
Direct Access to Colonoscopy (DAC)

Initiative Type

Model of Care

Status

Deliver

Added

16 July 2018

Last updated

09 March 2023

URL

<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/direct-access-colonoscopy-dac>

Summary

A new Direct Access Colonoscopy model is helping suitable patients on the Gold Coast access their procedure quicker by eliminating an unnecessary visit to the hospital for assessment. The new model is innovative, cost-effective, and builds capabilities for sustainable solutions within the organisation. To a large extent, this capability should result in continued quality improvements within the Endoscopy Unit, and meet diagnostic/therapeutic clinical needs within accepted timelines.

Key dates

Sep 2017

Jun 2018

Implementation sites

Gold Coast University Hospital

Key Contacts

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Aim

The aim of the Direct Access to Colonoscopy (DAC) project is to improve overall waiting times for colonoscopy by removing the requirement of Endoscopy Assessment Clinic outpatient appointments for the target population in a standardised and safe manner. The secondary aim is to implement, evaluate and normalise DAC in the Gold Coast.

Benefits

- Reduction of waiting times for endoscopies
- Avoidance of unnecessary attendance at the outpatient clinics
- Reduction on outpatient clinic demand
- Improve the quality of GP referrals and avoid inappropriate referrals
- Reduce the number of 're-scopes' by improving the quality of bowel preparation
- Reduction of JMO hours at Endoscopy Assessment Clinic

Background

Endoscopies (gastrosopies and colonoscopies) are common procedures to diagnose and treat gastrointestinal conditions such as coeliac disease, inflammatory bowel disease and colorectal cancers (CRC). CRC is one of the most common cancers in Australia and the demand for colonoscopies is rising, causing the wait lists to increase. At Gold Coast Health (GCH) the demand for endoscopies between May 2016 and April 2017 for patients under 50 years of age was 795 per 100,000, while the crude rate for all patients was 1,683 (source: Queensland Health). The DAC model of care and establishing a new direct pathway essentially eliminates a redundant step from the historical approach of managing these patients. Before, patients were referred by their GPs, attended a specialist outpatient appointment and were then listed for their colonoscopies. **Patient criteria** (developed in consultation with senior clinicians)

- Age under 50 years (now under 60 years)
- not on insulin or anticoagulants/antiplatelets
- BMI less than 35 and high anesthetic risks.

Evaluation and Results

Evaluation has demonstrated the success of the model. Direct Access Clinic patients are waiting much less time to access a colonoscopy. Wait time for other patients have also decreased as some of the patients move to the Direct Access stream.