

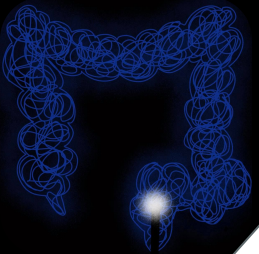


WITHIN THE SCOPE OF PRACTICE:

Colonoscopy wait
times in rural
South East
Queensland

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Aim

To determine whether waiting periods between colonoscopy referral and procedure completion align with the Queensland Health recommendations based on urgency categorisation.

Urgency Categorisation

Category	Time frame	Criteria	Examples
1	30 days	Requires prompt assessment and review → major risk if treatment is delayed	<ul style="list-style-type: none">• Positive FOBT• Palpable abdominal/rectal mass• Abnormal radiology• PR bleeding, unexplained anaemia, weight loss, severe abdominal pain, altered bowel habits + concerning features
2	90 days	Moderate functional impairment	<ul style="list-style-type: none">• Anaemia, altered bowel habits, PR bleeding or weight loss without concerning features
3	365 days	Minimal functional impairment	<ul style="list-style-type: none">• Screening for those with family history of CRC• Minor change in bowel habit (age <40 years & no family history CRC)

Concerning features

- Dark blood coating or mixed with stool
- Bloody or nocturnal diarrhoea
- Weight loss, ≥ 5% of body weight in previous 6mo
- Abdominal / rectal mass on clinical examination or abnormal imaging
- Persistent abdominal pain
- Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women
- Patient or family history of CRC (1st degree relative before 55 years old)
- iFOBT or calprotectin +ve



Methods

DATA COLLECTION

Sample: colonoscopy procedures performed in 2019

Data collected onto spreadsheet:

- Age
- Gender
- Indication for colonoscopy
- Priority categorisation
- Date of colonoscopy referral
- Date of triage
- Date of colonoscopy procedure

DATA ANALYSIS

Performed using Microsoft Excel

Days in waiting period
= date of colonoscopy procedure - date of referral

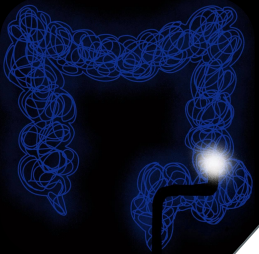
Stratified by priority category

- Mean and median waiting period
- % within recommended time frame

Outliers: waiting period data points that were ≥ 1.5 IQR beyond Q1 & Q3 (Tukey's Fences method)

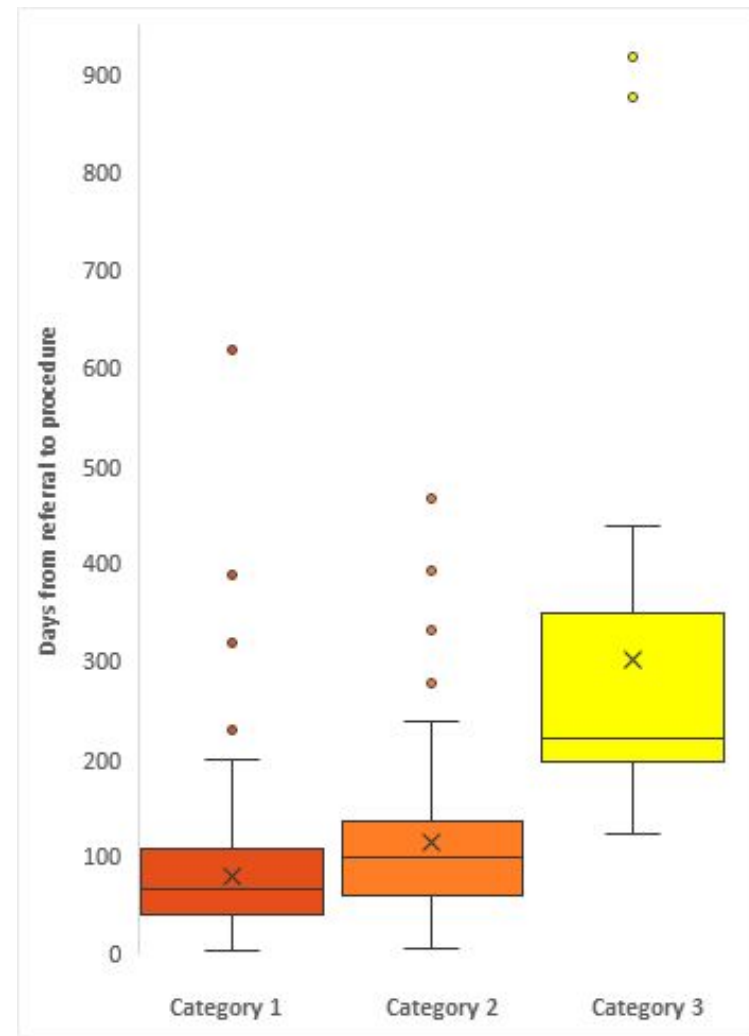
Calculations repeated after excluding outliers

