



*Taddle Creek*

## MEDICAL DIRECTIVE

### Family Health Team

<b>Title:</b>	<u>Fecal Occult Blood Test</u>	<b>Number:</b>	<u>TCFHT-MD01</u>
<b>Activation Date:</b>	<u>01-01-2014</u>	<b>Reviewed:</b>	<u>01-01-2015</u>
<b>Next Review:</b>	<u>01-01-2016</u>		

**Sponsoring/Contact Person(s)**  
*(name, position, contact particulars):*

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416-960-1366

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416-960-1366

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<b>Order and/or Delegated Procedure:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Implementers may order a Fecal Occult Blood Test (FOBT) for colorectal cancer (CRC) screening in accordance with the conditions identified in this directive.	
<b>Recipient Patients:</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b> Appendix A – Authorizer Approval Form
Recipients must:	
<ul style="list-style-type: none"><li>• Be active patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form</li><li>• Be 50 years of age or older*</li><li>• Meet the conditions identified in this directive</li></ul>	
* Eligible if they are 49 years old and their 50 <sup>th</sup> birthday is within 60 days of application of the directive	
<b>Authorized Implementers:</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b> Appendix B – Implementer Approval Form
Implementer must be a TCFHT employed Regulated Health Care Providers or Physician Assistant	

(under the supervision of a physician).

Implementers must have completed the following training and sign the Implementer Approval Form:

- 1) Review the entire Health Care Professionals section of the Ontario Ministry of Health and Long Term Care ColonCancerCheck program website, accessible from:  
<http://health.gov.on.ca/en/pro/programs/coloncancercheck/>
- 2) Review the following ColonCancerCheck documents:
  - a. ColonCancerCheck. (2008). *Colorectal Cancer Screening*, accessible from:  
[http://health.gov.on.ca/en/pro/programs/coloncancercheck/docs/ccf\\_foldout\\_20080606.pdf](http://health.gov.on.ca/en/pro/programs/coloncancercheck/docs/ccf_foldout_20080606.pdf)
  - b. ColonCancerCheck. (2008). *Risk assessment*, accessible from:  
[http://health.gov.on.ca/en/pro/programs/coloncancercheck/docs/ccf\\_refcard\\_20080606.pdf](http://health.gov.on.ca/en/pro/programs/coloncancercheck/docs/ccf_refcard_20080606.pdf)
- 3) Review the following articles, accessible from <http://www.UptoDate.com>:
  - a. Fletcher, R. (2013). *Screening for colorectal cancer: Strategies in patients at average risk*.
  - b. Fletcher, R. H. (2013). *Tests for screening for colorectal cancer: Stool tests, radiologic imaging and endoscopy*.

**Indications:**

Appendix Attached:  Yes  No

Title: Appendix C – CRC (FOBT) Screening Requisition

Implementers may order a ColonCancerCheck FOBT for eligible patients who are 50 years old and older\* who have average risk of CRC according to their health information in the EMR using a Ministry of Health and Long-Term Care Laboratory Requisition.

**Contraindications:**

- Patients who have a personal history of CRC (ColonCancerCheck, 2008a).
- Patients who have a family history of CRC (ColonCancerCheck, 2008a).
- Patients who have a personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease) (Fletcher, 2013a).
- Patients who have average risk for CRC, and have a normal colonoscopy on file within the last 10 years (ColonCancerCheck, 2008a, Fletcher, 2013b).

\* Eligible if they are 49 years old and their 50<sup>th</sup> birthday is within 60 days of application of the directive

**Consent:**

Appendix Attached:  Yes  No

Title: Appendix D – Turning 50 CRC Screening (FOBT) Letter

The patient has enrolled with their provider at the Taddle Creek FHT. Therefore, consent to receive health information and notification of screening eligibility is implied. A letter will accompany the FOBT kit in the mail, which will encourage the patient to contact their provider should they have questions. Once receiving the FOBT kit in the mail, the patient completes the test by his or her own volition.

