

# End the Wait for Endoscopy



1. Katy Cowley NUM and Kerry Arnold CNE
2. Endoscopy Unit, The Wollongong Hospital, ISLHD

## Case for change

The start of the National Bowel Screening Program (NBSP) increased demand for Endoscopy services. The gradual increase in the frequency of screening from 5 yearly to 2 yearly between now and 2020 will potentially double the demand for the service.

In the Illawarra 34% of the population are eligible for bowel cancer screening based on age. Research shows if bowel cancer is diagnosed early with an endoscopy it has a 90% survival rate. Data shows that only 40 per cent of Australians are diagnosed at this early stage, resulting in a 66 per cent survival rate (Bowel cancer in Australia 2018).

This project identified a need for a defined governance framework for Endoscopy services, in order to address;

- delays from GP referrals to specialist consultation.
- delay from consultation to procedure resulting in delays in diagnosis.

Minimising delays alongside increasing demand will ensure early diagnosis for our patients.

## Goal

To reduce the waitlist by 26 days (Cat A) 120days (Cat B) 60 days (Cat C) to meet the Ministry of Health guidelines of Cat A 30 days, Cat B 90 days, Cat C 365 days.

## Objectives

- To reduce the wait for a clinic appointment from 6 months to 3 months by January 2018.
- To increase the clinical review of the RFA (recommendation for admission form) from 26% to 100% by December 2017.
- To improve communication about appointments and procedures to 100 % of Endoscopy patients by March 2018.

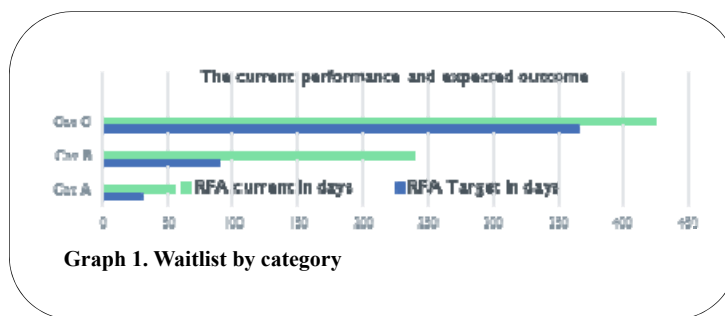
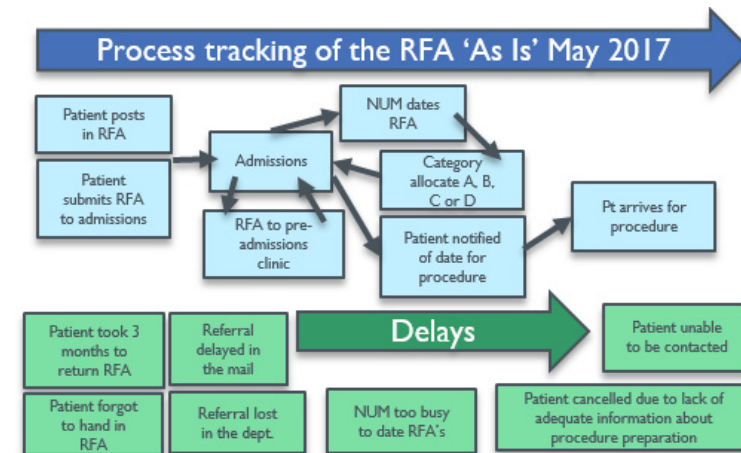
## Method

This project used the Clinical Redesign Methodology

Table 1: Diagnostic Activities

Patient Interviews (n=32)	Staff Interviews (n=30)	Medical Officer Surveys (n=4)	Staff Workshops (n=2)
Patient RFA audit (n=300)	Process Mapping (n=5)	Review of outpatient clinics	Review of utilisation of procedure lists