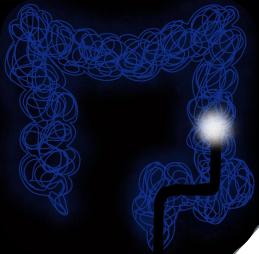
Calculations performed for each hospital site & across entire pooled sample



Gympie

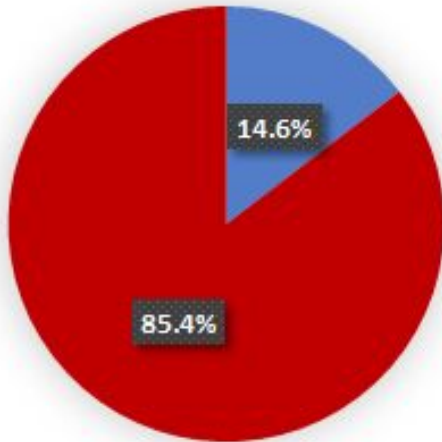
Category	Recommended wait time (days)	Mean wait time (days)	Median wait time (days)	Max wait time (days)
1	30	71	67	619
2	90	99	100	466
3	365	260	221	917





Gympie

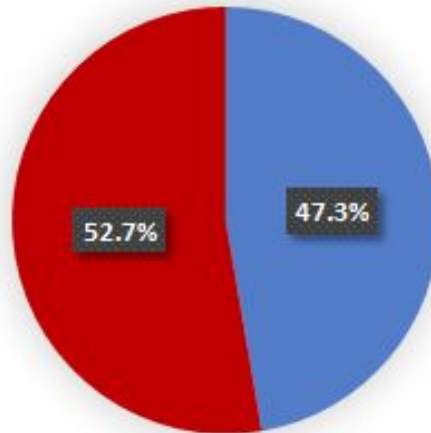
Category 1



N = 233

- % Within Recommended Time
- % Not Within Recommended Time

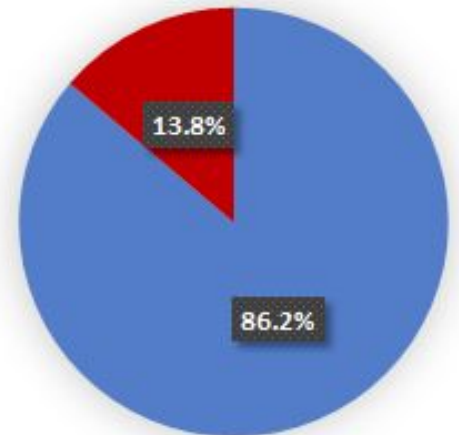
Category 2



N = 110

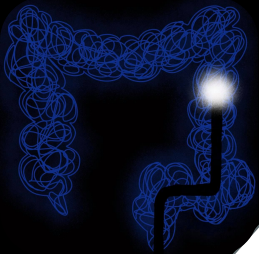
- % Within Recommended Time
- % Not Within Recommended Time

