PROJECT DESCRIPTION

Central Okanagan Division of Family Practice organized a Shared Care collaborative to create system redesign and improve access to Gastroenterology care. Project work focused on referrals, the triage process, endoscopy booking, and communication between family physicians and specialists. Key stakeholders included: family physicians, gastroenterologists, and health authority administration.

IDENTIFIED ISSUES

Work commenced with the goal of providing timely access to GI care. Three key issues were successfully addressed:

- Backlog of more than 9000 patients waitlisted for screening endoscopy and non-emergent investigation
- Lack of coordinated management of wait listed patients
- Inconsistent communication from GP offices to Gastroenterology

OUR PLAN

- Establish a baseline and determine measurement criteria
- Create a review process
- Design and pilot a new GI Referral Form
- Revise and test the GI booking process
- Share the new referral form with all physicians in the Central Okanagan

ADDRESSING THE BACKLOG

Wait list reviewed and categorized

- Ambulatory care and family physicians worked together to confirm waitlisted patients were ready, willing, and able to be scheduled for their appointment
- Separated out patients on list for future surveillance
- Removed patients waiting longer than 52 weeks from the list

Triage criteria developed

- Adopted standardized benchmark targets
- New screening criteria used to prioritize waitlist
- New booking form designed
- Utilized BC Surgical patient registry codes and associated wait time targets

Referral form created

- Included recommended investigations
- Offered option of specifying a gastroenterologist, urgent, or first available specialist

Referral process changed

- Acknowledgement of referral faxed back to referring physician
- Estimated time for patient to be scheduled for consult or procedure faxed back to referring physician

BENEFITS OF NEW REFERRAL FORM

FOR FAMILY PHYSICIANS:
- Improved access to endoscopy
- Improved access to consult
- Increased confidence in triage process

FOR GASTROENTEROLOGISTS:
- Completeness of referrals
- Standardized approach to triaging referrals

TRIAGE CRITERIA – CONSENSUS WAIT TIMES

WITHIN 2 WEEKS:
- High likelihood Cancer based on Imaging or Physical Exam
- Painless Obstructive Jaundice
- Severe/Rapidly Progressive Dysphagia or Odynophagia
- Active IBD

WITHIN 8 WEEKS:
- Bright Red Rectal Bleeding
- Iron Deficiency
- +FOBT
- New Change in Bowel Pattern
- Confirmation of Celiac Disease
- Chronic Viral Hepatitis
- Stable non-severe Dysphagia
- Poorly controlled Reflux
- Chronic Constipation / Diarrhea
- Chronic Abdominal pain

WITHIN 26 WEEKS:
- Colorectal Cancer Screening
- Barrett’s screening
- Persistent Abnormal Liver tests

RESULTS

Number of Patients Waiting for Endoscopy Procedure

Average Wait Time in Weeks

TRIPLE AIM OUTCOMES

PATIENT OUTCOMES

- Improved access to GI services
- Triage by priority
- Reduction in wait times

PATIENT/PROVIDER SATISFACTION

- Accurate and consistent triage
- Improved communication between stakeholders
- Improved access to endoscopy

BROADER SYSTEM BENEFITS

- Standardized reporting of wait times by priority
- Ability to provide accurate wait times
- Cost savings