



## Patients Requiring Surveillance Endoscopy for Colonic Polyps Gold Coast Hospital and Health Service

### 1. Purpose

To ensure patients recommended for Surveillance Endoscopy for colonic polyps are managed in a standardised manner across GCHHS with recommendations made at time of procedure which align with National Health and Medical Research Council (NHMRC) guidelines.

### 2. Scope

This procedure relates to all GCHHS employees (permanent, temporary and casual) and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors and consultants) working within the Endoscopy Unit.

**Compliance with this procedure is mandatory.**

### 3. Procedure for Management of Patients Requiring Surveillance Endoscopy for Colonic Polyps

- 3.1. All surveillance endoscopy recommendations regarding frequency must follow current NHMRC guidelines
- 3.2. Individual endoscopists, endoscopy units and the HHS will aim to achieve 90% compliance with surveillance recommendations, with regular audits performed. Surveillance recommendations should be made as part of the endoscopy report when polyps are detected. Amendments to these recommendations can be made following pathology review
- 3.3. The endoscopy coordinator will collect information and analyse endoscopy reports as part of this process. Following endoscopy a copy of the patient's endoscopy report and a letter will be sent to the patient and their General Practitioner (GP) detailing date of subsequent procedure if this is indicated, the letter will also advise the patient that their name has been placed on a recall database. Any amendments following review of pathology will be updated in the surveillance database and patient and GP notified with a second letter. Where required, patients will also be notified by telephone of any significant results.
- 3.4. GCHHS will cease to offer routine surveillance procedure after the age of **78** years. This is in keeping with similar established practice for the National Bowel Cancer Screening Program. This does not prevent patients >78 years or their GP from recommending an urgent, elective or surveillance colonoscopy which is also in keeping with recently published state-wide guidelines.
- 3.5. GCHHS will assume responsibility for maintaining a list of patients requiring further surveillance endoscopies. This is currently maintained as the Category 9 wait list on HBCIS and MIS. As the HHS is providing an investigative procedure conducted by a suitably qualified clinician, the HHS has assumed responsibility for ongoing care arising from this procedure. GCHHS will assume responsibility for issuing reminders to patients requiring surveillance at their last recorded address with us.

#### 4. Supporting /Relating Documents

##### Authorising Policy and Standard/s

- Nil

##### Procedures, Guidelines, Protocols

- State-wide Gastroenterology Clinic Network's recommendations on management of surveillance endoscopes. File Ref: CE003265
- [Endoscopy Action Plan](#)
- GCHHS procedure: [PRO1771 Endoscopy Bookings and Waiting List Management](#)

##### Forms and templates

- Nil

#### 5. Definition of terms

Term	Definition	Source	See also
Nil			

#### 6. References and Suggested Reading

- [Clinical Practice Guidelines for Surveillance Colonoscopy](#)

#### 7. Consultation

Key stakeholders who developed/reviewed this version are:

- Amelia Burke, Endoscopy Coordinator, Speciality and Procedural Services
- Dr Sneha John, Director of Endoscopy
- Clinicians within Gastroenterology, Endoscopy and Surgical Departments
- Allison Cassidy, A/Service Director General Surgery, Digestive Health and Musculoskeletal Services
- Tracy Weekes, Clinical Nurse Consultant, Endoscopy Unit
- Sandra Rediyasa, Clinic Care Coordinator, Endoscopy Unit

#### 8. Committee Endorsement

- Department of Gastroenterology Clinical Governance Committee 05.02.2018

#### 9. Procedure Development/Revision and Approval History

Version No	Developed/Modified by	Content authorised by	Approving Officer	Date of Effect	Last Reviewed
1	Amelia Burke, Endoscopy Coordinator	Service Director, General Surgery, Digestive Health and Musculoskeletal Services, Speciality and Procedural Services	Deborah Bailey, Clinical Director, Speciality and Procedural Services	28/02/2018	

## 10. Audit Strategy (mandatory)

Level of risk	Medium
Audit strategy	Audit
Audit tool attached	No
Audit date	Monthly
Audit responsibility	Endoscopy Coordinator
Key Elements / Indicators / Outcomes	Compliance

## 11. Approval and Implementation

**Delegated Lead:** Endoscopy Coordinator, Endoscopy Unit, Speciality and Procedural Services

**Responsible Authority:** Service Director, General Surgery, Digestive Health and Musculoskeletal Services, Speciality and Procedural Services

**Approving Officer:** Clinical Director, Speciality and Procedural Services

**Approval date:** 23/02/2018

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**Version No.:** 1

**Supersedes:** N/A

**Keywords:** endoscopy, surveillance, Cat 9

**Accreditation References:** NSQHS, EQuIP and other criteria and standards

- NSQHS Standard 1 – Governance for Safety & Quality in Health Service Organisations
- EQuIP Standard 11 – Service Delivery

## 12. Appendices

- Nil