Category 3



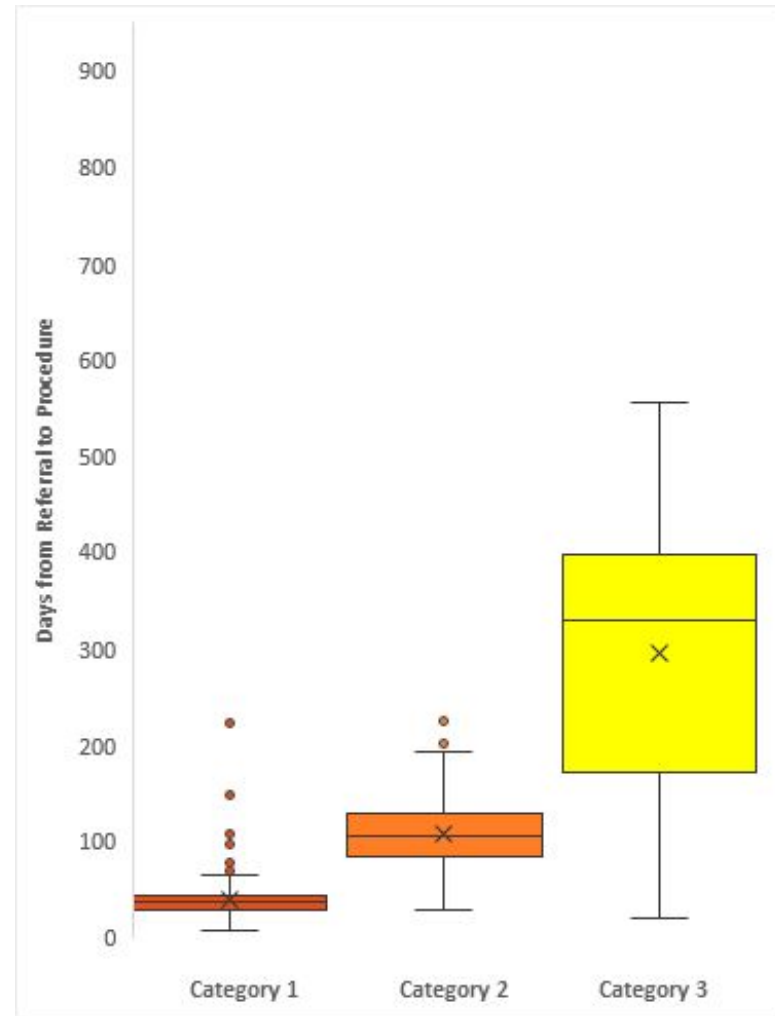
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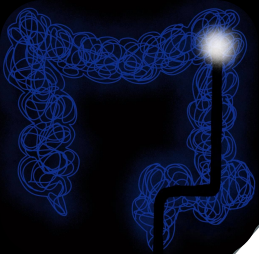
- % Within Recommended Time
- % Not Within Recommended Time



Kingaroy

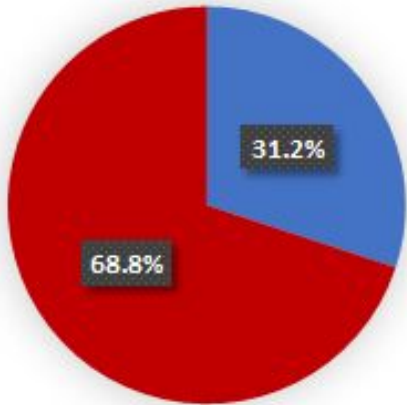
Category	Recommended wait time (days)	Mean wait time (days)	Median wait time (days)	Max wait time (days)
1	30	37	37	224
2	90	107	106	226
3	365	295	330	556





Kingaroy

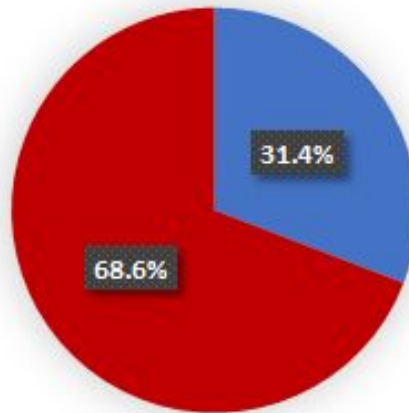
Category 1



N = 282

- % Within recommended time
- % Not within recommended time

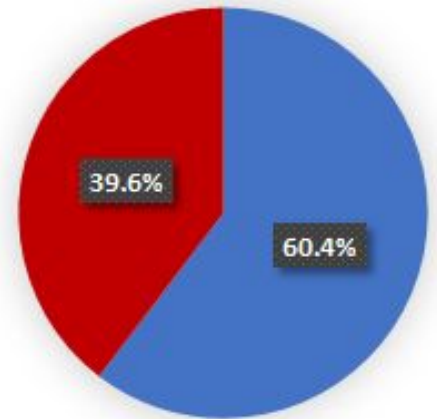
Category 2



N = 105

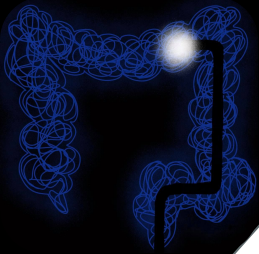
- % Within recommended time
- % Not within recommended time

