

Taking a SCOOP Out of the Public Sector Outpatient Department Workload

Improved Service Delivery for Patients at Increased Risk of Developing Colorectal Cancer

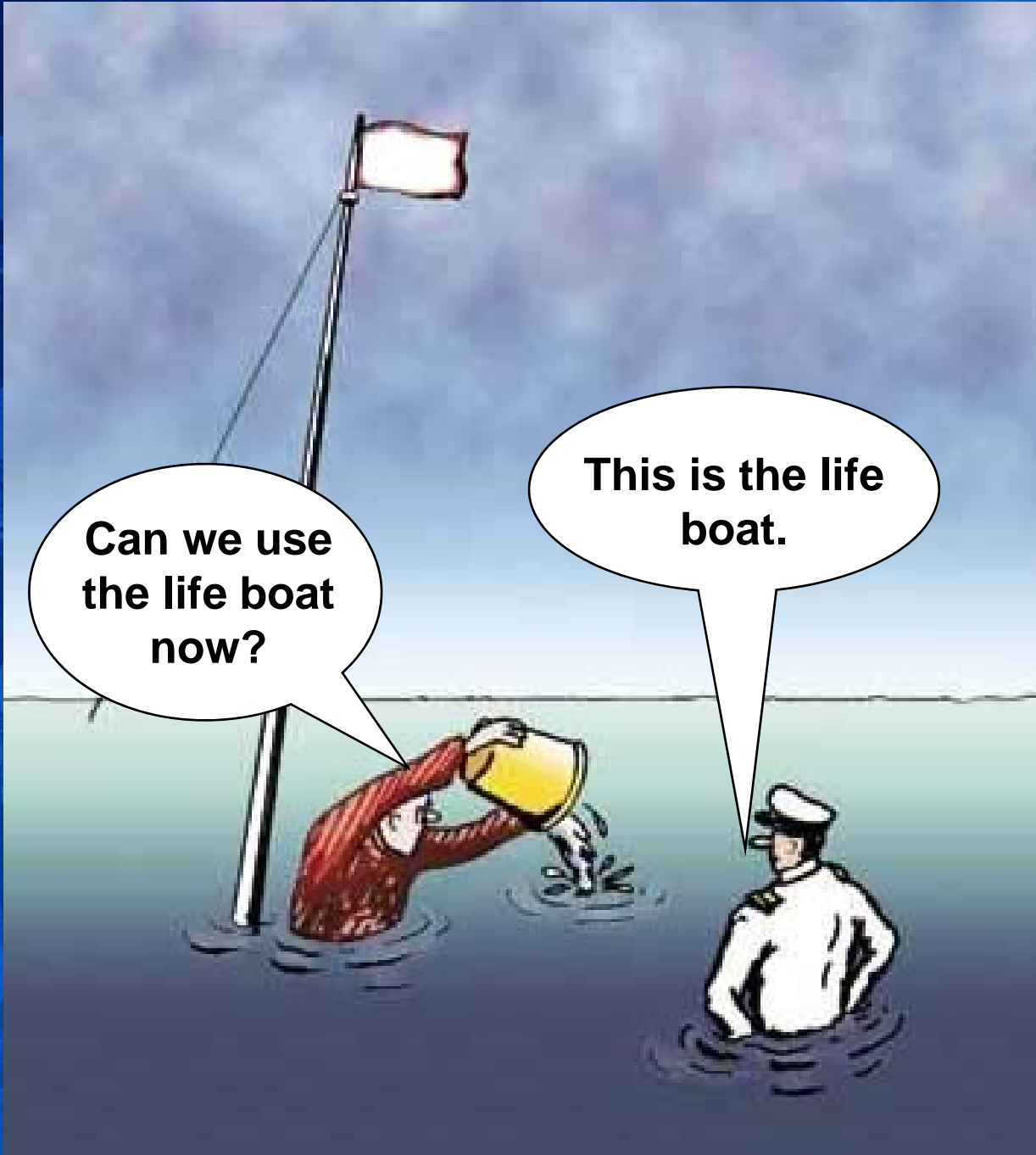
Jeff Bull RN, MN (NP), ACGEN

Background

Repatriation General
Hospital
(RGH)

Flinders Medical Centre
(FMC)





