



COLONOSCOPY PATHWAY – MIDLAND CANCER NETWORK

Introduction

The Waikato DHB organised teams to be trained in 'Lean Thinking' based in Hamilton from October 2008 to March 2009. As part of this initiative the Midland Cancer Network funded a team to map the colonoscopy pathway from General Practitioner (GP) referral to colonoscopy procedure for Waikato, Lakes and BOP DHBs. The colonoscopy project also included focusing on the following areas:

- Improved quality and efficiency of services
- Reduced delay between each step/process
- Demand/capacity
- Workload balancing.

Colonoscopy Project Team

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Key issues identified

- Demand/capacity; difficulty in identifying the current waitlist (FSA, colonoscopy, surveillance for both surgery and gastroenterology) due to different data systems which made forecasting demand difficult.
- Significant demand on outpatient clinics identified.
- Different GP referral forms and no standards creating wastes: delays in processing (referral forms) and rejects (incorrect information).
- Difficulties in identifying the number of patients for first specialist appointment (FSA), colonoscopy, surveillance especially Waikato.
- Different grading systems between specialities e.g. general surgeons and gastroenterologists.

Outcomes achieved and opportunities:

- Value stream mapping completed for Waikato, Thames and Taupo hospitals. Tauranga in progress and Whakatane and Rotorua yet to commence.
- General surgeons have increased their capacity for colonoscopies as a result of tracking patient demand and capacity – an additional 2 procedures per week.
- Information now available for planning and monitoring. A data analyst now sends wait list figures to Clinical Nurse Manager endoscopy monthly.
- Discussion with specialties to develop and implement a standard GP referral form for colonoscopy. It is estimated that 20% of patients could be referred directly to colonoscopy and markedly increase process efficiencies through eliminating wastes.
- Colorectal CNS established networks with outlying Waikato hospitals including GPs and surgeons.
- Colorectal CNS will follow up Waikato surveillance patients, this will potentially free up 150 FSAs/year.

- Colorectal CNS to implement a paper clinic for all FSA referrals. The results will be discussed with surgeons and a patients follow up plan decided upon. This will potentially free up a further 150 FSAs/year.
- Increase efficiency with the colonoscopy to be performed by referring surgeon where possible (potentially will free up further FSAs).
- Discussion and agreement with surgeons, gastroenterologists and the Midland cancer network executive to extend this lean project into 2009-2010 to meet the Ministry of Health service improvement priorities.

Next steps

- Develop and pilot standard GP referral form.
- Establish visual aids in endoscopy to track demand and capacity and increase transparency.
- Regular re-audit of patient journey from GP referral to colonoscopy.
- Continue project with gastroenterology and regional stakeholders.
- Continue to monitor and improve demand and capacity.
- Complete all Midland DHB hospital value stream mapping.

Attachments:

Chart 1

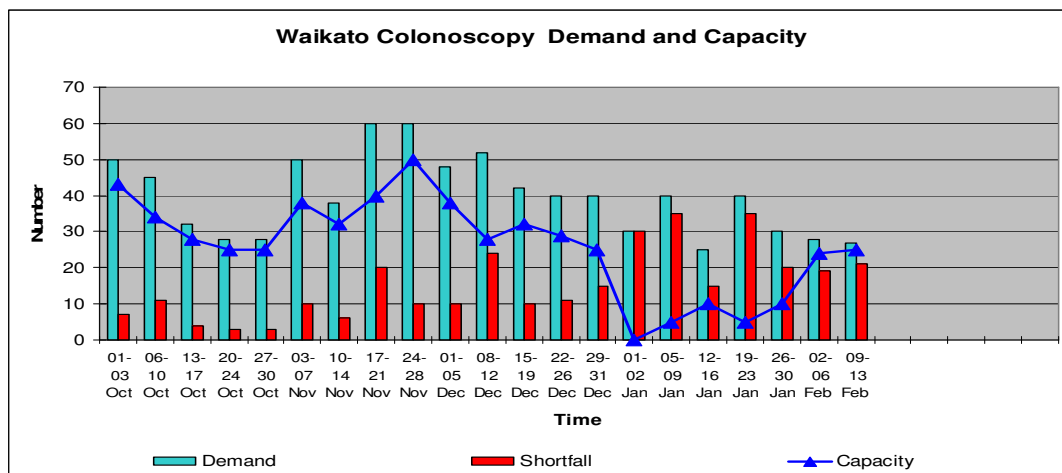


Chart 2

Current Waitlist	Current Weekly Demand	Current Capacity	Capacity Required + surveillance.
156 (u/su) 300 (S)	35	32	37

Through tracking patient demand for colonoscopies (chart 1) and identifying the current waitlist (chart 2) the team were able to advise general surgeons of appropriate scheduling to consistently meet demand and reduce waitlist queuing.

Chart 3

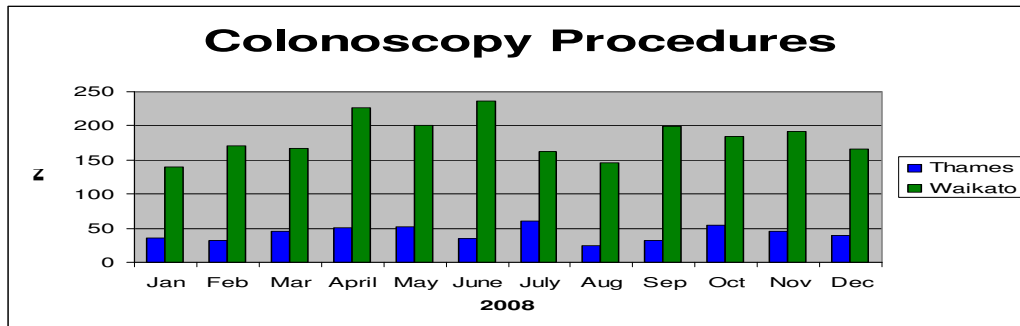


Chart 3 is based on retrospective data collected for Waikato and Thames hospitals for colonoscopies done over a 1 year period in 2008. The chart signals a snapshot of inconsistencies in capacity with some noted highs and lows from April to August.

C Lewis. 27 March 2009