**Guidelines for Implementing the Order/Procedure:**

Appendix Attached:  Yes  No

The purpose of this medical directive is to enhance TCFHT patients' access to CRC screening, which is in accordance with the "Cancer Care Ontario Guidelines for Breast, Cervical, & Colorectal Cancer Screening" (Cancer Care Ontario, 2013).

**Documentation and Communication:**

Appendix Attached:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Implementers will document that they have reviewed an eligible patient's EMR and ordered an FOBT in the "Turning 50 CRC (FOBT) Screening Program" Encounter Assistant.

The implementer will send a message in Practice Solutions to the patient's primary care provider, indicating that they have ordered an FOBT for the patient.

The implementer will send a delayed message to themselves in 60 days to follow up with the patient via phone if the FOBT test is not completed within this timeframe. After this 60 day follow up phone call, no further follow up is required.

**Review and Quality Monitoring Guidelines:**

Appendix Attached:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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- Routine review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the approved implementers.
- If new information becomes available between routine reviews, such as the publishing of new clinical practice guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by an authorizing primary care provider and a minimum of one implementer
- At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.

**References:**

- Cancer Care Ontario. (2013). *Cancer Care Ontario guidelines for breast, cervical, & colorectal cancer screening*. Retrieved from <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=273767>
- ColonCancerCheck. (2008a). *Risk assessment*. Retrieved from [http://health.gov.on.ca/en/pro/programs/coloncancercheck/docs/ccr\\_refcard\\_20080606.pdf](http://health.gov.on.ca/en/pro/programs/coloncancercheck/docs/ccr_refcard_20080606.pdf)
- ColonCancerCheck. (2008b). *Colorectal cancer screening*. Retrieved from [http://health.gov.on.ca/en/pro/programs/coloncancercheck/docs/ccr\\_foldout\\_20080606.pdf](http://health.gov.on.ca/en/pro/programs/coloncancercheck/docs/ccr_foldout_20080606.pdf)
- Fletcher, R. H. (2013a). *Screening for colorectal cancer: Strategies in patients at average risk*. Retrieved from <http://www.uptodate.com>
- Fletcher, R. H. (2013). *Tests for screening for colorectal cancer: Stool tests, radiologic imaging and endoscopy*. Retrieved from <http://www.uptodate.com>

**NOTE:**

**This medical directive is based on TCFHT's previous medical directive PH-1 entitled, "Preventive Health," which required revision in formatting to reflect the growth of the TCFHT organization. The majority of the content of PH-1 has remained the same for the revised TCFHT-MD01 version. Therefore, all approved Implementers and Authorizers for medical directive PH-1 "Preventive Health" have grandfathered approval for TCFHT-MD01 "Fecal Occult Blood Test."**

**Appendix A:**  
**Authorizer Approval Form**

<b>Name</b>	<b>Signature</b>	<b>Date</b>
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**Appendix B:**  
**Implementer Approval Form**

To be signed when the implementer has completed the required preparation, and feel they have the knowledge, skill, and judgement to competently carry out the actions outlined in this directive.

Name	Signature	Date
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**Appendix C:**  
**Preventive Health – CRC Screening Requisition**