**Can we use
the life boat
now?**

**This is the life
boat.**



**There'd have to be a really good reason for the Australian Government to ask people to do this ...
... and there is.**

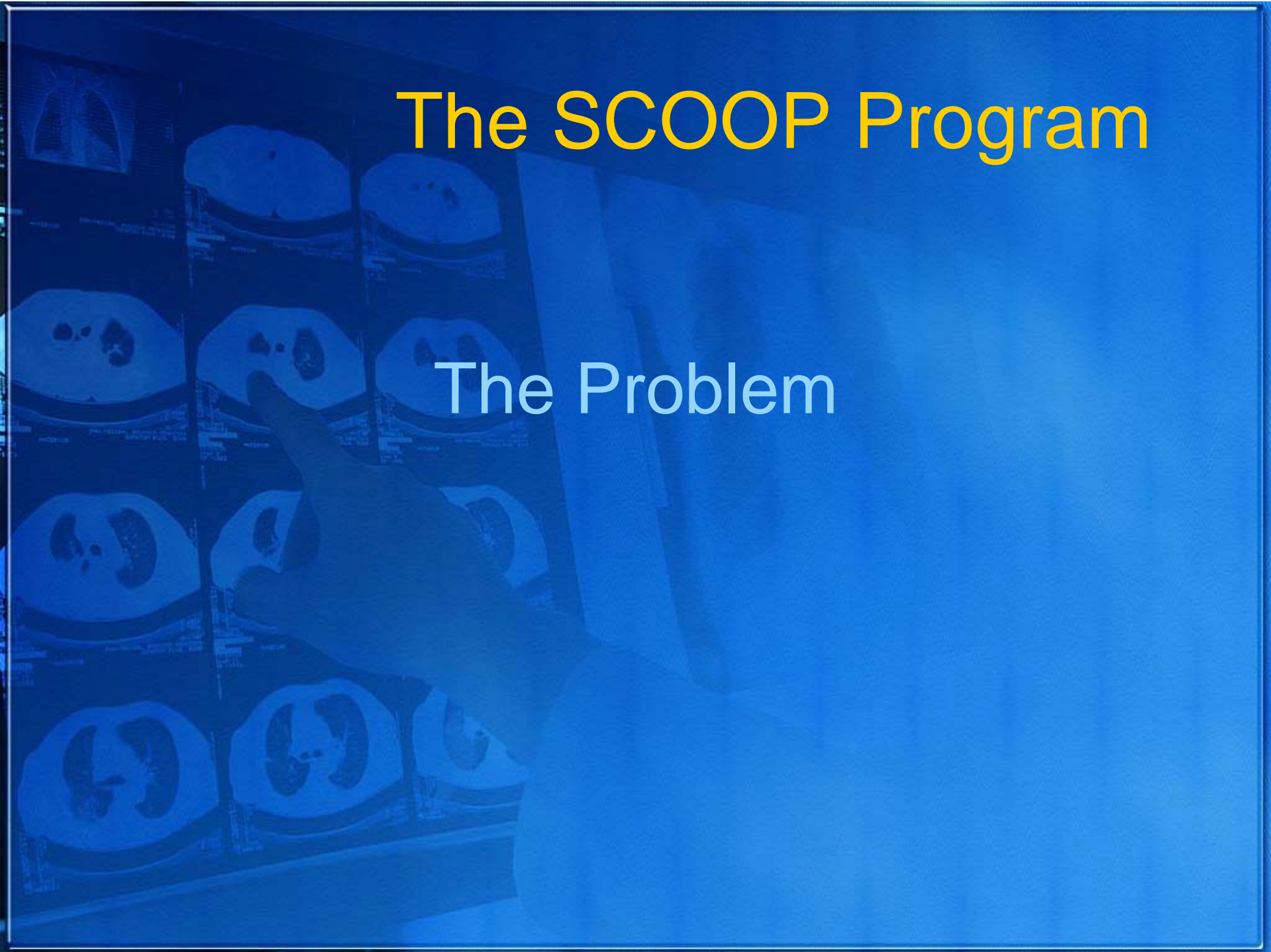
Background

The SCOOP Program Aim

- To coordinate and manage a best practice surveillance program for people at increased risk of developing colorectal cancer in the Southern region of Adelaide

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The Problem



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Southern Cooperative Programme
(SCOOP) for the Prevention of Colorectal
Cancer established in June 1999

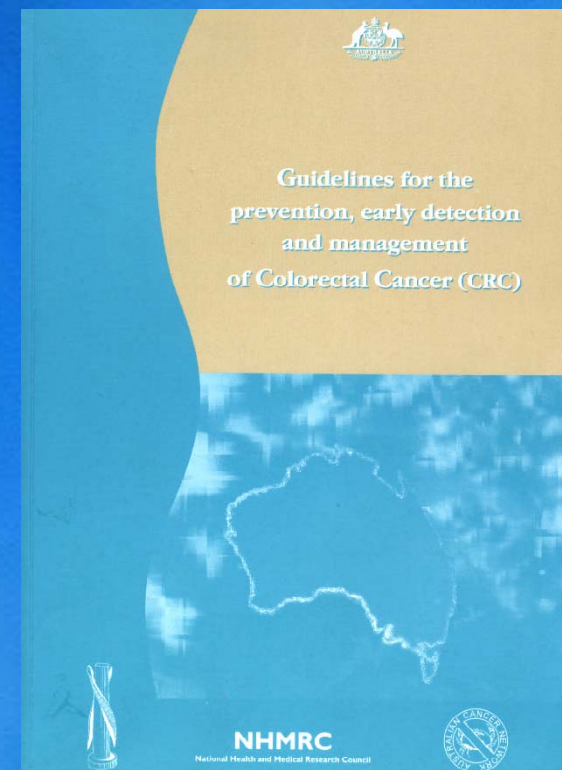
- Problem 1 - Variation in clinical practices
- Problem 2 - GP uncertainty regarding patient management

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Problem 1 - Variation in clinical practices

No standard recommendations followed

- National Health and Medical Research Council guidelines released 1999
 - Evidence-based
 - Covered all aspects of care and best practice



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Problem 1 - Variation in clinical practices

Over-servicing with colonoscopy

- Prospective audit of 100 consecutive patients in January 2000
 - Follow-up colonoscopy too soon 38%
 - No decisions on follow-up made 24%
 - Follow-up colonoscopy not soon enough 1%
 - Follow-up matched NHMRC Guidelines 37%

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Problem 1 - Variation in clinical practices

Over-servicing with colonoscopy

- Prospective audit of 100 consecutive patients in January 2000

- Follow-up colonoscopy too soon **38%**

- No decisions on follow-up made 24%

- Follow-up colonoscopy not soon enough 10%

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Guidelines

Is This a Problem?