Category 3



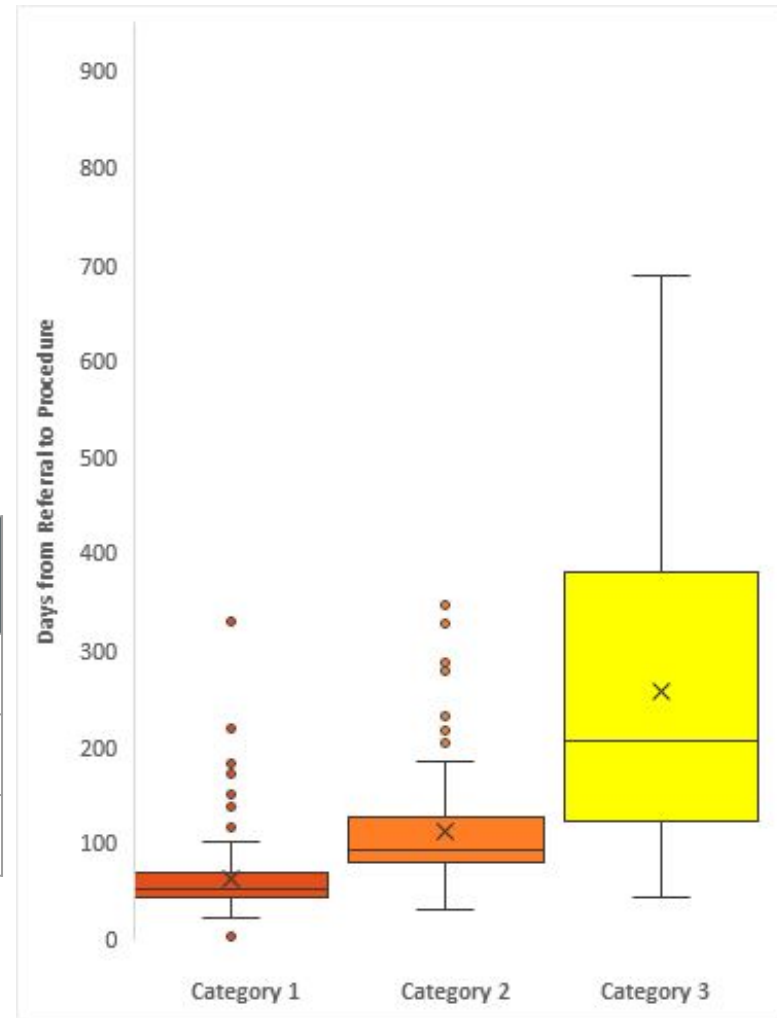
N = 53

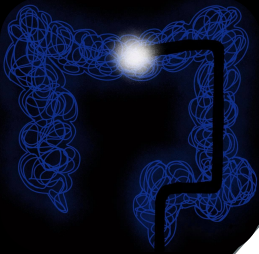
- % Within recommended time
- % Not within recommended time



Warwick

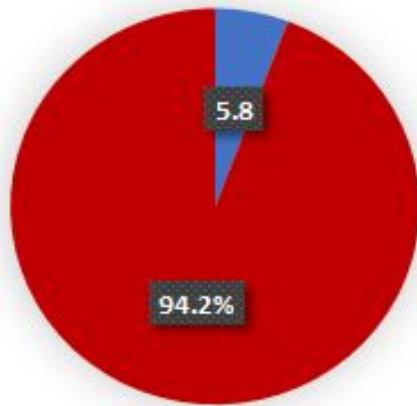
Category	Recommended wait time (days)	Mean wait time (days)	Median wait time (days)	Max wait time (days)
1	30	53	52	330
2	90	98	94	346
3	365	257	207	688





