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SA Health

Policy

Colonoscopy Urgency Categorisation and Waitlist Management

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Government
of South Australia

SA Health

1. Name of policy

Colonoscopy Urgency Categorisation and Waitlist Management

2. Policy Statement

This policy ensures the appropriate, consistent, and equitable management of colonoscopy patients and waiting lists in South Australian public hospitals where colonoscopy services are delivered.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those Networks) and SA Ambulance Service.

4. Policy principles

SA Health's approach to colonoscopy services is underpinned by the following principles:

- > We act in the best interests of patients.
- > We provide timely and efficient access to services.
- > We support equity of access based on clinical requirements.
- > We support evidence based practice for early detection and management of neoplasia or other relevant disease.

5. Policy requirements

Local Health Networks (LHNs) undertaking colonoscopy services are responsible for managing colonoscopy waiting lists (waiting lists) and must have local procedures or guidelines that comply with this policy.

Categorisation

- > An authorised clinician must assign a patient a clinically informed urgency category:
 - Category 1: Colonoscopy is clinically indicated within 30 days.
 - Category 2: Colonoscopy is clinically indicated within 90 days.
- > Patients with symptoms suggestive of colorectal cancer (including a positive immunochemical Faecal Occult Blood Test) must have colonoscopy within 120 days from the first healthcare presentation as per the [Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer](#).

Referral to a colonoscopy waiting list

- > A patient must only be referred to a waiting list when they are Ready for Care.
- > Ready for Care patients must have assigned a clinical urgency category, completed a request for admission form, and provided informed consent.
- > A patient must be added to a colonoscopy waiting list within 3 business days of being Ready for Care.
- > Patients who become Not Ready for Care must be categorised as Category 4.

- > Category 4 is an administrative category that must only be used to manage surveillance patients and patients who, after being placed on a waiting list, are not ready to accept a colonoscopy due to clinical or personal reasons.
- > Surveillance colonoscopy patients must be placed on the waiting list as Category 1 or 2 then managed as a Category 4 before returning to their original urgency category prior to their procedure.

Waiting list management

- > Patients on a colonoscopy waiting list must be managed and reviewed in accordance with the administrative processes outlined in the Elective Surgery Access and Management Policy.

Surveillance timing

- > Surveillance colonoscopy intervals must be determined by the authorised clinician according to national evidence based guidelines including [Cancer Council Australia's Clinical Practice Guidelines for Surveillance Colonoscopy](#).
- > Surveillance patients requiring colonoscopy at a time longer than 12 months from the index procedure must be returned to the primary care setting for management and re-referral when the next surveillance colonoscopy is due, unless the treating LHN determines to internally manage these colonoscopy surveillance patients.
- > Surveillance patients requiring colonoscopy at a time after 5 years from the index procedure, must be returned to the primary care setting for management and re-referral if or when surveillance colonoscopy is again indicated, unless the treating LHN determines to internally manage these colonoscopy surveillance patients.
- > Correspondence to general practitioners must set out who is responsible for patient management and re-referral when the next surveillance colonoscopy is due.

Paediatric colonoscopy

- > The determination of appropriate timing and indications for colonoscopy to children must be individually determined for each patient by the treating paediatric gastroenterologist following evidence based best practice. The urgency category for children requiring a colonoscopy must be allocated by an experienced public hospital authorised clinician.
- > Where malignancy is suspected, investigation and treatment must occur within 30 days.
- > The appropriate surveillance timing for each child must be determined on an individual basis taking into consideration the child's clinical condition and being mindful of the need to administer a general anaesthetic to undertake the procedure.

6. Mandatory related documents

The following documents must be complied with under this policy, to the extent that they are relevant:

- > [Australian Commission on Safety and Quality in Health Care Colonoscopy Clinical Care Standard](#)
- > [Cancer Council Australia Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer](#).
- > [Cancer Council Australia Clinical Practice Guidelines for Surveillance Colonoscopy](#)
- > [Consent to Medical Treatment and Health Care Policy Guideline](#)
- > Elective Surgery Access and Management Policy
- > [Patient Services Panel Framework](#)

7. Supporting documents

- > [Specialist Outpatient Services Clinical Urgency Category Policy Directive](#)
- > [Specialist Outpatient Services Waiting List Management Policy Guideline](#)

8. Definitions

- > **Authorised clinician:** means the hospital clinician who has the overall responsibility and accountability for the care of the patient on the colonoscopy waiting list. This can include but is not limited to Senior Consultant, consultant, visiting medical specialist, Nursing Director, Nurse Lead.
- > **Colonoscopy waiting list:** means the list of patients waiting for colonoscopy. This may also be referred to as a booking list.
- > **First healthcare presentation** is defined by the Cancer Council Australia as the date of presentation in general practice with symptoms suggestive of Colorectal Cancer (CRC), or an appropriately performed positive iFOBT (+).
- > **Immunochemical Faecal Occult Blood Test (iFOBT)** is a test that can be done at home and can detect hidden traces of blood in a bowel motion. It can help detect bowel cancer in its early stages in people without symptoms.
- > **Not Ready for Care:** means a patient is not ready to be admitted to hospital to undergo their colonoscopy or begin the process leading directly to admission due to clinical or personal reasons. These patients are categorised as Category 4.
- > **Ready for Care:** means a patient is ready to undergo their colonoscopy or begin the process leading directly to admission for their procedure. Ready for Care patients are assigned a clinical urgency Category 1 or 2 based on individual clinical need.
- > **Statewide services:** includes Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks
- > **Surveillance colonoscopy:** means a colonoscopy undertaken on a patient without active symptoms who has previously had a colonoscopy. Surveillance is required as a result of abnormal past results or some other risk factor (for example a family history of CRC, past polyps, IBD).
- > **Surveillance patient:** means a patient who requires a planned surveillance colonoscopy within 5 calendar years from the date of their last successful colonoscopy. Patients whose surveillance interval exceeds 5 calendar years should not be registered on the waiting list.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [System-wide Integrated Compliance Policy](#).

Any instance of non-compliance with this policy should be reported to the Domain Custodian for the Services Planning and Programs Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Executive Director, Health Services Programs as Domain Custodian for Services Planning and Programs Policy Domain.

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11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	17/06/2014	Portfolio Executive	Original Portfolio Executive Version
2.0	30/11/2022	DCE, Commissioning and Performance	Updated to new SA Health policy framework Name changed from Colonoscopy Urgency Categorisation and Surveillance Timing Policy Guideline G0137