



# FROM BOTTOM TO TOP !

## NDHB Endoscopy progress report

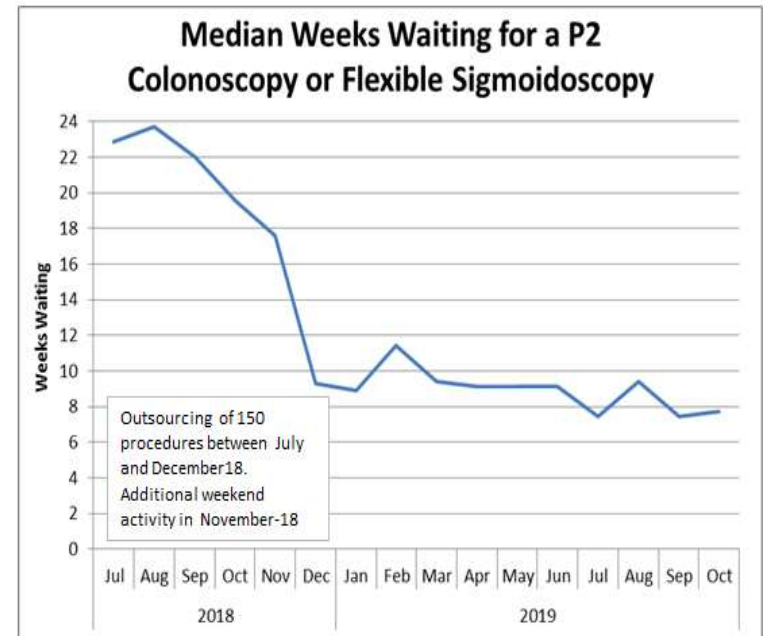
by Sandra Cunningham,  
Specialty Clinical Nurse - Colonoscopy,  
NDHB



# Results July 2018 – July 2019

P1 (2 weeks), P2 (6 weeks), P5 - Surv (3 months)

Monthly	Total P1 performed	P1 % met	Total P2 performed	P2 % met	Total P2 on WL	Total P3 surveillance performed	Surveillance % met	Total Surv due / overdue	Total Surv on WL
Jul-18	42	79%	153	17%	568	63	56%	203	
Aug-18	62	79%	118	20%	↑	492	56	53%	168
Sep-18	41	87%	86	21%	↑	514	39	59%	189
Oct-18	35	58%	92	25%	↑	519	56	63%	182
Nov-18	55	81%	193	27%	↑	391	106	66%	93
Dec-18	42	89%	114	30%	↑	360	69	69%	72
Jan-19	33	95%	119	29%	↓	272	58	75%	53
Feb-19	31	95%	111	31%	↑	276	49	81%	31
Mar-19	41	96%	109	40%	↑	214	22	91%	40
Apr-19	31	95%	78	40%	=	195	41	97%	52
May-19	37	96%	84	55%	↑	204	48	100%	45
June '19	30	98%	75	48%		206	62	100%	54
Jul-19	38	93%	93	55%	↑	201	67	98%	69



**CEO mandate to FIX IT!**

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# Issues identified within the service;