Warwick

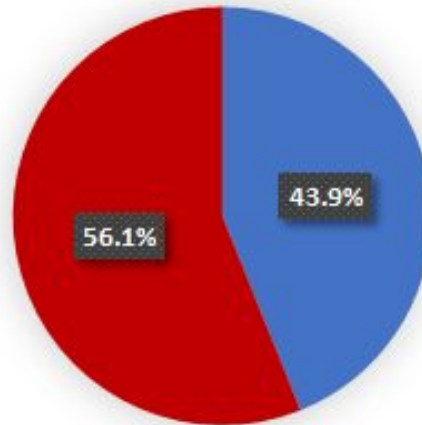
Category 1



N = 138

- % Within recommended time
- % Not within recommended time

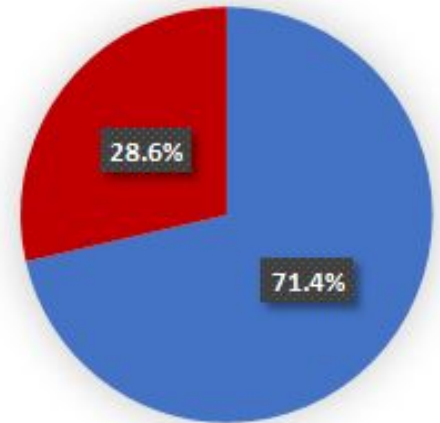
Category 2



N = 82

- % Within recommended time
- % Not within recommended time

Category 3

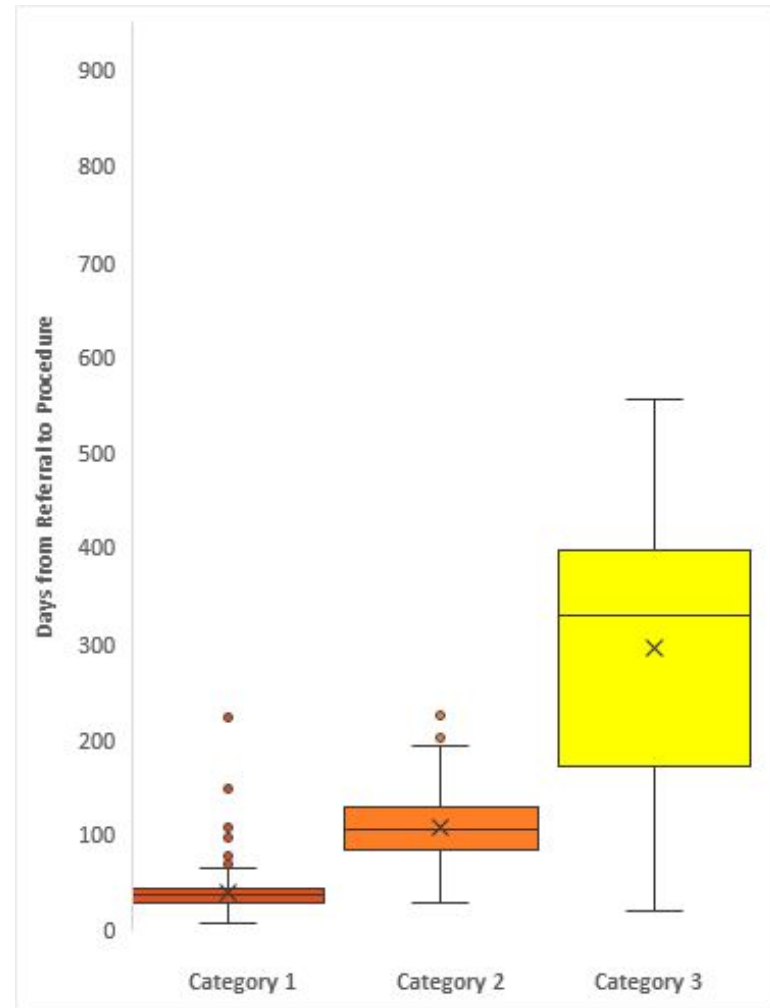


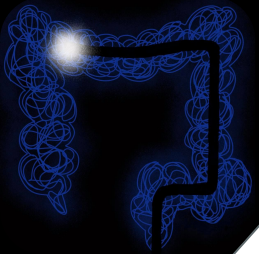
N = 21

- % Within recommended time
- % Not within recommended time

Combined data

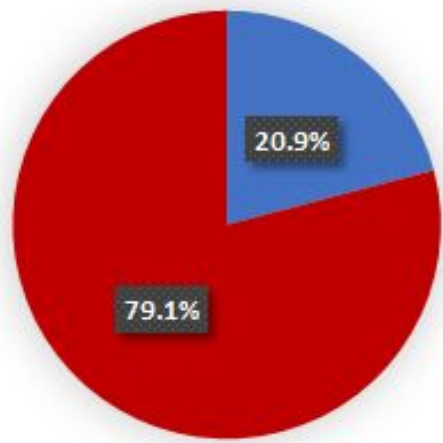
