Factors Associated with Fecal Calprotectin Sample Collection: An Inflammatory Bowel Disease Center QI Project

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Problem

• For patients with inflammatory bowel disease (IBD), monitoring is critical for therapeutic regimens and prevention of disease flare-ups.1

• While colonoscopy remains the gold standard biomarker of inflammation, an alternative, non-invasive and inexpensive method is measuring fecal calprotectin (Fcal). However, patient compliance with this test is variable and incompletely described.2

Goal

• The goal of our project was to assess institutional Fcal rates and identify factors associated with non-compliance at the University of Chicago IBD Center.

Strategy

• We performed a retrospective chart review of all patients who were ordered a Fcal test and visited the IBD Center from August 2021 through December 2021.

• For all patients with incomplete Fcal tests, a secondary survey was administered to better understand patients’ difficulties with the test and perspectives.

• Simple statistical analysis, multivariable regression modeling, Bayesian factor analysis (BFA), and thematic analysis were all performed.

Results

• Of 303 patients who visited the IBD Center, 54% (165/303) were ordered a Fcal test

• Of 165 patient charts reviewed found 66% (110/165) completed their Fcal test. Greater compliance at our center than prior findings.2

• Across cohorts, patients who were in IBD remission, had no prior history of taking the test or had a history of incomplete tests, or had the test ordered through a third-party testing center were significantly less likely to complete the test (Figure 2).

• We found that patient non-compliance with Fcal tests was associated with third-party testing center usage, a lack of prior testing, and pandemic-related effects.

• We plan to improve compliance by implementing EHR dot phrases (FAQs), educational videos surrounding stool sample collection, and a 1-week post-order phone call.

References


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