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Problem 2 - GP uncertainty

What to recommend

- Previous cancers, polyps, inflammatory bowel disease

Where and when to refer patients

- Known personal or family history of colonic neoplasia

Inconsistent Communication

- Variable communication between health care institutions and GPs

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Implementation – Coordinated Approach 1999

Nurse Coordinators

- Jayne Sandford RN (FMC)
- Joylene Morcom NP (RGH)

Medical Coordinators

- Professor Graeme Young (FMC and RGH)
- Dr Peter Bampton (FMC)

GP Representatives

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Problem 1 - Variation in clinical practices

Implementation of Nurse Coordinator's Role

- Follow-up all patients diagnosed with:
 - Colonic polyps
 - Colorectal cancer
 - Inflammatory bowel disease
 - Family history of polyps or colorectal cancer
- Apply best practice guidelines and make recommendation to specialist

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Nurse Coordinator's Role

- Direct booking of surveillance and screening colonoscopies and flexible sigmoidoscopies
- Direct booking of colonoscopies for positive faecal immunochemical tests via SCOOP or in the community (RGH only)

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Problem 2 - GP uncertainty

What to recommend

Where and when to refer patients

Inconsistent communication



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Patients Currently Enrolled in SCOOP

| Risk Groups | RGH | FMC | Total |
|------------------------|------------|------------|--------------|
| Average Risk | 244 | 40 | 284 |
| Moderate and High Risk | 1755 | 2980 | 4735 |
| Total | 1999 | 3020 | 5019 |

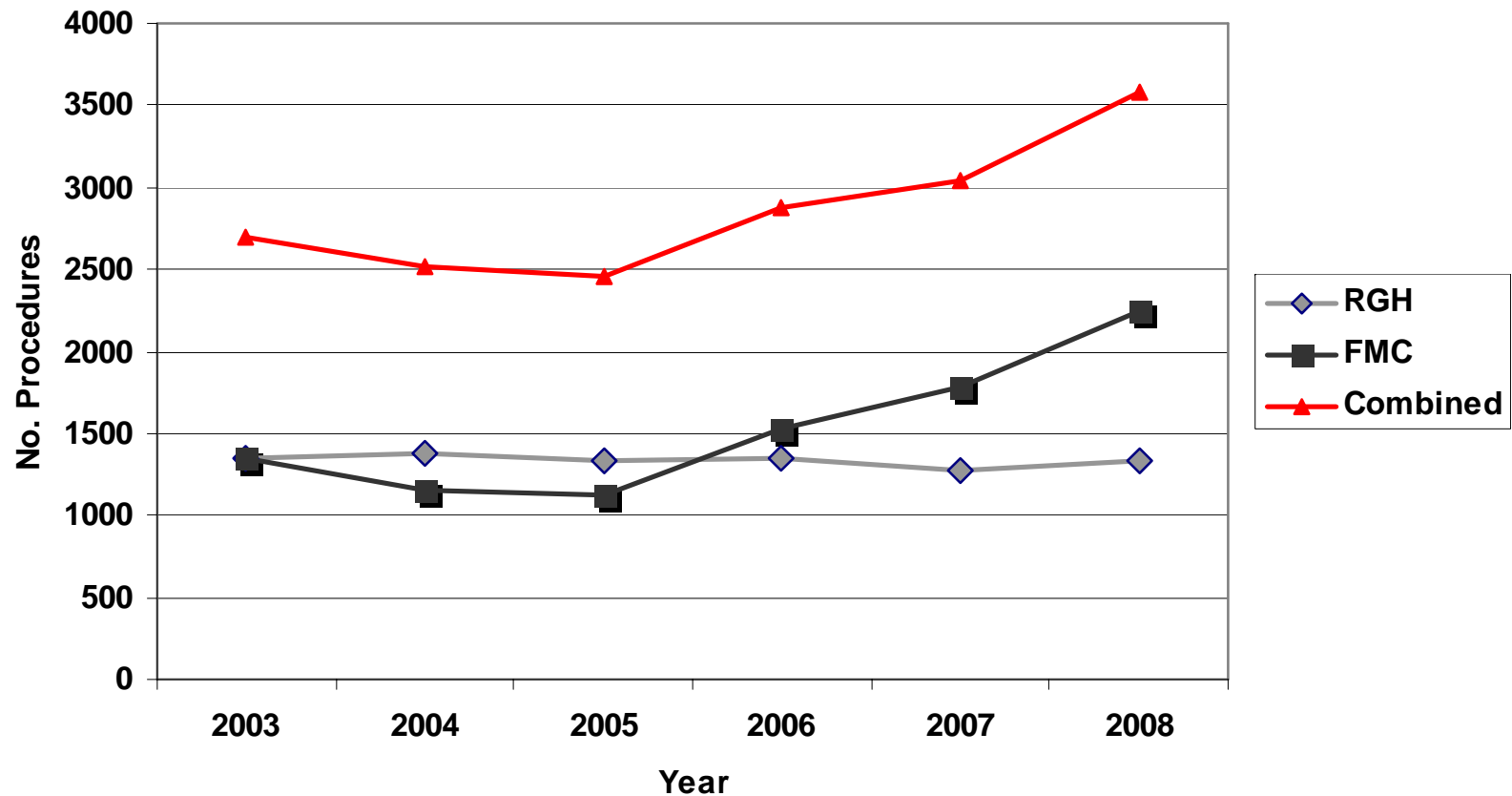
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Pre and Post Procedure
Consultations

A person wearing a white lab coat is pointing at a grid of CT scan images displayed on a light box. The images are arranged in a 4x3 grid. The person's hand is visible, pointing towards the center of the grid. The background is a solid blue color.

