

Unit Name: Bulkley Valley District Hospital (BVDH)
Operating Room

Contact: Elena Raykov, OR Manager

Date: May 1, 2019

QUALITY IMPROVEMENT STORY BOARD

Improving Access to Cancer Screening Services: Fast-Track Colonoscopy at Bulkley Valley District Hospital



Background:

- BVDH is a facility in Smithers, BC with population of ~6,000 and referral area of ~12,000 people.
- The surgical services are provided through a visiting specialist program.
- We have general surgical coverage 3 weeks per month, 4 days per week (12 operating days per month).
- On average between 40-60 colonoscopies are done per month.
- Currently, not all patients are able to access colonoscopy procedures in a timely way. Approximately 30% of patients wait over benchmark time.

Objective:

To reduce colonoscopy wait times for BVDH patients from 30% to 10% over the benchmark by May 31, 2019.

In addition, the goal is to:

- Meet benchmarks 100% of the time for patients who more urgently require the test (e.g., those with positive fecal immunochemical test (FIT) or family history of colon cancer)
- Ensure wait lists accurately reflect wait times of patients

Solution:

- The Team agreed to design a Fast Track Pathway such that patients who have a positive FIT, positive family history, or who require a follow-up procedure do not require a separate consult visit prior to their procedure visit. To enable the Fast Track program to go ahead, we committed to:
 - Develop a new screening form for patients eligible for fast tracking
 - Develop guidelines for who is appropriate for fast tracking
 - Develop guidelines for blood work for fast track patients
 - Develop a separate book in Cerner Scheduler so patients will be booked appropriately and not missed
 - Invite patients to help us design a Fast Track service
 - Develop a “future state” map for the Fast Track Pathway (for reference and to help spread to other communities)
- The team identified that waitlist data did not seem to represent actual patient wait times so efforts were also made to clean up the data entry process.

Our Improvements:

- ✓ **August 2018:** Fast Tracking of patients began on a trial basis.
- ✓ **December 2018:** The process for data entry by booking clerks was improved to more accurately reflect patients' waits.
- ✓ **January 2019:** Forms for patient selection and patient information brochures were implemented.
- ✓ **January 2019:** Guidelines for implementing a Fast Track approach were developed.
- ✓ **May 2019:** Kitimat General Hospital adopted the Fast Track approach (the same surgeons work at both sites)

Current State:

- Colonoscopy wait times are long. For example, 90% of patients wait 29.2 weeks when the average wait times are between 8 and 26 weeks. (See baseline data at right from Period 4 showing 29% of cases waiting over benchmark)

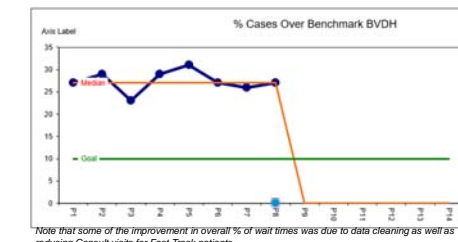
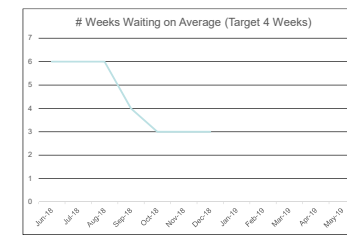
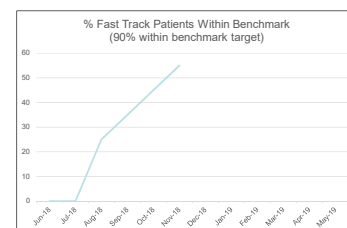
Facility	Period 4 as at 18 August 2018		
	# Cases Waiting	# Cases Waiting that have a Benchmark	% Cases Over Benchmark
BVDH	118	115	29%
Other NH Facilities (Names Withheld)	21	21	5%
	96	90	8%
	76	74	4%
	93	91	51%
	92	91	26%
	408	404	32%
	57	55	25%
	-	-	-
	225	221	24%
NHA Total	1186	1162	27%

- Patients have to come for a separate consult visit before their procedure. About 40% of these patients would qualify for “fast track colonoscopy” (i.e., could come directly to a procedure after referral from a family physician, without a pre-procedure consultation visit). However:

- There are no clear, written guidelines for selection of patients for fast track.
- There is no specific screening/admission form for fast track patients.
- There is no patient information geared towards fast track patients to ensure they know how to prepare for their procedure.
- At present there are no specific bloodwork requirements for fast track patients.

Results:

We have successfully implemented a Fast Track service, improving access times for colonoscopy service for higher priority clients, as well as all clients. See the graphs below showing the % of Fast Track patients seen within benchmark, the average # of weeks Fast Track patients waited for colonoscopy, and % of all BVDH colonoscopy cases over benchmark.



A side benefit is that we have been able to use the Fast-Track Pathway for urgent patients who need to be seen right away even though it was not designed for that purpose. It is working very well.

Next steps / Sustaining the Gains:

We will continue to monitor the implementation of the Fast-Track Colonoscopy Pathway and its impact on reducing wait times for patients.

Other NH sites are interested in adopting the Fast-Track approach, and materials (guidelines, map, forms, patient brochures) will be shared with these sites.

Patient/Customer:

We invited two Fast Track patients, one pre-scope and one post-scope, to provide us with feedback on how to ensure our Fast-Track service is person- and family centred. They attended our Kaizen event in December.

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