# Direct Access Gastrointestinal Endoscopy (Adult) Procedure

Effective: 23 October 2020

## 1. Guiding Principles

Direct Access Gastrointestinal Endoscopy is innovative and cost-effective and ensures timely and efficient access to services. Suitable patients can be referred to direct access endoscopy for suspected malignancy, positive faecal occult blood test (FOBT), follow-up or surveillance procedures, strong family history of gastrointestinal cancers or confirmed coeliac disease.

The National Bowel Cancer Screening Program and increased awareness of the risk factors for upper intestinal cancer has led to a substantially increased demand for diagnostic gastrointestinal endoscopies (gastroscopy and colonoscopy). Direct access endoscopy allows General Practitioners (GP's) to refer patients directly for an endoscopic procedure without first having a consultation with a Gastroenterologist/General Surgeon. This fast-tracked service is the most direct pathway for patients to access publicly funded endoscopy services.

All patients referred via direct access will be registered onto the Elective Surgery Waiting List (ESWL) and managed in a consistent structured approach in accordance with the requirements of the WA Health MP0050/17 Elective Surgery Access and Waiting List Management Policy and WACHS Elective Surgery Business Rules.

## 2. Procedure

### 2.1. Decision to refer via Direct Access pathway

Adult patients are referred by the GP based on clinical indications and patients are prioritised according to evidence-based guidelines and in keeping with WA Health MP 0045/17 Urgency Categorisation and Access Policy for Public Direct Access Adult Gastrointestinal Endoscopy Services.

### 2.2. Mandatory Referral Information

The following information must be provided in the referral form to enable triaging clinicians to determine suitability for direct access and assign the clinically appropriate urgency category that will support patients being seen in the timeliest manner according to care needs.

- Patient details:
  - Name
  - Date of Birth
  - Gender
  - Contact number
  - Address
  - Medicare number including reference number and expiry date
  - Interpreter required
- Indication for referral:
  - Symptom duration

    - At least one indication must be ticked under the following sections, or an adequate description provided:
        - Lower GI indications
        - Upper Gi indications
- Medical history, risk factors and current medication list:
    - Weight – if exact not known, an estimate must be provided
    - Indicate if the patient has cardiac stents/pacemaker/implanted defibrillator (history of heart disease).
    - List of anti-coagulation medications, and the indication for prescription
    - Family member details (relationship and age of diagnosis) if requesting surveillance for family history of colorectal cancer.
- Relevant Investigations:
    - Abdominal imaging reports if performed
    - Ferritin and Haemoglobin levels (for unexplained iron deficiency)
    - U & E for patients with kidney disease
    - LFT/INR/Platelets for patients with liver disease.

### 2.3. Urgency Prioritisation

The Gastroenterologist/General Surgeon is responsible for triaging the referral and assigning an urgency category 1 or 2 only, as determined by clinical need and guided by WA Health MP 0045/17 Urgency Categorisation and Access Policy for Public Direct Access Adult Gastrointestinal Endoscopy Services.

### 2.4. Registration onto the elective waitlist

The patient will be registered onto the waitlist by the appropriately delegated person after receiving a MR19 WACHS Request for Direct Access Gastrointestinal Endoscopy (Adult) form, containing the mandatory clinical and demographic information. Category 1 patients will be given a procedure date at time of registration. Where a procedure is required at a defined period within 12 months the patient will be waitlisted as 'Not Ready for Care – Staged' with a 'Ready for Care' date that is 2 months prior to the procedure due date.

## 3. Definitions

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| **Accountable Officer** | Theatre Clinical Nurse Manager or Waitlist Coordinator or a delegated officer. |
| **Category 1** | Procedures that are clinically indicated within 30 days. |
| **Category 2** | Procedures that are clinically indicated within 90 days. |
| **Direct Access** | Those which, by prior agreement, routinely accept requests for registration onto the ESWL from external sources (e.g. GP), without prior assessment of the patient by a specialist in an outpatient clinic/private room. |
| **'First on, First off'** | The principle by which all patients are to be treated in order of their registration onto the ESWL unless clinically indicated and/or exceptional circumstances. |

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| **Gastroenterologist** | Credentialed specialist medical practitioner qualified to diagnose and treat disorders of the stomach and intestines. |
| **General Practitioner (GP)** | A medical practitioner who is qualified in general medical practice. They are the patient's usual first point of contact in relation to a personal health issues and are responsible for coordinating the care of the patient. |
| **General Surgeon** | Credentialed specialist medical practitioner qualified to diagnose and treat diseases of the abdomen, breast, head and neck, blood vessels and digestive tract. |
| **Listing Status** | An indication of the patient's readiness to begin the process leading directly to being admitted to hospital for the awaited procedure i.e.<br>• Ready for Surgery<br>• Not Ready for Surgery – Staged Patients<br>• Not Ready for Surgery – Pending improvement of clinical condition<br>• Not Ready for Surgery – Deferred for personal reasons |
| **Referral** | A request from a GP asking a specialist medical practitioner to review, diagnose or treat a patient. |
| **Surveillance Endoscopy** | An endoscopy performed on a patient who is identified as having specific risk factors for developing malignancy |
| **System Manager** | The term used to describe the Department CEO to reflect his role as being responsible for the overall management of the WA health system. |
| **Triaging Clinician** | Credentialed specialist medical practitioner (Gastroenterologist/General Surgeon), eligible to request admission of patients to a public hospital, who has operating rights at that public hospital and will be performing the Gastrointestinal Endoscopy. |