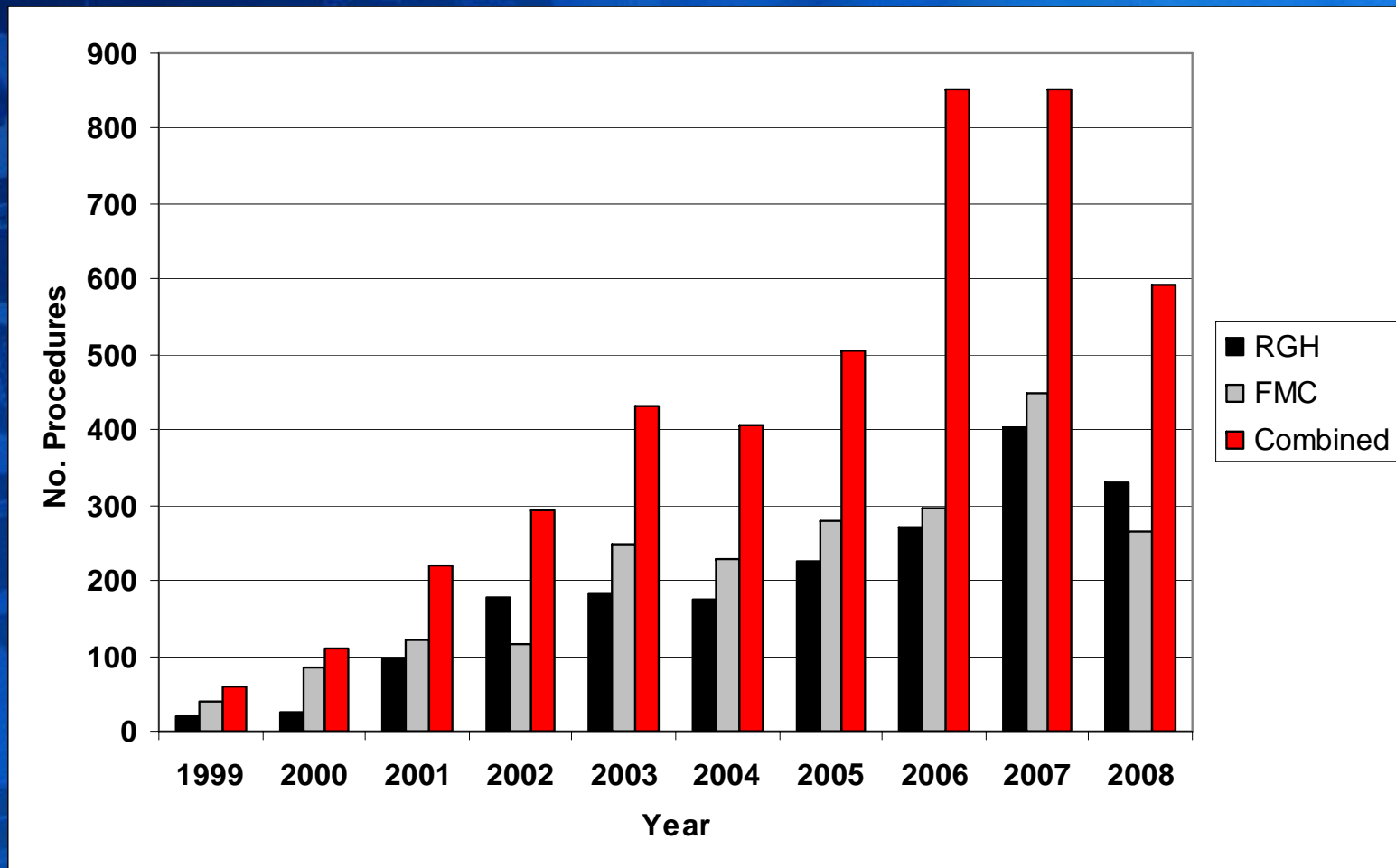
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Lower GI Procedures Performed by Year