Category	Recommended wait time (days)	Mean wait time (days)	Median wait time (days)
1	30	48	45
2	90	100	99
3	365	273	269





Combined data

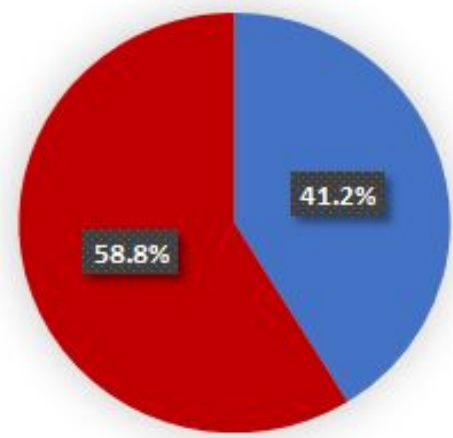
Category 1



N = 636

■ % Within recommended time
■ % Not within recommended time

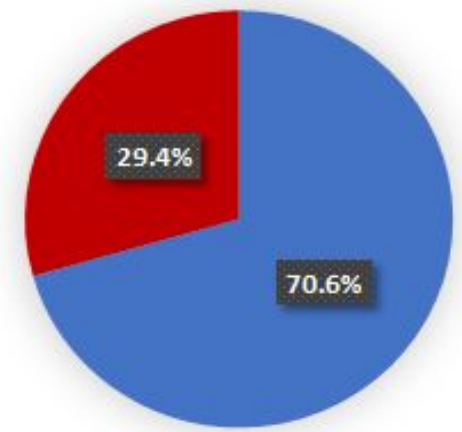
Category 2



N = 294

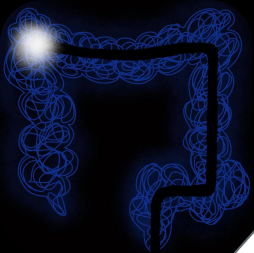
■ % Within recommended time
■ % Not within recommended time

Category 3



N = 102

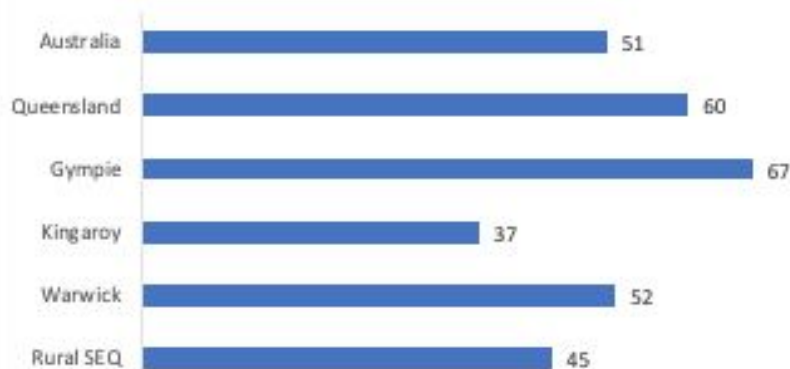
■ % Within recommended time
■ % Not within recommended time