## Diagnostics and Key Findings

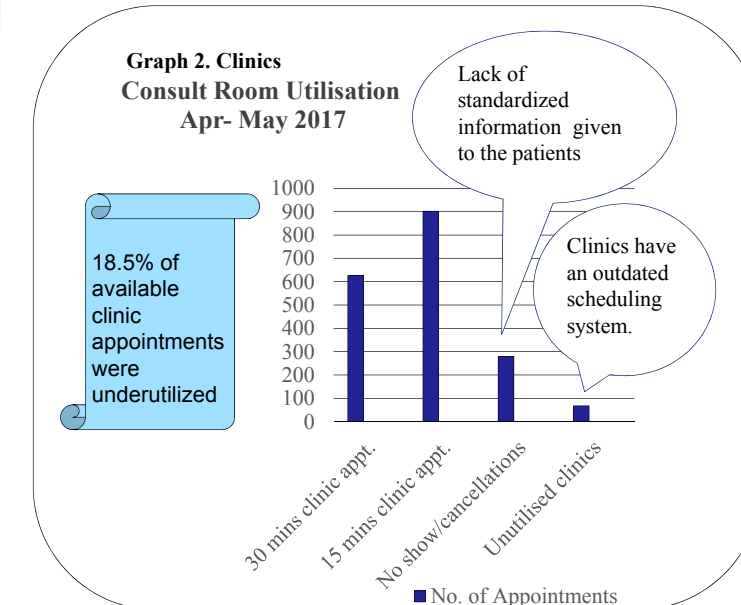


## Solutions

- Define the model of care for the Endoscopy Unit
- Secure messaging electronic GP referrals
- To realign clinic hours to optimise utilisation
- Document a process for RFA's to be clinically reviewed
- Develop a nurse screener role to facilitate the clinical review of the RFA's
- Electronic scheduling of the procedure lists with staggered admission times for patients
- Implementation of Surginet for tracking the patient journey
- Standardisation of all patient information from clinic to discharge

## Acknowledgements:

Kelly Watson Operations Manager (Sponsor)  
David Jeffery Co-Director of Medicine. Kate Worrall Admissions Manager.  
Dr J McDonald Director of Gastroenterology ISLHD.  
Michaela Baginski, Suzanne Payne and Flor Gonzaga, ISLHD Clinical Redesign.



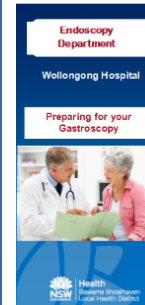
## Quick Wins

- Development of a Business rule identifying patients suitable to go to Shellharbour for their procedure has resulted in the reduction of category B patients on the Wollongong waitlist.
- A list of suitable patients who can attend for procedure at short notice was created to mitigate cancellations.
- The Endoscopy department automated telephone message was simplified to provide an improved consumer experience.

## Contact

Kerry Arnold 02 4222 5971 Kerry.Arnold@health.nsw.gov.au  
Michaela Baginski 0477329606 Michaela.Baginski@health.nsw.gov.au

## Results



1. Six patient information brochures were developed and are accessible across the district. The relevant information is sent by admissions when notifying the patient of their procedure date
2. Electronic scheduling of procedures is being implemented, with patients booked into allocated timeslots by the Admissions Department

### The New RFA Journey

GP referral to Gastro Clinic.	At clinic appointment RFA created	Completed RFA dated by admissions	RFA screened	Pt informed of procedure date and given information	Procedure takes place
-------------------------------	-----------------------------------	-----------------------------------	--------------	---	-----------------------

3. The process for screening of RFAs is complete. A nurse will contact patients 3 days prior to admission to assess their readiness for the procedure and provide education materials.
4. Documenting the patient journey through the department using Surginet will be implemented in July 2018, to complement the electronic scheduling.
5. Electronic general practitioner referrals and pathways are currently under development through the secure messaging project. The Endoscopy department is connecting to this project through a working party.

## Sustaining change

Sustained change will be assisted by:

- Use of electronic booking system.
- Weekly waitlist meetings, with admissions 4 weeks in advance, will maintain booking process.
- Revised information brochures, and their consistent distribution to patients, will drive improved patient preparation.

## Conclusion

The *End the Wait for Endoscopy* redesign project has provided a foundation upon which to establish a multi-year program of work to revise and improve the Endoscopy Service at ISLHD.

The objectives and solutions identified by this project will continue to be implemented and monitored over the coming years to ensure quality services and outcomes for patients.