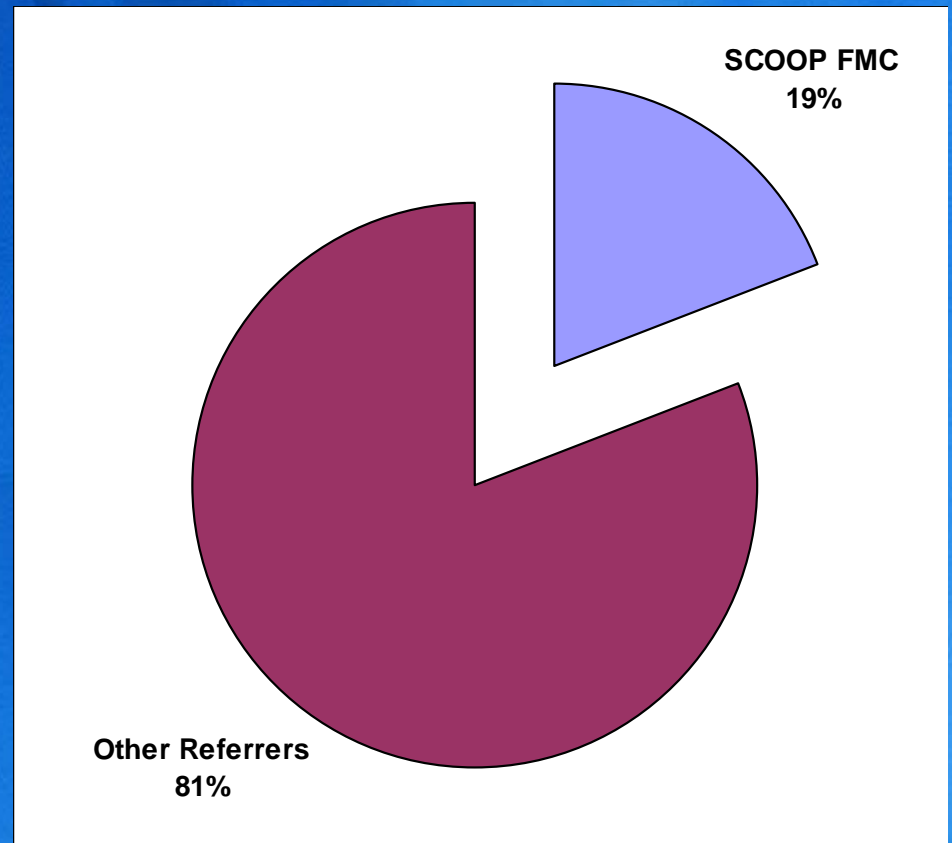
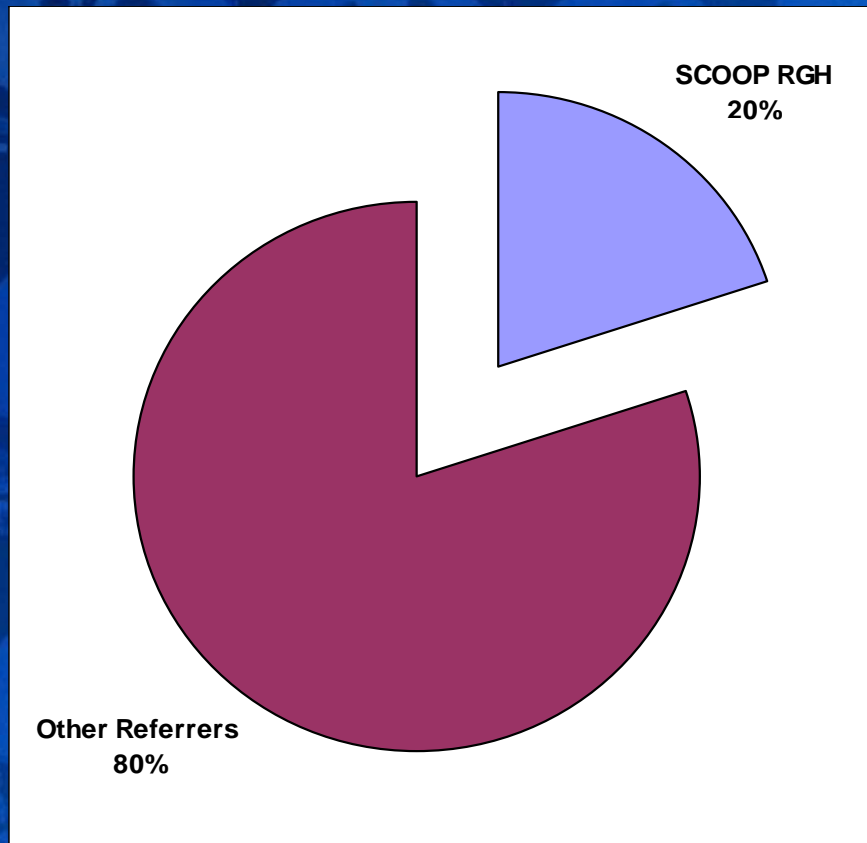
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Lower GI Procedures Arranged by SCOOP



