening



2022 Screening



Study

- 2021 – 13 participants, target population hospital employees, direct costs - \$162, In-kind hours - \$2,450, one follow up, Skype platform
- 2022– 8 participants target population low-income, tobacco users receiving care in outpatient setting, direct costs - \$180, In-kind hours - \$1,550, no abnormalities, Zoom platform
- Participants and organizers had difficulties with both virtual platforms, the use of laptop with earphones was more effective, more time needed for screenings, target demographics reached.

Act

For future screenings, the following improvements could be made:

- Explore additional virtual platforms
- Allow additional time between appointments
- Identify local employers for at-risk participants
- Seek partnerships with additional physician providers
- Pursue small grant funding to sustain incentives/provide stipends for participants

References

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