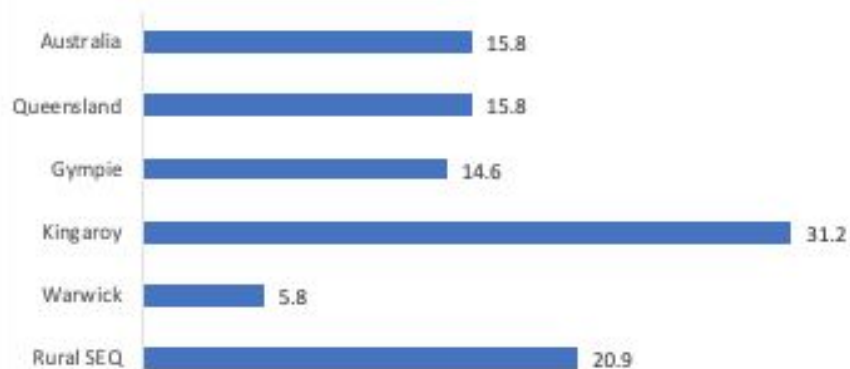
Comparison with NBCSP Report

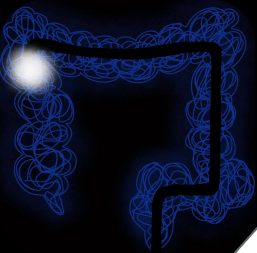
- Australian Institute of Health & Welfare monitoring report on the NBCSP (July 2020)
- Audit of the time between positive screen and diagnostic assessment (colonoscopy) from 1 January 2018 to 31 October 2018
- 78,573 colonoscopies were performed in Australia under the NBCSP, of which 15,032 were performed in Queensland

Median waiting time (days) for Category 1 colonoscopies



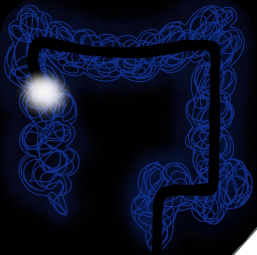
% of Category 1 colonoscopies performed within 30 days





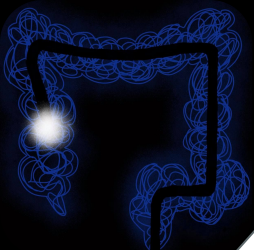
Importance of this Research

- CRC is the second largest cause of cancer death in Australia - over 5000 deaths/year
- Colonoscopy is the gold standard for CRC screening and reduces the incidence of CRC
- Colonoscopy wait times are highest for people living in remote areas
- To assess current practices and determine if amendments need to be made to provide better services to patients



Factors contributing to prolonged waiting times

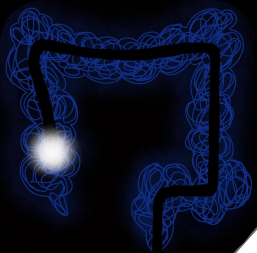
Patient factors	Hospital Factors	Other factors
<ul style="list-style-type: none">• Adamant to have a specific doctor• Admitted to hospital for another reason• Rebooked due to illness• Overseas or interstate• Recent surgery• Patient not contactable to be booked in for a date• Unable to organise transportation or patient unable to travel/drive	<ul style="list-style-type: none">• Missing paperwork• Waiting for specialist review (cardiologist, anesthesiologist)• Endoscopist availability	<ul style="list-style-type: none">• Could not attend due to bushfires• Patient was worried about COVID-19 (patient didn't want an unnecessary procedure)



Limitations of Audit

- Time restraints - unable to determine if categorization was correct
- Limitations of data collection systems (HBCIS) - inaccurate/missing data
- Lack of hospital representation in rural SEQ hospitals
- Referrals go from GP/ surgical clinic → Rural hospital outpatients admin → SCUH/ Toowoomba Hospital (triage) → Rural hospital (book)

Gympie	Warwick	Kingaroy
<ul style="list-style-type: none">• Usually 1-2 weeks between GP referral and SCUH triage which does not get added on to the 'waiting time'	<ul style="list-style-type: none">• Excluded patients who had colonoscopy performed under the private system• Category 9 excluded	<ul style="list-style-type: none">• Missing/incomplete data due to unavailability of the hospital chart• Category 9 excluded



Future Directions

- Areas of improvement for future audits
 - Supplement this audit with data from other rural SEQ hospitals
 - Compare with metro hospitals
- Areas of improvement for colonoscopy wait times
 - Hospital provided transport
 - Improved admin/ booking system - e.g. move to online
 - Increase the number of visiting endoscopists
 - Improve accessibility to other specialists - e.g. cardiologists, anaesthetists
 - Improved communication between endoscopist and admin staff to maximise theatre booking efficiency

Questions?