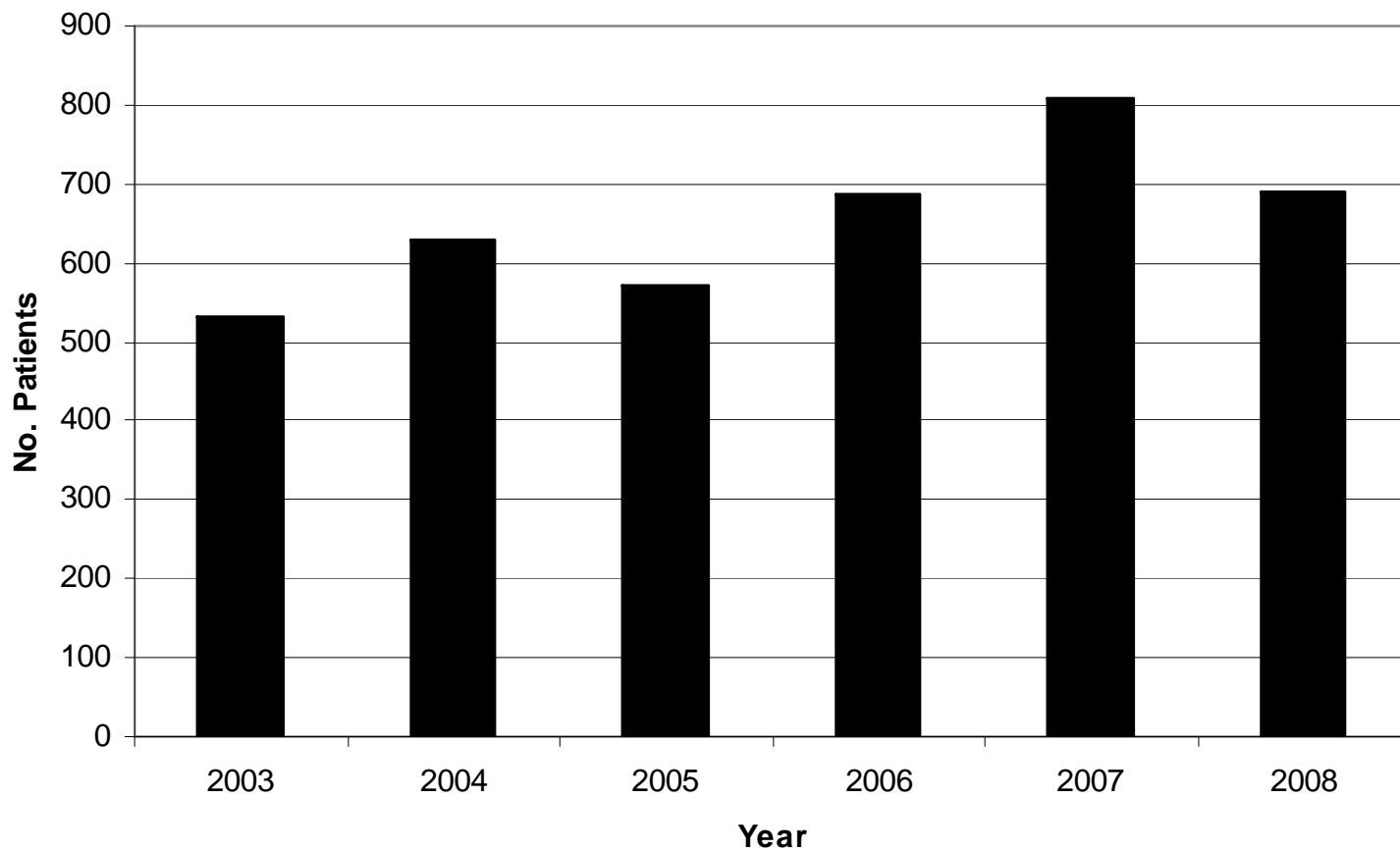
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Lower GI Procedures Arranged by
SCOOP 2003 to 2006



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Post-Procedure Follow-up by Year (RGH and FMC Combined)



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Impact

- Many GP appointments avoided
- Over 7530 pre-procedure and post-procedure outpatient clinic appointments avoided from 2003 to 2008 (over 1880 hours)
 - Reduced waiting times for new patients to see Specialists via clinic

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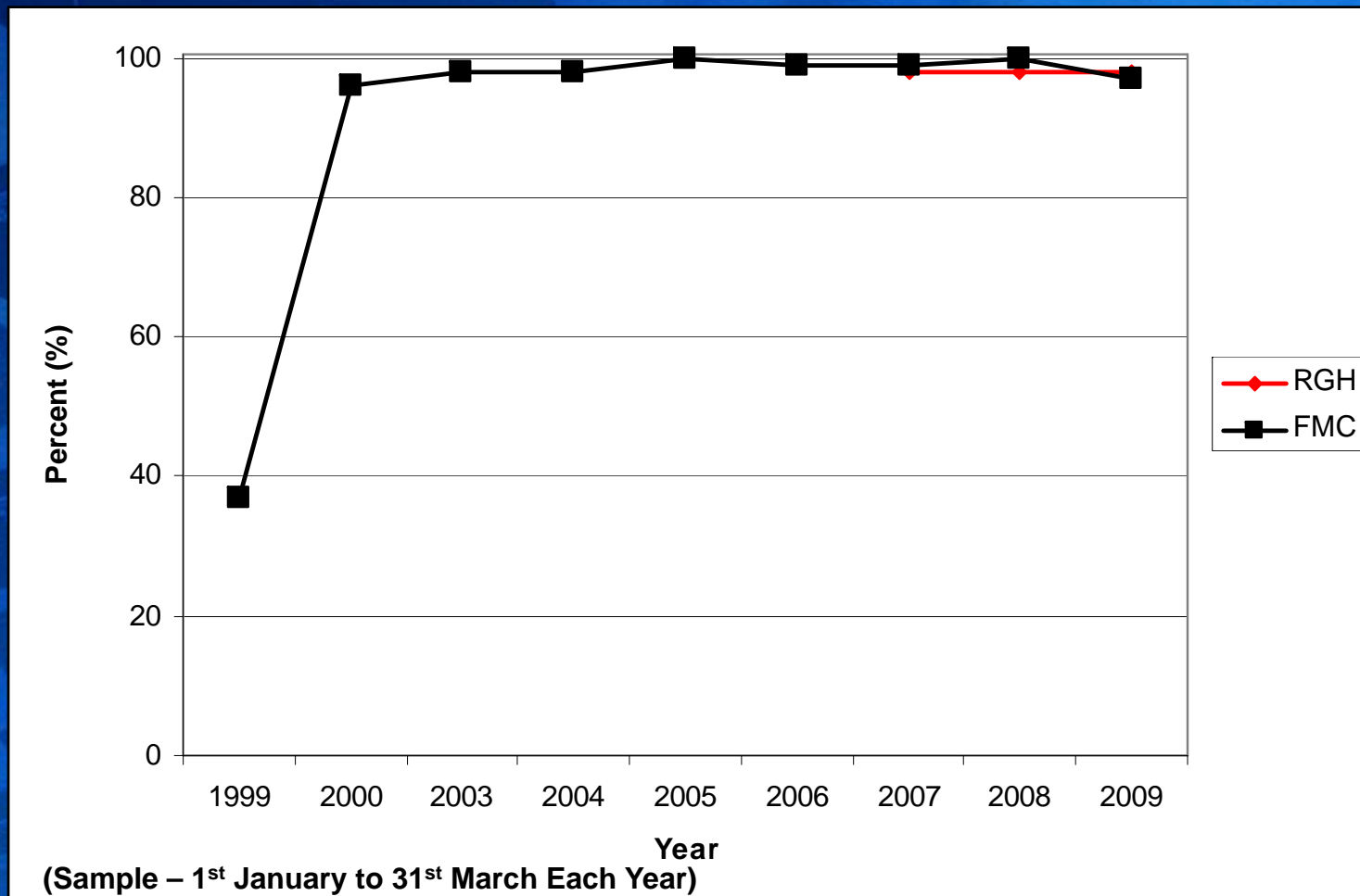


