Colorectal Cancer is the third most common cancer in the United States, and the second leading cause of cancer mortality. The US Preventative Service Task Force (USPSTF) has developed colon cancer screening guidelines to detect colon cancer in its early stages, such as annual fecal immunochemical testing (FIT), every 3-year stool DNA-FIT, or colonoscopy.

**Goal Statement**
Increase Colorectal cancer screening numbers within each resident cohort by increasing completion rate and ordering of stool cards by 50% from cohort baseline in preceding 6 months.

**Methods**
Initial data for five resident cohorts was collected using Slicer Dicer. From this preliminary data, barriers to colonoscopy screening were identified, including lack of testing ordered, lack of follow-up for testing ordered, and patients that had not been seen in the office in over a year. A standardized workflow was created, in which eligible patients were identified, the appropriate screening test was ordered, and an EPIC telephone task was created to have office staff follow up with the patient in 2 weeks via a telephone call. The office staff and residents at the practice were educated on the workflow. The workflow was also posted at each resident workstation. Slicer Dicer reports were generated every 5 weeks to determine adherence to the workflow, and this data was sent out at regular intervals to each cohort.

**Results**
The baseline data from 7/1/2022 - 12/31/2022 indicated that 34 patients had completed Fit cards or Fit-DNA cards. After the intervention, from 1/1/2023-7/1/2023, 54 patients had completed Fit cards or Fit-DNA cards. The intervention improved the completion of colorectal cancer screening by 61.76%.

**Conclusion**
The standardized workflow to communicate with patients following prescribing a FIT test along with staff education and reminders was successful in meeting the goal of the project and increased completion of FIT-DNA based colorectal cancer screening by 61.76%.