## 4. Roles and Responsibilities

### 4.1. Primary Care (General Practitioners)

The initial assessment of the patient's suitability for direct access gastrointestinal endoscopy services is performed by the GP. This assessment must include:

- The patients' clinical condition and past medical/family history.
- Results of any recommended prior investigations
- Evidence of eligibility as per WA Health referral guidelines outlining the endorsed standardised access criteria

The GP must complete the MR19 WACHS Request for Direct Access Gastrointestinal Endoscopy (Adult) form, including all mandatory demographic and clinical information and forward it (via fax, post or email) to the relevant WACHS surgical site.

Referrals will only be accepted if they have mandatory information included. If the information is no provided, the referral will be returned to the referrer.

**Please Note, the MR 20 WACHS Request for Admission Waitlist Inclusion form will no longer be accepted for Direct Access Gastrointestinal Endoscopy procedures.**

### 4.2. Gastroenterologist/General Surgeon

- Reviews all referrals for direct access gastrointestinal endoscopy and triages them as per WA Health MP 0045/17 Urgency Categorisation and Access Policy for Public Direct Access Adult Gastrointestinal Endoscopy Services.
- Referrals deemed not to meet Direct Access criteria will returned to the GP with a written explanation of the reason for return.
- Completes the consent form with the patient on the day of surgery prior to performing the procedure.
- Following the procedure, the Specialist will inform the patient and their referring GP of the results and organises any follow-up procedures or treatment.

### 4.3. WACHS Receiving Hospital

- Accepts the referrals from the GP, date stamps them on receipt to the waitlist office and expedites them to the specialist for triaging.
- Register the patients onto the ESWL in the Patient Administration System with the correct urgency category to ensure patients receive care within the clinically recommended timeframes.
- Surveillance procedures will be registered as a Category 2 with a listing status of 'Not Ready for Care – Staged' with a 'Ready for Care' date 2 months prior to the procedure due date. Surveillance procedures that are due greater than 12 months from referral are to be returned to the GP with advice to re-refer when the procedure is due within 12 months.

## 5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff is reminded that compliance with all policies is mandatory. Performance will be monitored by the System Manager against the WA Elective Services Targets (WEST) for non-reportable procedures.

## 6. Records Management

The paper-based record must be retained in the patient's health record where it is the source of truth. WACHS health records are inclusive of paper and digital records as per WACHS Health Record Management Policy.

## 7. Evaluation/Performance Monitoring

Continuous evaluation and action to improve access, safety, appropriateness, effectiveness and efficiency are fundamental to the provision of quality health services

Monthly audits will be conducted by the Regional Health Information managers (or their delegate) and/or Clinical Nurse Managers (only at the sites utilising direct access Gastrointestinal Endoscopies). These audits are to ensure information on the MR19 form is accurately recorded in WebPAS and MR19's are processed and patients managed in accordance with policy. The audit tool is the WACHS Direct Access Gastrointestinal Endoscopy Compliance Audit in Webspark.

Elective waitlists for Gastrointestinal Endoscopies will be managed in line with WA Health MP 0050/17 Elective Surgery Access and Waiting List Management Policy. Monitoring of compliance with this document is the responsibility of the Regional Medical Directors and Regional Nursing and Midwifery Directors to review compliance against this policy. This includes reviewing the service delivery model and workforce profile.

Performance will be monitored by the System Manager against WA Elective Services Target (WEST) for non-reportable procedures.

Deviations from this procedure that have the potential to result in adverse or unanticipated patient outcomes must be reported using the Clinical and/or Corporate Incident Reporting pathway(s).

Significant and system-based matters relevant to patient safety must be escalated to the Regional Patient Safety & Quality Committee.

## 8. Standards

National Safety and Quality Health Service Standards 5.4, 5.7

## 9. Related Forms

MR19 WACHS Request for Direct Access Gastrointestinal Endoscopy (Adult)
WA Health Colonoscopy and Gastroscopy Request forms

## 10. Related WA Health System Policies

MP0050/17 Elective Surgery Access and Waiting List Management Policy
MP 0045/17 Urgency Categorisation and Access Policy for Public Direct Access Adult Gastrointestinal Endoscopy Services

## 11. Policy Framework

Clinical Services Planning and Programs
WA Health Clinical Services Framework 2014-2024

**This document can be made available in alternative formats on request for a person with a disability**

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