**Fragmented, different locations with differing processes**

**Conflicting eligibility criteria**

**Inability to manage workload**

**Many processes labour intensive and time consuming**

**Data integrity/reporting unreliable**

**Lack of business rules**

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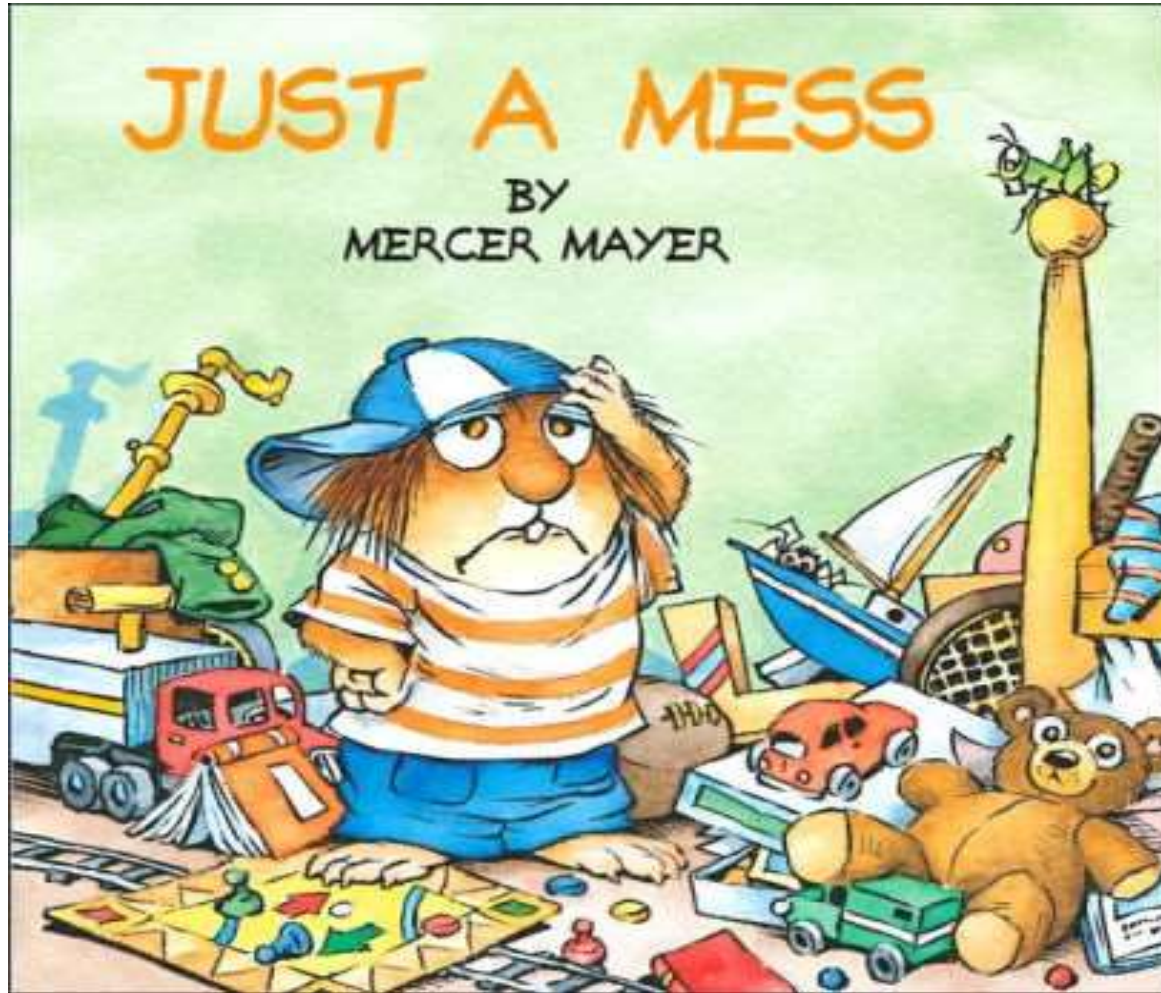
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# JUST A MESS

BY  
MERCER MAYER



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**Quality improvement framework  
implemented;**

**Project team convened and project  
scope developed**

**Key stakeholders identified**

**Process map, Driver diagram, PDSA  
cycles**

**Data integrity review**

**Issues register developed**

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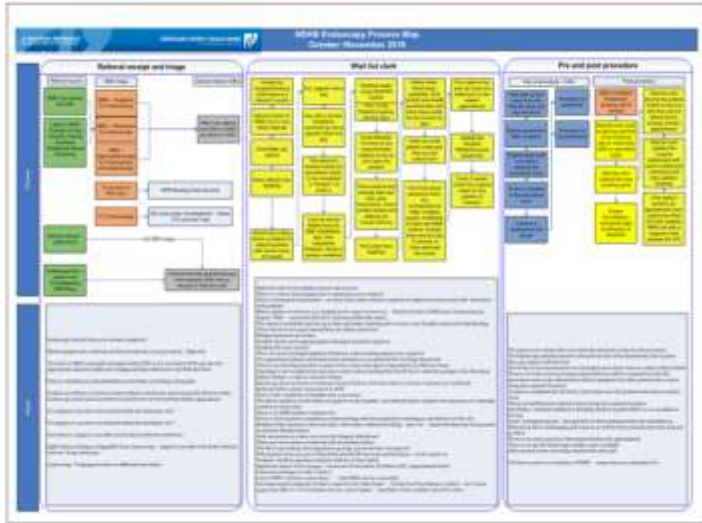
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## Process map



