Improving the Colorectal Cancer Patient Journey in Southern Health-Santé Sud

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Dawn Ridd
The Team

• **Southern Health-Santé Sud** - Dr. Denis Fortier, Jane Curtis, Eileen Vodden, Valerie Askin, Mary Heard, Jan Gunness with consultation & input from Medical Council Leads, Anesthesia, Surgeons, Primary Care

• **Rapid Improvement Leads (RILs)** – Jonathon Drabik, Dawn Ridd

Ad Hoc members:

• **Colon Check** - Dr. Ross Stimpson
• **Manitoba Health, Healthy Living & Seniors** – Darlene Dreilich, Brie Demone
**Southern Health-Santé Sud Colonoscopy Project**

**AIM:** Primary Care Referral to Colonoscopy in 13 Days Urgent/27 Days Semi-Urgent

- **Central Referral**
  - 2 Wks U/4wks SU from referral received to scope date
  - 100% compliance (all referrals received at Central Office)

- **Improve**
  - Implement best practices
  - Phased in roll out
  - PC Education Workshops
  - Education sessions with site slating and surgeons offices
  - EMR integration

- **Address system gaps**
  - New Gastrointestinal standard referral form
  - New central booking process

- **Engage Stakeholders**
  - Surgeon/endoscopists
  - Hospital site leads/slating office
  - Anesthesiologists
  - Primary Care leads
  - Navigators

- **Understand Best Practice**
  - Determine standards for
    - Colorectal pathways
    - Pre-Op
    - Anaesthesia
    - Screening & surveillance

- **Understand the System**
  - Baseline data 5 surgery sites
  - Process Mapping
  - PC referral data

**AIM:** Primary Care Referral to Colonoscopy in 13 Days Urgent/27 Days Semi-Urgent

Measure—referral received at central referral office to scope
Colonoscopy Sites

Indicates
Baseline Data Referral to Scope All Sites

In Sixty Target Referral to Colonoscopy
13 days urgent
27 days semi-urgent

<table>
<thead>
<tr>
<th>Site</th>
<th>Turn Around Time (TAT) Referral to Colonoscopy Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Charts Audited</td>
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<tr>
<td>Carman Hospital</td>
<td>48</td>
</tr>
<tr>
<td>Boundary Trails Health Centre</td>
<td>39</td>
</tr>
<tr>
<td>Portage Hospital</td>
<td>51</td>
</tr>
<tr>
<td>Bethesda/Ste. Anne Hospital</td>
<td>49</td>
</tr>
</tbody>
</table>
Colorectal Cancer Surgery
All Sites

In Sixty Target
Colonoscopy to Surgery
32 days

In Sixty Target
Suspicion to First Treatment
60 days
Anesthesia Consult added 23 days at 90th%ile to the patient journey
Central Referral Process

- Standard form in all EMRs
- Used for all Gastrointestinal Endoscopy Consultation/Referrals
- Includes pre-op history info
- Includes ASA classification
- Indicators align with the CPJI In Sixty Colorectal Pathway
- Targets for Urgent/Semi Urgent

- Patient Preference
  - Next available appointment or preferred site/specialist

- Link to Cancer Navigation Services

- Establish Central Referral Office including Staffing Resources and Central Fax Line
New Central Referral Model

Old Model
New Central Referral Database
Wait time for all cases at the 90\textsuperscript{th} percentile has dropped from 151.4 days to 57.2 days.
Standard Deviation decrease (from 49.6 to 20.0) indicates a more stable and predictable process.
Prioritizing Referrals

TAT Referral to Colonoscopy - Urgent
Target 14 days

TAT Referral to Colonoscopy - Semi-Urgent
Target 28 days

TAT Referral to Colonoscopy - Elective
Target 4 months

TAT Referral to Colonoscopy (All Sites)
Pursuing Excellence

• Updated referral form – based on stakeholder feedback.
• Education has been provided on the referral form and CR process to all Primary Care Clinics
• Wait time reports have been developed.
• Data is being collected to begin monitoring quality and surveillance.
Managing Change

- Physician champion
- Stakeholder engagement
  - Baseline data was critical!
- Educate, educate, and re-educate
- Ensure mechanisms for feedback and incorporate changes to build ownership across all stakeholders

- Stay the course!
Project Savings

Overall Savings

- Staff Time Available to Reinvest: 1330 Hours
- Patient Wait Days Reduced (increase access to services): 462,240 Days
- Operational Costs Reduced: $504,697.50

Site Improvements

<table>
<thead>
<tr>
<th>Site</th>
<th>Turn Around Time (TAT) Referral to Colonoscopy Procedure</th>
<th>% Improvement</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Baseline 90%ile</td>
<td>Post Improvement 90%ile</td>
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<tr>
<td>Carman Hospital</td>
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<td>Boundary Trails Health Centre</td>
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<td>Portage Hospital</td>
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<tr>
<td>Bethesda/Ste Anne Hospital</td>
<td>110</td>
<td>28</td>
</tr>
</tbody>
</table>
Benefits

– Reduced wait time for urgent and semi urgent colonoscopies
– Reduced number of screening colonoscopies performed
– Reduced number of anesthesia consultations for low and average risk patients
– Reduced number of “extra” Primary Care appointments
– Positive feedback from primary care regarding standard referral form and improved process
– Improved patient flow resulting in better outcomes and experience for patients
QUESTIONS?