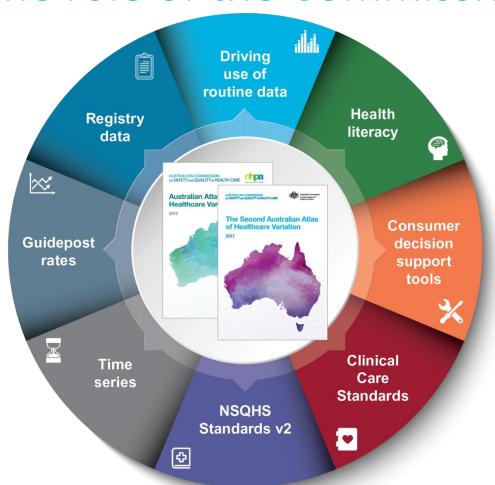
Colonoscopy and Australian Healthcare services

Changing the standard of care wisely

Conjoint Professor Anne Duggan, Mr Iain Skinner, Dr Brett Abbenbroek, Mr Chris Leahy, <u>Alice Bhasale</u>

Promoting appropriate care: The role of the Commission



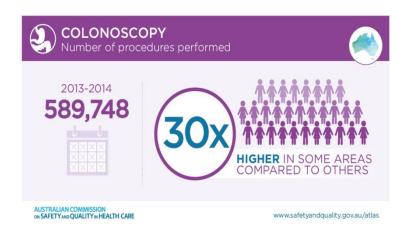
Explore variation

Identify unwarranted variation

Address unwarranted variation

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Why did we need a colonoscopy clinical care standard?



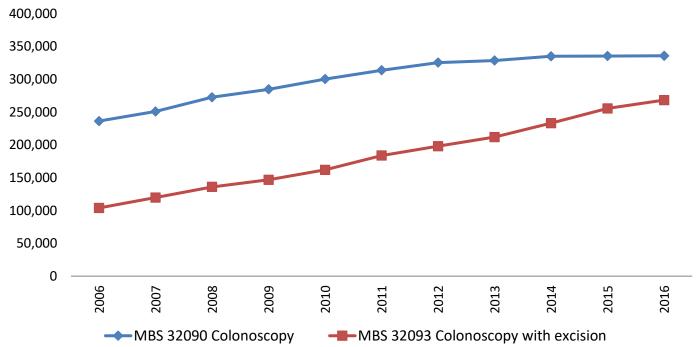
The Commission developed the Colonoscopy Clinical Care Standard because of variation in the use of colonoscopy, and national support for consistent standards.

- Overuse reduces access to care for patients in greatest need.
- 75% of colonoscopies are carried out in private hospitals, but only 50% of Australians have private health insurance.
- While the risk of complications is low, inappropriate use increases exposure to potential harms.

Choosing Wisely recommendations from the Gastroenterological Society of Australia (GESA) and the Royal Australian College of General Practitioners (RACGP) target the overuse of colonoscopy.

Is colonoscopy appropriately used?





From 2004-2015, MBS colonoscopies with and without polypectomy increased by 177% and 51% respectively.

The Colonoscopy Clinical Care Standard supports change by:

- Helping consumers to share decisions, provide fully informed consent and manage their screening and surveillance.
- Defining quality indicators, also used in recertification of colonoscopists. Evidence shows monitoring of indicators reduces risks of interval cancer and cancer death.
- Requiring adherence for all acute health services undergoing mandatory accreditation to the National Safety and Quality Health Service Standards.

System interventions such as clinical care standards can be an important lever for Choosing Wisely recommendations

Colonoscopy



Clinical Care Standard

Nine evidence-based quality statements for safe and appropriate colonoscopy

- Initial assessment and referral
- Ensure referral allows assessment of urgency and appropriateness
- Appropriate and timely colonoscopy
 Provide colonoscopy according to guidelines
- Informed decision making and consent Inform patients and obtain consent before bowel preparation
- Bowel preparation
 Use an effective regimen and make sure patients know what to do
- Provide safe, appropriate sedation according to current guidelines
- 6 Maintain requirements for credentialing and recertification
- Procedure
 Conduct a high quality examination and record quality indicators
- B Discharge
 Discharge the patient safely with information about outcomes and follow-up
- Page 1 Reporting and follow-up Communicate results and follow-up plan to the patient and referring clinicians

Download the Clinical Care Standard and resources at: www.safetyandquality.gov.au/ccs

ISTRALIAN COMMISSION



support clinicians and health services to deliver high-quality care and meet the requirements of the NSQHS Standards (second edition)



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