

Single Point Access for the Colorectal Service with a Supporting e-Referral - Northland District Health Board (NDHB) 2009

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Abstract

Aim: *To diagnose colorectal cancer at the earliest possible stage within existing resource constraints.*

Method: *An electronic referral form already in use in another District Health Board was adapted to meet local needs and resources. This was achieved using a collaborative effort between General Practitioners (GPs) and the Colorectal service.*

A single point of entry service was established to allow for consistent and appropriate allocation of these investigation resources.

Results:

- *Unanimous support from the GPs regarding inclusion in service development and for the new single point access service.*
- *Substantial improvement in the all time frames, particularly time from referral to both receipt by the hospital and prioritisation.*
- *An estimated 30% reduction in time required for prioritisation and an increased confidence that the priority outcome was accurate.*
- *Development of an e-referral platform for all NDHB services*

Conclusion: *This project highlighted the importance of inclusion of user groups in service development for hospitals. With a collaborative approach based on tools already in existence, an effective, acceptable and timely e-referral form can be created. This has resulted in faster processing of referrals and better resource utilisation. It is too early to evaluate the effect that this project has had on cancer stage at diagnosis.*

1. Introduction

Prior to this pilot GPs were able to refer patients for investigation of large bowel problems via multiple points of entry, Ba enema via radiology, colonoscopy direct to the Colonoscopy service or to Surgical out patients clinic.

It was felt that efficiencies in patient flows and resource utilisation could be gained through a combination of the accurate and consistent referral information combined with a single point of entry with consistent allocation to the available investigative modalities.

The relevant objectives of this project were to

1. Develop a mechanism for collaboration with Primary Care. In doing so, develop processes for future engagement of Primary Care in Secondary Care service development.
2. Develop a single point of entry referral pathway for management of patients with large bowel symptoms who are referred by GPs.
3. Establish an electronic referral tool that could be integrated into the GP Patient Management System ("PMS").

2. Method

A self selected, funded design group of 6 GPs was established that reflected the geographical make-up of Primary Care in Northland. A face to face meeting was held between this GP group, the General Practice Liaison officer (GPL), representatives from the Colorectal service and the IT vendor, Healthlink. Using the Hutt DHB generic referral form as the basis, a referral form for local use was drafted. This was refined and finalised by this group via group e-mail communication. The form is fully integrated with the principle Northland GP PMS system (MedTech).

The single point of entry service was developed in parallel to the referral form. Collaboration with the Radiology and Colonoscopy service saw the development of streamlined process for referral and “in-house” review and management of all results with communication to the referrer.

This form was put into use by the GP design group and the other members of their group practices in December 2008.

Initially the form was completed and printed by the pilot GPs and mailed to the hospital. Analysis of the time frames of the mailed referrals allowed for a comparative analysis with the electronically submitted referrals.

The current NDHB administration support system is Galen which is unable to receive electronic documents. To solve this problem Healthlink has built a web based referral management system called RMS lite. This is an interim solution until Galen is replaced by a system capable of this function.

As of March 2009 the pilot GPs where able to submit the referrals electronically

After further refinement, roll out to all other Northland practices began in May 2009.

3. Results

The main outcomes of note have been:

1. Unanimous satisfaction of the inclusion of GPs in service development by the design group.
2. Improved times frames of:
 - Submission to receipt by Hospital (3 days → <1 day)
 - Submission to prioritisation (9.6 days → 4 days)
 - Form completion time by GPs (87.6% somewhat/ a lot faster, 14/16)
 - Prioritisation time by service (30% reduction, estimated by specialist)
3. 100% (15/15) satisfaction of the pilot GPs with the single point of entry service
4. 100% (16/16) of the pilot GPs found the prompted functionality of the form either very helpful or somewhat helpful
5. Improved confidence with the allocation process involved in prioritisation by the Service

It is also notable that 80% of referrals are now being completed by GPs during consulting hours and anecdotal evidence supports the completion of them at the time of the consultation

The contract with Healthlink allowed for the provision of 3 electronic referral forms. In fulfilment of this contract a customised referral form was developed for the Breast Service as was as a generic referral form. The later form gave an almost complete referral platform for NDHB.

Inherent in the forms is a degree of prioritisation which is further refined by the quick links provided from the referral form to the relevant service information in the web based Healthpoint service to which NDHB also subscribes.

4. Conclusion

This pilot has demonstrated the effectiveness of collaboration between both referrer and service provider. This combined with adaptation of a referral tool already in use, has led to an almost complete electronic referral system for NDHB in a very short time frame.

The use of GPs in the design of the referral forms has lead to a high degree of satisfaction with both the referral tool and new single point of entry pathway by the wider GP community.

The electronic transmission has lead to improved times from referral by the GP to all points of processing by the hospital. A high completion rate during consulting hours is pleasing as this would imply a significant positive impact on the paper work load generated from the consultation.

The development of the interim RMS lite system gives the ability for NDHB to receive and manage e-referrals in a paperless fashion. This product gives all DHBs the ability to adopt e-referrals irrespective of their current operating management systems.

5. Acknowledgments

- Mr Mark Sanders General Surgeon/lead Colorectal Surgeon, Northland District Health Board
- GP Colorectal Template Development Group :
 - Dr Ian Birch Russell Medical Centre, Russell
 - Dr Jennifer Cornell Te Hauora o Te Hiku O Teka, Kaitaia
 - Dr Claire Douglas Widdowson Sprague Medical, Whangarei
 - Dr Michael Evans Wellsford Medical Centre, Wellsford
 - Dr Neil Hopkins Dargaville Medical Centre, Dargaville
 - Dr Tulio Testa Rata Medical Centre, Whangarei
- I would also like to thank all of the GPs within these practices who agreed to be part of the pilot group for trialling the use of this new tool and associated service
- Maureen Morris, Colorectal Nurse Specialist, NDHB
- Glenys Wynyard (and her staff), Manager of Central Bookings, NDHB
- Chris Budge and Janine Van Beek , Information Systems, NDHB
- Nick Wilson, Project Manager, Healthlink
- Dr Peter Vujcich, GP Liaison, NDHB
- Ken Leech, Chair of NPIGG
- John Williams, Director of Healthpoint Limited

6. Funding

This project was funded by the Ministry of Health as an Improving Access to Diagnostics project.

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