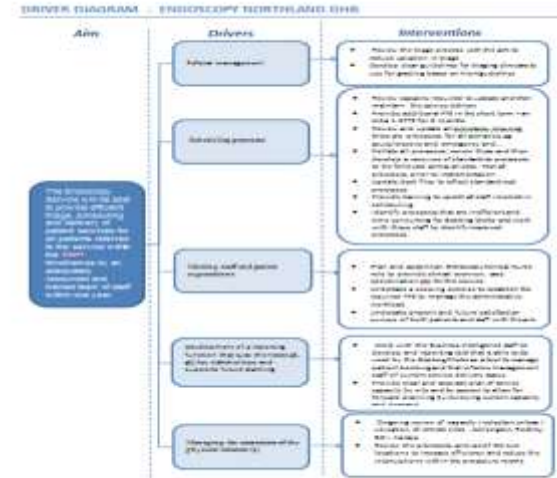
## PDSA cycle example – suspend process

PDSA # 1	PDSA Title: Testing Suspend Process Flowchart
	PDSA Date: December 2018 – January 2019
Objective of this PDSA: To test the Suspend Process Flowchart	

Change: Sandra Cunningham to use the flowchart as she establishes and manages the suspend patient files



## Driver diagram



## Sustainability plan

Endoscopy Service Project 2018–2019





# Issues Register

## ENDOSCOPY SERVICE ISSUE REGISTRY (Updated 7/8/19)

No.	Date	Issues Description	Likelihood (1 to 5)	Consequence (1 to 5)	Assessment of Risk	Risk Owner	Mitigational/Control Measures	By Whom	By When	Links with	Restrictions	Status update															
												Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug						
<b>1. Referral Management</b>																											
1		There is considerable variation and limited understanding by many in the processing of referrals to Endoscopy, dependent on whether they are internal/external, paper/electronic, where they enter the organisation and who completes the triage	3	2	Medium	Dee Teller, Annette Becker																					
25/11/2018	1.01	The yellow Endoscopy booking form is not always completed with enough detail, there are a number of versions of this form and there are errors on the form					Review the form - CMEHS form being discussed with SMD Jan 2019 - Audit of forms - March 19 - Outcome need to update it and present to Forum Committee	CH, SM, SMD lead	April 18				Not started	Not started	Undersw	Undersw	Undersw	Undersw	Undersw	Undersw	Completed						
25/11/2018	1.02	Blend of paper and e-referrals. Referrals come from multiple sources and services					Develop robust processes for each format	SMAD, AB	Mar-18				Undersw	Undersw	Completed												
25/11/2018	1.03	The letter to SMD Gastro is manually managed within DPC, ie it is received in DPC, put into the appropriate clinician mailbox for triaging and then delivered to the Booking Clerk. This relates to external referral for gastroscopy which currently bypasses the Central Referral Office. NOTE, ALL referral should go via Central Referral Office (CRO) for Demography check					initiate a temporary process with the WL clerk photocopying the referral for the CRO (done Nov), then review and develop a robust process ongoing. This may be dealt with under the MDHS electronic project which is currently underway	DT, CNM DPC	Mar-18	eReferral Project			Undersw	Completed													
25/11/2018	1.04	There is variation in priorities according to the grader					Review the triage process with the aim to reduce variation in triage and develop guidelines for triaging clinicians to use for grading/dates into WebPAS	AB	Dec-18				Completed														
25/11/2018	1.05	The gastroscopy triaging priorities are different from the others, eg when RMS the referrals to gastroscopy are triaged by a Medical SMD, there is different triage criteria used					The process will be mapped and understood to reduce associated risk	AB, VC	Dec-18				Completed														
25/11/2018	1.06	Routine surveillance is often recorded without a timeframe which means the WL clerk needs to go search previous letters for an interval they think is appropriate. It is also given a routine priority which doesn't align with the Mortalities team. WL clerks need to look in the RMS referral for the required interval as RMS software doesn't have a drop down box for this to be selected					Explore options for RMS to have a drop down option (done Nov and no change currently possible), request the grader to include the timeframe so as to inform WL clerk, and undertake mapping and process change so the WL clerk includes surveillance instead of routine on WebPAS. Feb 19 BUG using Routine Surveillance if no date/year indicated by triager then 4mths is the default	AB, SC	Dec-18			Currently NO drop down options "surveillance" on the RMS referral template	Undersw	Undersw	Undersw	Completed											
25/11/2018	1.07	The urgent RMS referrals is entered by a specific WL clerk and then handed over to another clerk to make the booking or put into the top tray to be booked as soon as an issue is confirmed the referral is initiated and as the report is not used it is not actioned					Understand the input/output by obtaining monthly report (completed Nov) and then develop business rules for managing capacity and demand through production planning - 14/17/18 - All urgent HSC referral to be phoned and offered appointment same day as put on WebPAS so they meet the 14 day timeframe if not available need to have a story put on WebPAS - admission notes	Endoscopy team	Jan-19			Delay with new report due Feb 19	Undersw	Undersw	Completed												
25/11/2018	1.08	There is a volume of referrals which are currently kept in folders which are not used and are not actioned					Utilisation of electronic version, ie use of Concerto to view the referral and having the yellow Endoscopy booking form electronic would reduce/eliminate the need for paper copies. This would mean the WL clerk	DT, VC, AB, SM, E-referral	Dec-19				Not started	Not started	Undersw	Undersw	Undersw	Undersw	Undersw	Undersw	Undersw	Undersw			WBS addressed with new suite as no computer		

