



Pathway to Eliminating Fecal Occult Blood Testing at a Tertiary Care Center

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Introduction

- The United States Preventive Services Task Force (USPSTF) recommends fecal occult blood testing as one method for colorectal cancer screening in average risk people.
- However, the test is often used inappropriately for other indications in admitted patients, leading to unnecessary procedures, false reassurance, and wasted health care dollars.
- We performed a retrospective review to determine the indications for inpatient fecal occult blood tests (FOBT) and their impact on clinical outcomes at a tertiary care center.

Methods

- Our goal was to characterize the current inpatient FOBT ordering patterns at our tertiary care center.
- We reviewed all the inpatient FOBT ordered between Jan 2018 and Jan 2021 and characterized them based on the ordering department.
- Internal Medicine (IM) was the most common ordering department.
- We then conducted a chart review of every fourth IM patient that had an FOBT ordered during the study period.
- We identified characteristics such as chief complaint, ordering team, indication, the result of the test, if a patient went on to endoscopy, and hemoglobin at the time of test

Results

- Of 1446 total orders, IM ordered the most with 632 tests, followed by FM at 369 tests, and cardiology with 135 tests.
- Among the 158 IM charts reviewed, the most common ordering team was the admission triage team.
- Ninety percent of tests were ordered by non-teaching teams vs 10% ordered by teaching teams.
- The IM-ordered tests had a positivity rate of 54% and anemia was the most common indication.
- The average hemoglobin at time of testing was 8.5 g/dl.
- 24% of patients had signs of overt GI bleeding.
- In the absence of overt GI bleeding, only 23% of positive FOBT tests led to an inpatient endoscopy (Fig. 1).
- The proportion of those who underwent endoscopy was higher in those who presented with symptoms of overt GI bleeding than those who did not (56% vs 10%).



Discussion

- Our retrospective study highlights that inpatient FOBT are often utilized in the management of anemia in hospitalized patients.
- Most tests were ordered by non-teaching teams.
- In the absence of overt bleeding, a positive inpatient FOBT rarely led to endoscopy.
- Use of FOBT in the inpatient setting is a low value practice.
- We plan to conduct a further root cause analysis using physician interviews to understand reasoning for inpatient use of this test and design interventions to eliminate inpatient FOBT at our hospital.

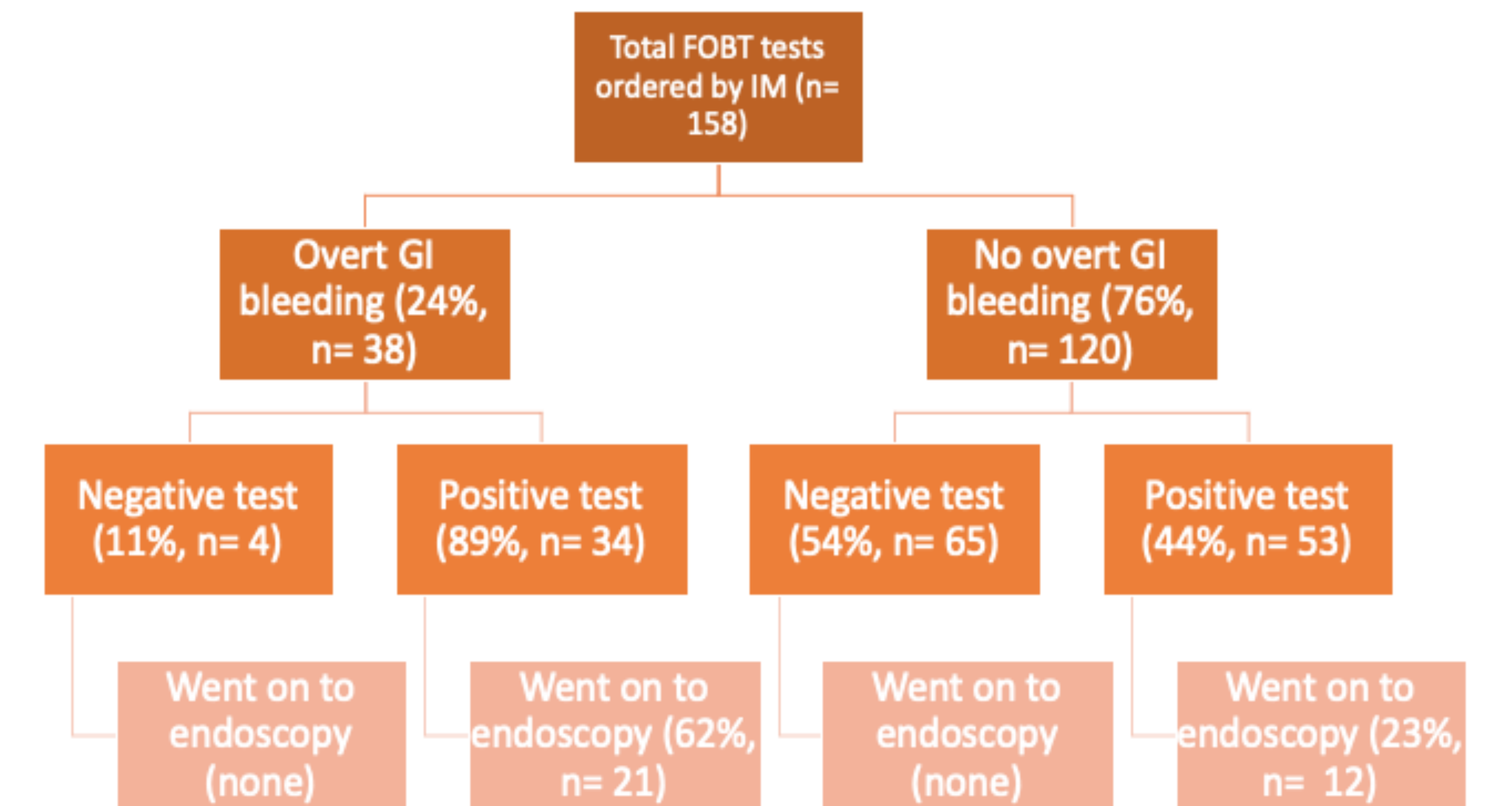


Figure 1: Flow diagram detailing which patients went on to endoscopy

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