



Borders Colon Service
Clinical Co-ordinator

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Borders General Hospital

Borders Colon Service

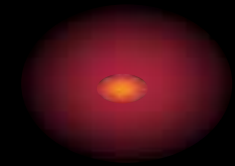
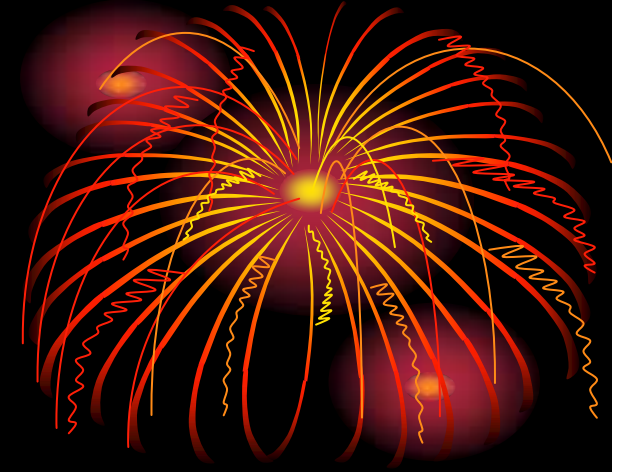


- Background
- Co-ordinator responsibilities
- Impact on patient care
- Benefits and outcomes
- Teething problems
- Future

Background



- Clinical activity
- Time penalty
- Follow-up



Philosophy



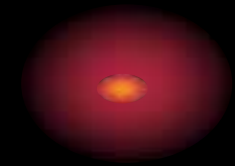
- Rethink of clinical activity
- Cross directorate process
- Positive impact on patient journey from referral to diagnosis

Investigation process

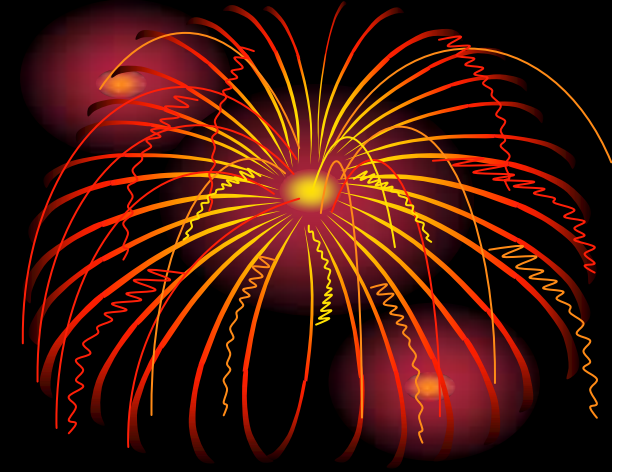
Malignancies

Benign
Precursor

Benign
disease



General Aims



- Patient centred service
- Rapid (Fast-Track) diagnosis of CRC
- Co-ordination of colon investigations
- Audit

Clinical Co-ordinator

- Single referral point
- Triage requests
- Arrange cross directorate referral
- Audit service results

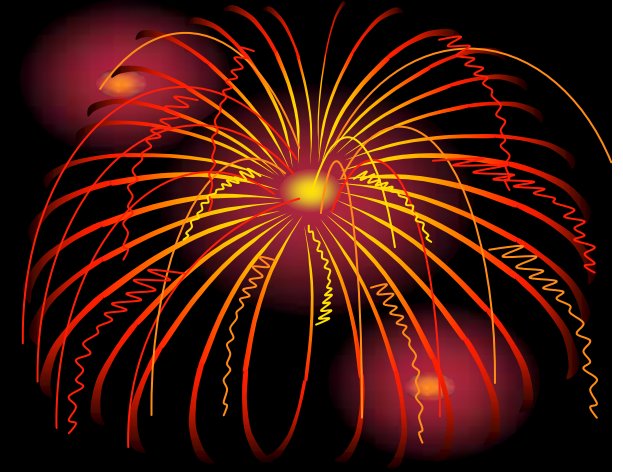


Referral and Triage

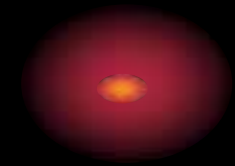


- All requests for colon tests recorded on management system and triaged by co-ordinator.