Adherence to NHMRC
Guidelines
Surveillance Decisions

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Adherence to NHMRC Guidelines

Surveillance Decisions



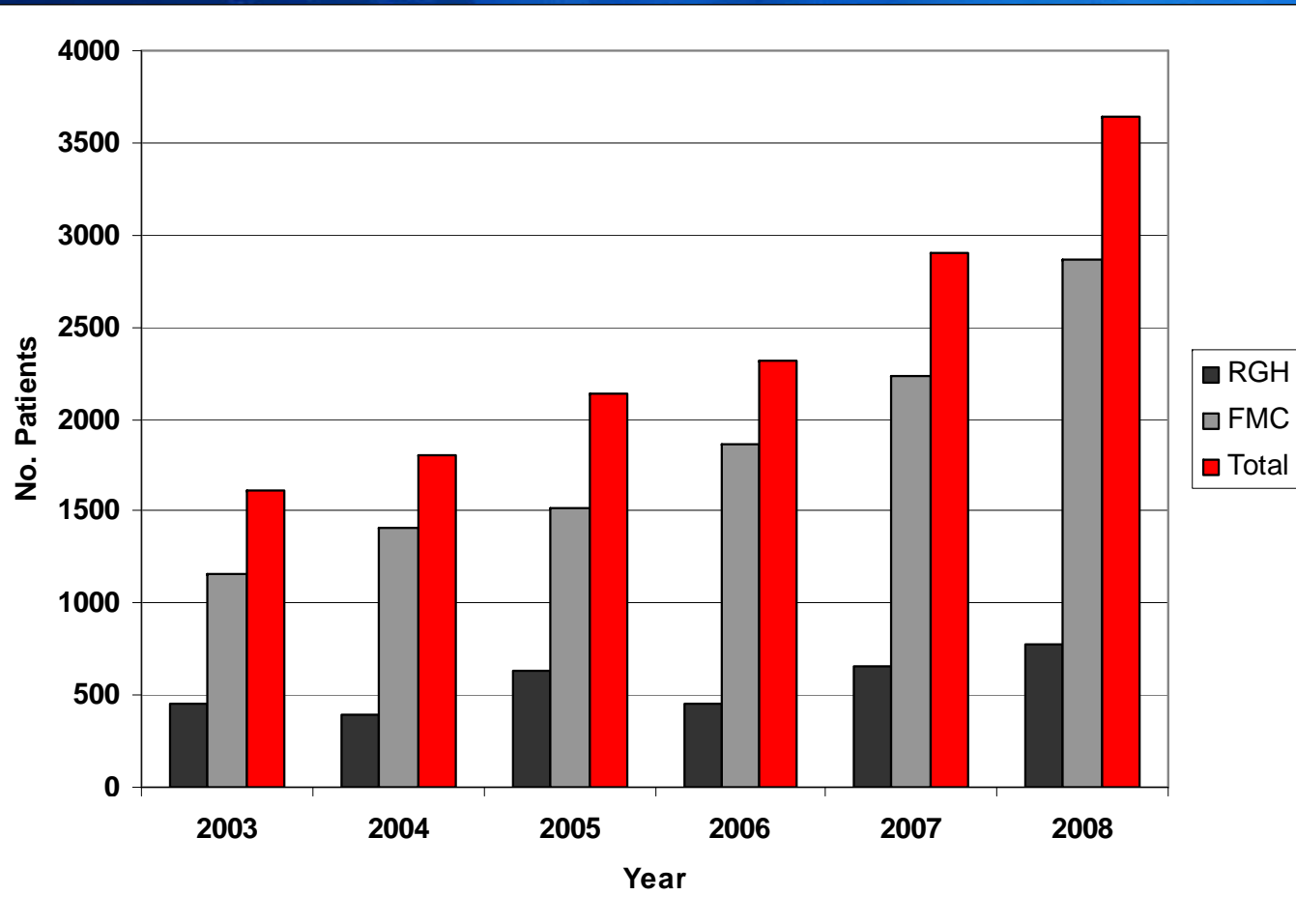
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Other Methods of Outpatient and GP Appointment Reduction

