Improvement in Access to Colonoscopy in Eastern Health But Not in Western Health

Guideline

Access to colonoscopy should be guided by priority as defined by the Canadian Association of Gastroenterology (CAG).

Practice Points

1. Optimal times for **Priority 1 (Urgent):** 0-14 days; **Priority 2 (Non-Urgent):** 0-60 days; **Priority 3 (Baseline Screening):** 0-182 days

2. Previous review of colonoscopy referrals in 2016 and 2017 showed that access was not optimal, but that it had improved in Eastern Health (EH) but not in Western Health (WH).

Methods

1. Data was obtained from Community Wide Scheduler for five hospitals in EH: Burin, Carbonear, GB Cross, Health Sciences Centre (HSC) and St. Clare's Mercy (SCM), and from two hospitals in WH: Western Memorial (WM) and Sir Thomas Roddick (STR).

2. During 2017, waitlist management was ongoing in the Tri-Peninsulas' hospitals of EH and continued in the remaining two city hospitals in 2018. A formal utilization review was not performed in WH.

3. Referral rates and wait time evaluation was compared regionally and by year.

Results

Table 1. Summary of Colonoscopy Referral Rates

	Referral Rate per 1,000 persons (≥20 yrs)					
	Eastern Health			Western Health		
	2016	2017	2018	2016	2017	2018
Priority 1	6.4	5.6	5.7	6.2	4.8	4.6
Priority 2	18.9	18.7	19.3	26.4	30.5	40.2
Priority 3	4.9	4.3	3.2	2.1	1.2	1.3
Total	30.2	30.6	28.2	34.7	36.5	46.1

- WH referrals for priority 2 indications were substantially higher than for EH, particularly in 2018.

Table 2. Comparison of Median Time to Colonoscopy by Priority and Region for 2016–2018 Data

	Median Time to Colonoscopy (Days)								
	Priority 1			Priority 2			Priority 3		
Region	2016	2017	2018	2016	2017	2018	2016	2017	2018
Tri-Peninsulas[1]	14	9	9	135	78	51	NA	119	165
St. John's[2]	22	20	17	41	40	42	211	132	95
Eastern Health	17	13	11	57	51	47	286	126	118
Western Health	12	13	14	49	63	84	153	207	185

[1] Burin, Carbonear & GB Cross
[2] HSC & SCM

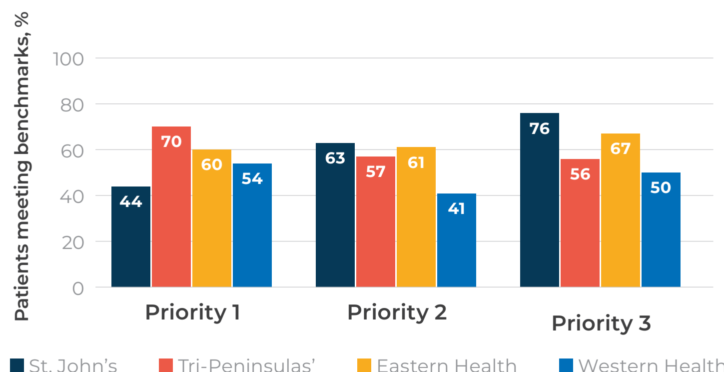

Fig. 1. Percentage of Patients Meeting Benchmarks by Priority and by Region in 2018

Conclusions

1. From 2016–2018, population rates for priority 1-3 colonoscopy decreased slightly for EH but increased substantially for WH. This was due to an increase in priority 2 referrals in WH.

2. Access to colonoscopy, defined by priority, has significantly improved from 2016–2018 in EH but has deteriorated in WH. Improvement in EH was associated with utilization review in these hospitals.

3. Percentage of patients meeting benchmarks for optimal time to access colonoscopy, defined by priority, was not optimal in either EH or WH.