



Dr. Suzanne Campbell, GP, Oncology

Indigenous community of Saik'uz improves lung cancer screening by 800% in 4 months

A lung cancer screening quality improvement project led by Dr. Suzanne Campbell in the Indigenous community of Saik'uz in the Northern Interior region, has radically improved the numbers of eligible patients undergoing CT screening for lung cancer by over 800% in just 4 months.

Why it matters

Indigenous peoples in British Columbia have lower rates of cancer screening and poorer outcomes for all cancers than non-indigenous populations. Contributing factors include reduced awareness of the value of screening programs, reduced access, cultural barriers, communication, transport issues and previous negative experiences that have led to distrust in the medical system.

How they did it

A quality improvement project team led by Dr. Suzanne Campbell and supported by Northern Health's Physician Quality Improvement program, and Carrier Sekani Family Services, analyzed the root causes of low CT lung screening uptake and completion rates within the BC Cancer Provincial Lung Screening Program for the small, rural and remote, indigenous community of Saik'uz. They found less than 10% of patients referred to the lung screening program over a 3-year period actually completed a lung screening CT scan. Cited reasons included difficulty navigating the screening program referral pathway, reduced trust in dealing with unknown provincial program coordinators, missed imaging appointments, and transport issues. With the aim of improving both patient recruitment rates to the program and completion rates for CT screening scans, the team implemented 3 tests of change:

1. Raised awareness and provided education in the community by presenting at local events and discussing cancer and the importance of screening.
2. Streamlined the referral pathway by reducing the number of steps involved and reassigning key navigation functions to local health care teams.
3. Improved communication to patients, via their local team, and the MOA coordinated transportation and appointments for patients.

Within 4 months of implementing these tests of change, the team saw a 10x improvement in the number of patients referred for screening and over 8x improvement in attendance rates for CT scans, exceeding their project goals.

Building on their success the team is now turning its attention to improving the other screening program processes for breast, colon and cervical cancer screening.