- Referral to other services as necessary
 - i.e. Clinical Genetics Service
 - Pre-anaesthetic clinics
- Provision of Faecal Immunochemical Testing (FIT)

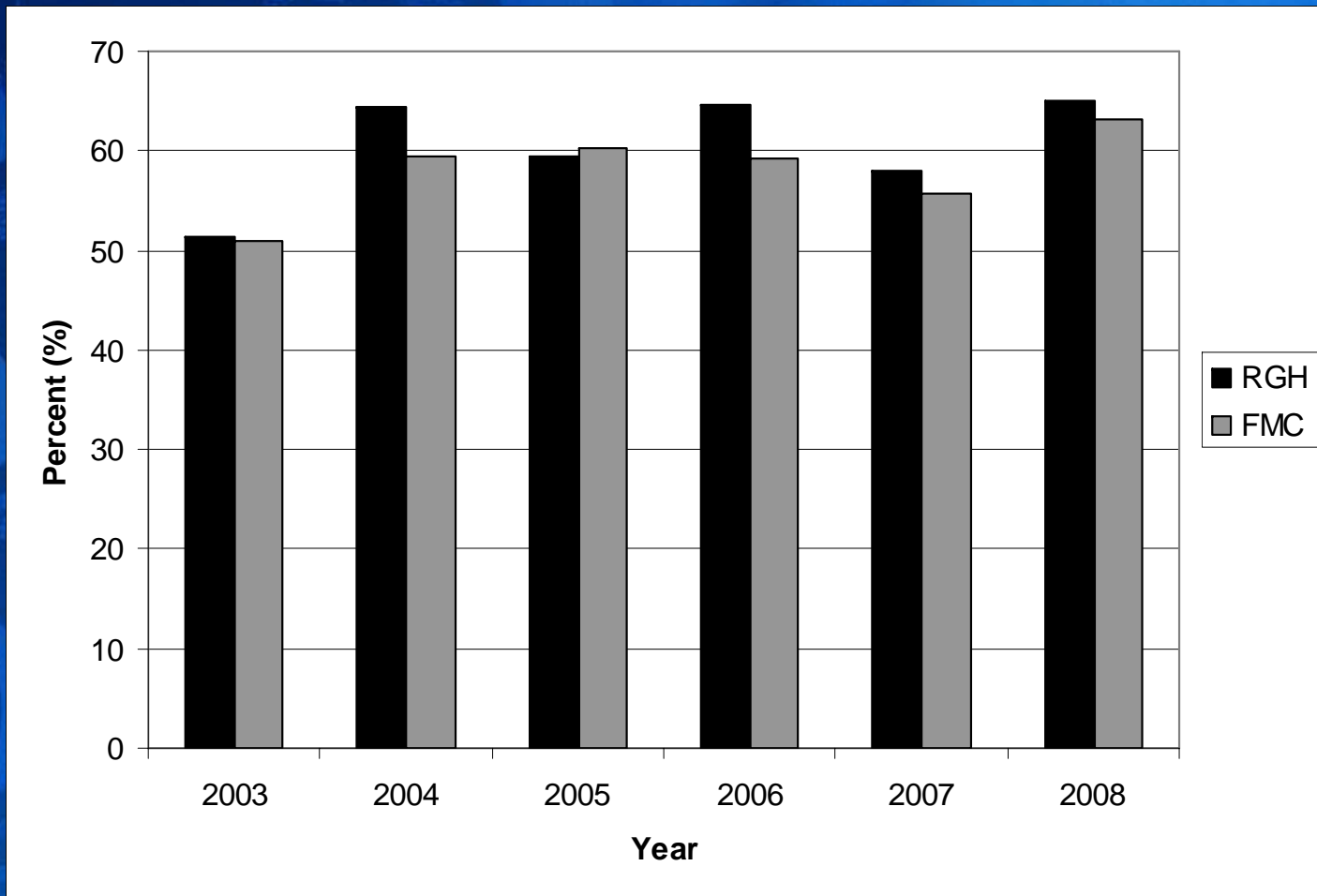
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Faecal Immunochemical Tests Sent to Patients



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Faecal Immunochemical Tests Participation Rates



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Resources



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Staffing

| | RGH | FMC |
|----------------|----------------|----------------|
| Nursing | 0.8 FTE | 0.7 FTE |
| Admin | 0.5 FTE | 0.8 FTE |

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Funding

- SCOOP Development - National Demonstration Hospitals Program Phase 3 (NDHP3) by the Department of Health and Aged Care
- Currently funded through endoscopy unit, nursing and medical budgets, and research funding
- Move to be fully funded through the endoscopy unit budget

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The background of the slide is a blue-tinted photograph of a person in a white lab coat pointing at a grid of CT scan images on a light box. The person's hand is visible in the lower-left quadrant, pointing towards the center of the grid. The grid consists of several rows and columns of circular cross-sections of a human body, likely a chest or abdomen, showing internal structures like lungs and organs. The overall scene is dimly lit, with the light box providing the primary illumination for the images.

What Would We Do Differently?

- Nurse-Based Clinics

Summary

- SCOOP has been proven to be a sustainable program
- Prevented over 7530 pre and post colonoscopy outpatient clinic appointments from 2003 to 2008
- Prevented clinic appointments for referral to other services
- Reduced too frequent colonoscopy to 4%
- Improved endoscopic resource utilisation