<p><b>Ontario</b> Ministry of Health and Long-Term Care Laboratory Requisition Requisitioning Clinician / Practitioner</p>		<p><b>Laboratory Use Only</b></p>			
Name Trudy Chernin  Address 790 Bay Street Toronto, ON M5G 1N8		Clinician/Practitioner's Contact Number for Urgent Results ( 416 ) 960-1366		Service Date yyyy mm dd	
Clinician/Practitioner Number 271858	CPSO / Registration No.	Health Number ON 1112 223 456	Version	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth yyyy mm dd 1930 10 11
Check ( / ) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Province: Other Provincial Registration Number		Patient's Telephone Contact Number ( 416 ) 555-5555	
Additional Clinical Information (e.g. diagnosis)		Patient's Last Name (as per OHIP Card) Duck  Patient's First & Middle Names (as per OHIP Card) Donald			
<input type="checkbox"/> Copy to: Clinician/Practitioner Last Name: First Name		Patient's Address (including Postal Code) 187 Bay Street Toronto, ON N4N 5J5			
Address					
<p><b>Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory</b></p>					
<b>x Biochemistry</b> Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting HbA1C TSH Creatinine (eGFR) Uric Acid Sodium Potassium Chloride CK ALT Alk. Phosphatase Bilirubin Albumin Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form) Vitamin B12 Ferritin Albumin / Creatinine Ratio, Urine Urinalysis (Chemical) Neonatal Bilirubin: Child's Age: days hours Clinician/Practitioner's tel. no. ( ) Patient's 24 hr telephone no. ( ) Therapeutic Drug Monitoring: Name of Drug #1 Name of Drug #2 Time Collected #1 hr. #2 hr. Time of Last Dose #1 hr. #2 hr. Time of Next Dose #1 hr. #2 hr.		<b>x Hematology</b> CBC Prothrombin Time (INR) <b>Immunology</b> Pregnancy test (Urine) Mononucleosis Screen Rubella Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive) Repeat Prenatal Antibodies <b>Microbiology ID &amp; Sensitivities (if warranted)</b> Cervical Vaginal Vaginal / Rectal - Group B Strep Chlamydia (specify source): GC (specify source): Sputum Throat Wound (specify source): Urine Stool Culture Stool Ova & Parasites Other Swabs / Pus (specify source):		<b>x Viral Hepatitis (check one only)</b> Acute Hepatitis Chronic Hepatitis Immune Status / Previous Exposure Specify: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C or order individual hepatitis tests in the "Other Tests" section below <b>Prostate Specific Antigen (PSA)</b> <input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA Specify one below: <input type="checkbox"/> Insured - Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured - Screening: Patient responsible for payment <b>Vitamin D (25-Hydroxy)</b> <input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism <input type="checkbox"/> Uninsured - Patient responsible for payment <b>Other Tests - one test per line</b>	
I hereby certify the tests ordered are not for registered in or out patients of a hospital. Medical Directive #TCFHT-MD01  Clinician/Practitioner Signature		<b>Specimen Collection</b> Time 24 hour clock Date yyyy/mm/dd <b>Fecal Occult Blood Test (FOBT) (check one)</b> <input type="checkbox"/> FOBT (non CCC) <input checked="" type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form Laboratory Use Only			
Date 15/04/2014					

**Appendix D:**



## Turning 50 CRC Screening (FOBT) Letter

Implementer Name  
Implementer Taddle Creek FHT Contact Information

Date

Dear Patient's First Name,

I am the Registered Nurse that works with your primary care provider. Our records show that you will soon be turning 50 years old. Happy Birthday! This is an important milestone in your life and an opportunity to focus on your health. As part of your primary care team, I'm committed to helping you be as healthy as possible. A key part of maintaining your health is the prevention and screening of chronic diseases. Our records show that you are due for colorectal cancer screening:

**Colorectal Cancer Screening** – Adults aged 50 to 74 are encouraged to do the **Fecal Occult Blood Test (FOBT) every 2 years. I have included an FOBT kit in this package. Please review the instructions, do the FOBT test as soon as you can, and pop the kit in the mail when you're done.** FOBT has been found to decrease the risk of dying from colorectal cancer. A person with colorectal cancer has a 90% chance of being cured if the cancer is caught early with screening.

Go to [www.youtube.com](http://www.youtube.com) and search "Home Screening for Colon Cancer (FOBT)" for more details.

**Note:** If you have a personal or family history of colorectal cancer, FOBT screening may not be appropriate. In this case, please contact us to discuss what screening is recommended for you.

If in 2 months we have not received your FOBT results, I will call you to follow up. As part of your primary care team, I appreciate the opportunity to work with you to enhance your health and prevent illness. Should you have any questions or concerns, feel free to contact me.

Yours truly,

Implementer Name and Signature