

# Decreased Access to Colonoscopy in Eastern Health

## Guideline

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

## Practice Points

- Optimal times for Priority 1 (Urgent): 0–14 days; Priority 2 (Non-Urgent): 0–60 days; Priority 3 (Baseline Screening): 0–182 days.
- Previous review of colonoscopy referrals showed that access to colonoscopy had significantly improved from 2016–18 in Eastern Health (EH).

## Methods

- Data were obtained from Community Wide Scheduler for five hospitals in EH: Burin, Carbonear, GB Cross, Health Sciences Centre (HSC) and St. Clare's Mercy (SCM).
- During 2017, waitlist management was ongoing in the rural hospitals of EH and continued in the remaining two city hospitals in 2018.
- Referral rates and wait time evaluation by year were compared within EH.

## Results

Table 1. Colonoscopy Referrals to EH by Priority, by Region and by Year

		Region			
		Rural <sup>1</sup>	St. John's <sup>2</sup>	Eastern	
Number of Referrals	Priority 1	2016	830	805	1,635
		2017	827	625	1,452
		2018	880	571	1,451
		2019	738	592	1,330
	Priority 2	2016	1,777	3,068	4,845
		2017	1,640	3,174	4,814
		2018	1,842	3,111	4,953
		2019	2,075	2,978	5,053
	Priority 3	2016	616	622	1,238
		2017	533	577	1,110
		2018	355	453	808
		2019	315	502	817

<sup>1</sup> Burin, Carbonear & GB Cross; <sup>2</sup> HSC & SCM

- Comparing 2019 to 2016, the number of colonoscopies referred to EH colonoscopists deemed priority 1 decreased by 18.7%, deemed priority 2 increased by 4.3%, and deemed priority 3 decreased by 34%.

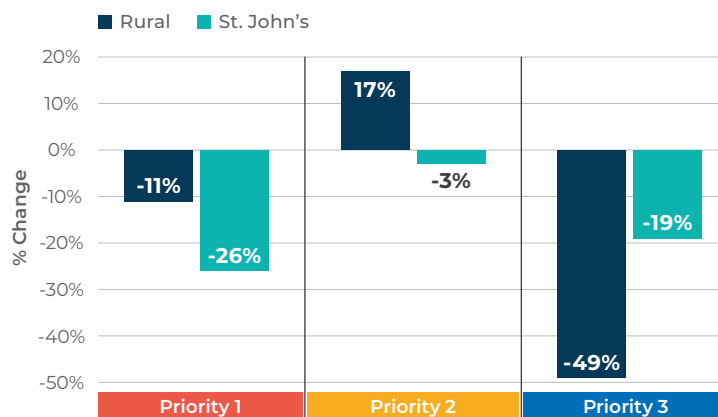


Figure 1. Percentage Change in the Number of Referrals Comparing 2019 to 2016 in the Rural and the St. John's Hospitals by Priority

- The change in referrals in the rural hospitals was likely related to utilization review.

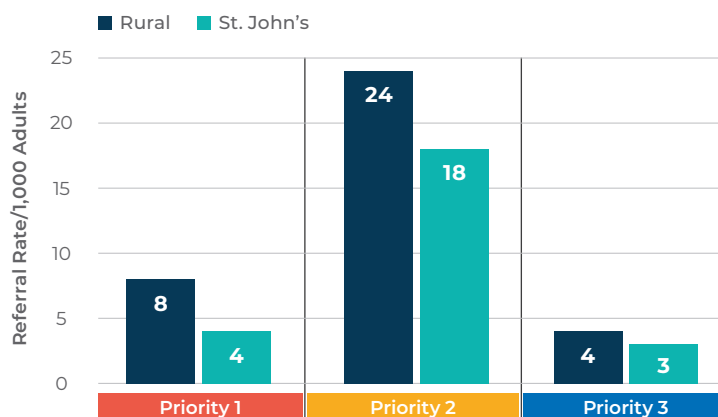


Figure 2. Referral Rates/1,000 Adults in 2019 by Priority and by Region

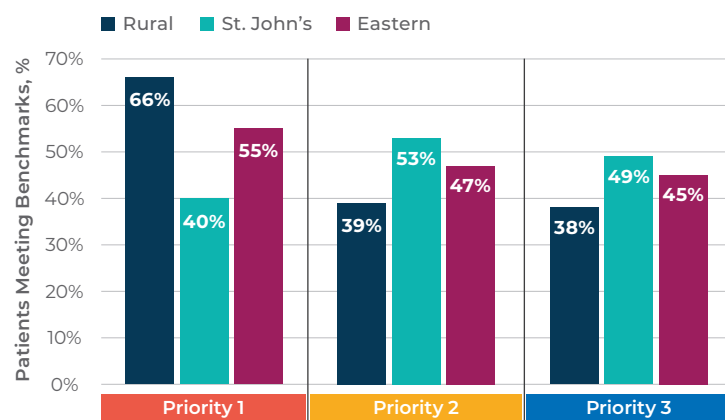
- In 2019, the referral rate/1,000 adults in the three rural hospitals was 140% higher than in the two St. John's hospitals for priority 1, 34% higher for priority 2, and 20% higher for priority 3.

**Table 2. Comparison of Percentage of Patients Meeting Benchmarks for Time to Colonoscopy by Priority and Region for 2016–2019 Data**

			Region		
			Rural <sup>1</sup>	St. John's <sup>2</sup>	Eastern
Number of Referrals	Priority 1	2016	52	36	44
		2017	68	41	56
		2018	70	44	60
		2019	66	40	55
	Priority 2	2016	32	63	52
		2017	40	63	55
		2018	57	63	61
		2019	39	53	47
	Priority 3	2016	25	47	36
		2017	64	60	62
		2018	58	76	67
		2019	38	49	45

<sup>1</sup> Burin, Carbonear & GB Cross; <sup>2</sup> HSC & SCM

- Comparing times to colonoscopy in 2019 to 2016, the per cent meeting benchmark times in the rural hospitals improved by 26.9% for priority 1 and St. John's improved by 11.1%. For priority 2, the rural hospitals improved by 21.9% and the St. John's hospitals deteriorated by 15.9%. For priority 3, there was a 52% improvement in the rural and 4.3% improvement in St. John's.



**Figure 3. Percentage of Patients Meeting Benchmarks by Priority and Region in 2019**

## Conclusions

1. In EH, the number of colonoscopies referred for priority 1–3 conditions decreased from 7,718 in 2016 to 7,200 in 2019. This decrease was particularly for priority 1 and 3 referrals. In the rural hospitals, this may be partly related to improved labelling of priority as a result of utilization review.
2. Referral rates for priority 1 and 2 were substantially higher in the rural hospitals, compared to St. John's.
3. The per cent meeting benchmark time to colonoscopy by priority was better in the rural hospitals than in St. John's. Improvement in St. John's requires improvement in the infrastructure to perform colonoscopies, and in particular, the number of spaces available to perform colonoscopy.