Cross directorate referral



- Barium enema examinations
 - Polyps, strictures.
- Incomplete colonoscopy
- Lesions noted on colonoscopy and radiological examination



Audit

- Time from presentation to diagnosis
- Efficacy of preparation
- Skills
 - Completion rates
 - Competency levels
 - Correlation of test results



Impact on patient care



- Triage
- Information
- Contact point
- Rapid but supported investigative process
- Supported diagnosis and treatment

Benefits and Outcomes



- Cohesive service
 - Patient centred care
- Information
- Communication
- Electronic referral
- Audit trail database
- Performance audit

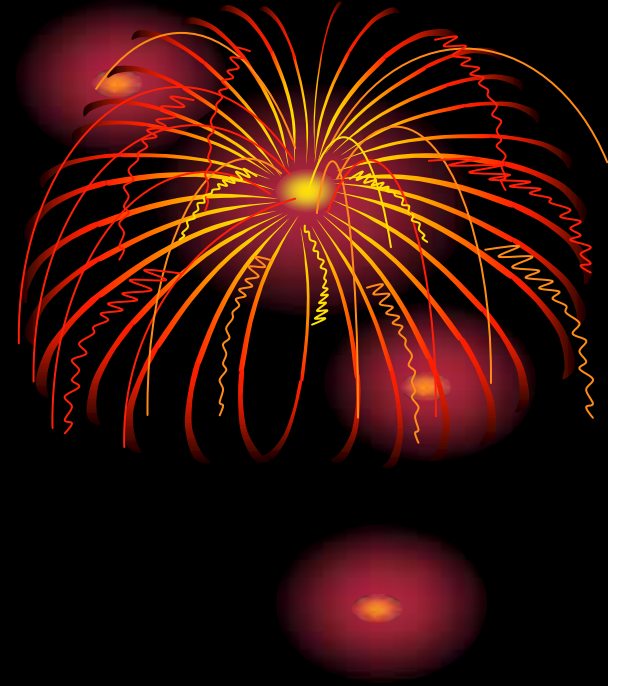
Teething problems

- Surgical issues
- Referral form
- Staffing issues
- Cross cover

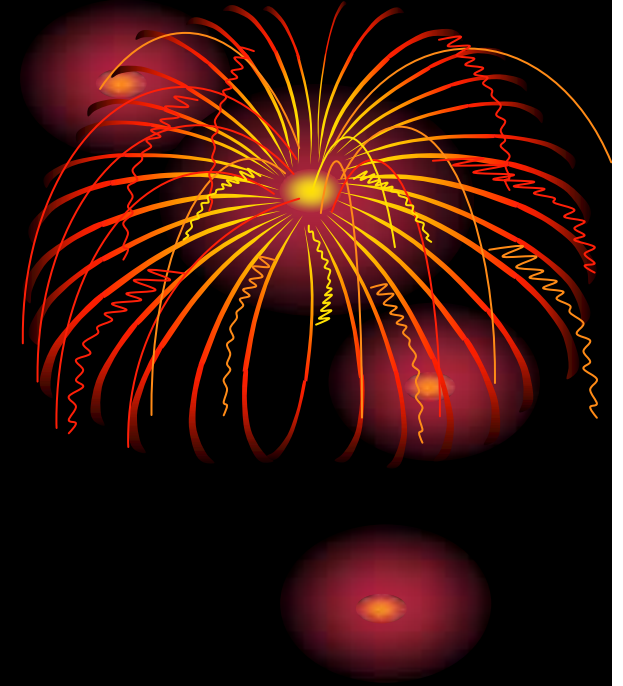


Summary

- Philosophy
- Benefits and outcomes



For the future



- Surgical issues resolved
- Horizon planning
 - Utilise expertise already in place
 - Cross discipline role development



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