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# Solutions.....



- **FTE waitlist staff increased**
- **Appointment of SCN and later CNM**
- **Team in one office, morning huddle, regular meetings, fostering a “team” spirit**
- **Desk file developed with processes defined, updated regularly**

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# Development of DHB report -

- reviewed regularly
- outliers identified and investigated
- encouraged to write stories!
- Schedule longest waiting first \*\*\*
- Patient focused scheduling.....negotiated date/time
- Visual account of “where we are up to”
- Sense of achievement but also times of frustration!

Clinical Services Delivery > Surgical > Endoscopy > Endoscopy Waiting List - Summary

Hospital: All Hospitals Procedures: Branch, Colon, Colon+Gastro, G Patient Location: Dargaville, Kaipuke North, Soud

1 of 1 100%

**Surgical**  
Endoscopy Waiting List - Summary

Hospital: All Hospitals Procedures: All Procedures Patient Location(s): All Locations

Urgency	Booked	Overdue	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	6-12 Months	1-2 Years	2-3 Years	3+ Years	Total
P1 Urgent	Nov-19	10	22	3	0	0	0	0	0	0	0	0	0	35
	Dec-19	2	0	2	0	0	0	0	0	0	0	0	0	4
	Not Booked	2	1	3	1	0	0	0	0	0	0	0	0	7
	Sub.Total	14	23	8	1	0	0	0	0	0	0	0	0	46
P2 Non Urgent	Nov-19	45	4	4	0	0	0	0	0	0	0	0	0	53
	Dec-19	50	4	13	0	0	0	0	0	0	0	0	0	67
	Not Booked	102	54	120	4	1	0	0	0	0	0	0	0	207
	Sub.Total	197	59	156	4	1	0	0	0	0	0	0	0	417
P3 Surveillance	Nov-19	19	2	1	0	0	0	0	0	1	1	1	0	25
	Dec-19	30	3	3	1	0	0	0	0	0	0	0	0	37
	Not Booked	111	38	79	63	70	76	96	67	465	424	474	643	2514
	Sub.Total	160	43	83	64	78	76	96	67	466	425	475	643	2676
<b>Total</b>		<b>371</b>	<b>125</b>	<b>247</b>	<b>69</b>	<b>79</b>	<b>76</b>	<b>96</b>	<b>67</b>	<b>466</b>	<b>425</b>	<b>475</b>	<b>643</b>	<b>3139</b>

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# Solutions cont'd.....

- **Business rules established – e.g.**
- ✓ **Suspend process developed & implemented**
- ✓ **DNA's, non-contact, removal process**
- ✓ **Short notice availability**
- **Temporary outsourcing-now ceased**
- **Weekend and twilight list continue PRN**



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**Progress;**

**MOH timeframes improved significantly**

**A “team” culture established**

**SCN clinical overview - appropriateness of referral, complex medical Hx, respite care option, transport issues, decrease in DNA rate, Global Rating Score (GRS) compliance increased, \$\$ savings!**

**CNM overview of service and *new build* !**

**Sustainability – warning!**



**Maintaining current level an on going challenge!**

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**TEAM EFFORT**



## Acknowledgements:

**Clinical lead – Dr Arjun Sugumaran**

**Project leads - Annette Becker, Dee Telfer &**

**Chloe Henderson (Residency project)**

**Service Improvement -Wendy Carey**

**Endoscopy “team”**

*Cheers, Bottoms up!*

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Thank you and any questions?



Northland a great place to work and play!

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