

**Lincoln Medical and Mental Health Center**

***Redesign of the  
Colonoscopy Process***

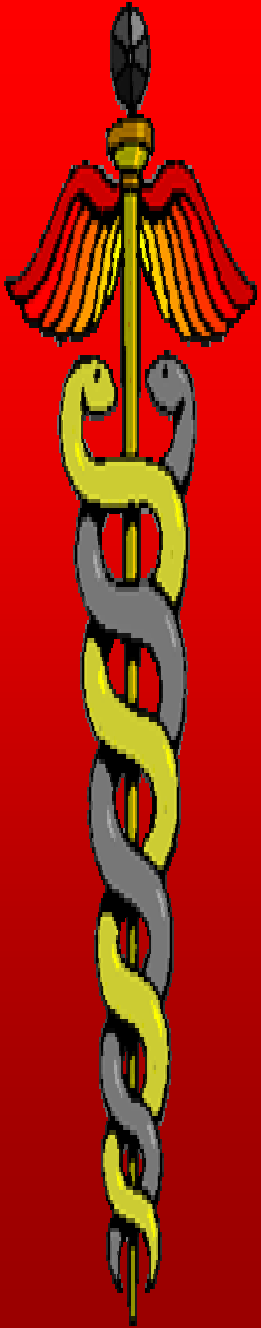
***José R. Sánchez, CSW, ACSW***

***Executive Director, Senior Vice President***

***Generations +/-Northern Manhattan Health Network***

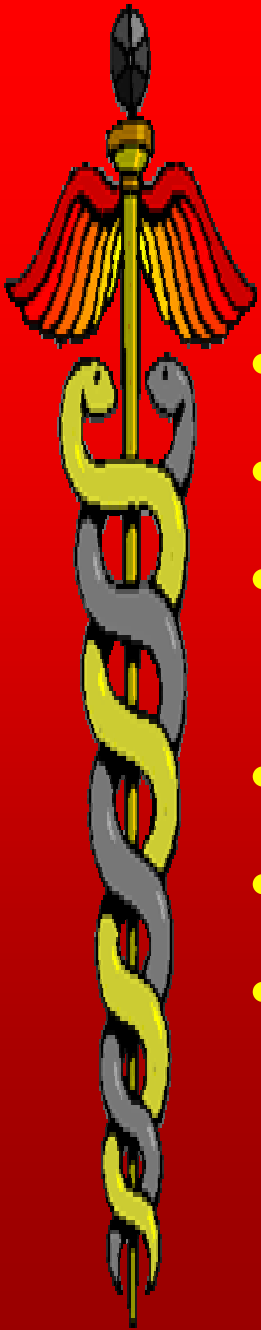
***Medical Director: Melissa Schori MD, MBA***

# Plan



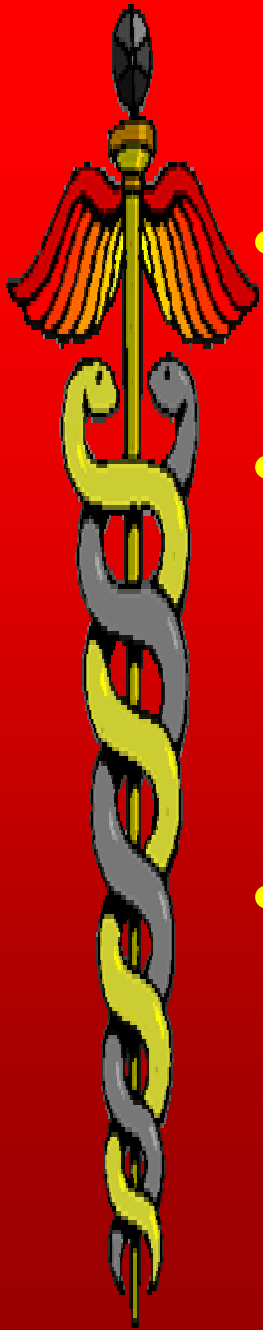
- Reduce waiting time for a routine GI Clinic appointment
- Reduce the waiting time for a colonoscopy
- Redesign the colonoscopy referral process
- Increase the number of colonoscopies and removal of adenomatous polyps
- Diagnose cancers at an earlier stage –improve survival
- Redesign the endoscopy suite colonoscopy process to maximize productivity

# Assess



- Wait time for a GI clinic appointment > 3 months
- Wait time for a screening colonoscopy > 3 months
- Average of 62 screening colonoscopies performed per month
- Function of the GI Suite Inefficient
- Equipment shortages
- Inefficient colonoscope cleaning process

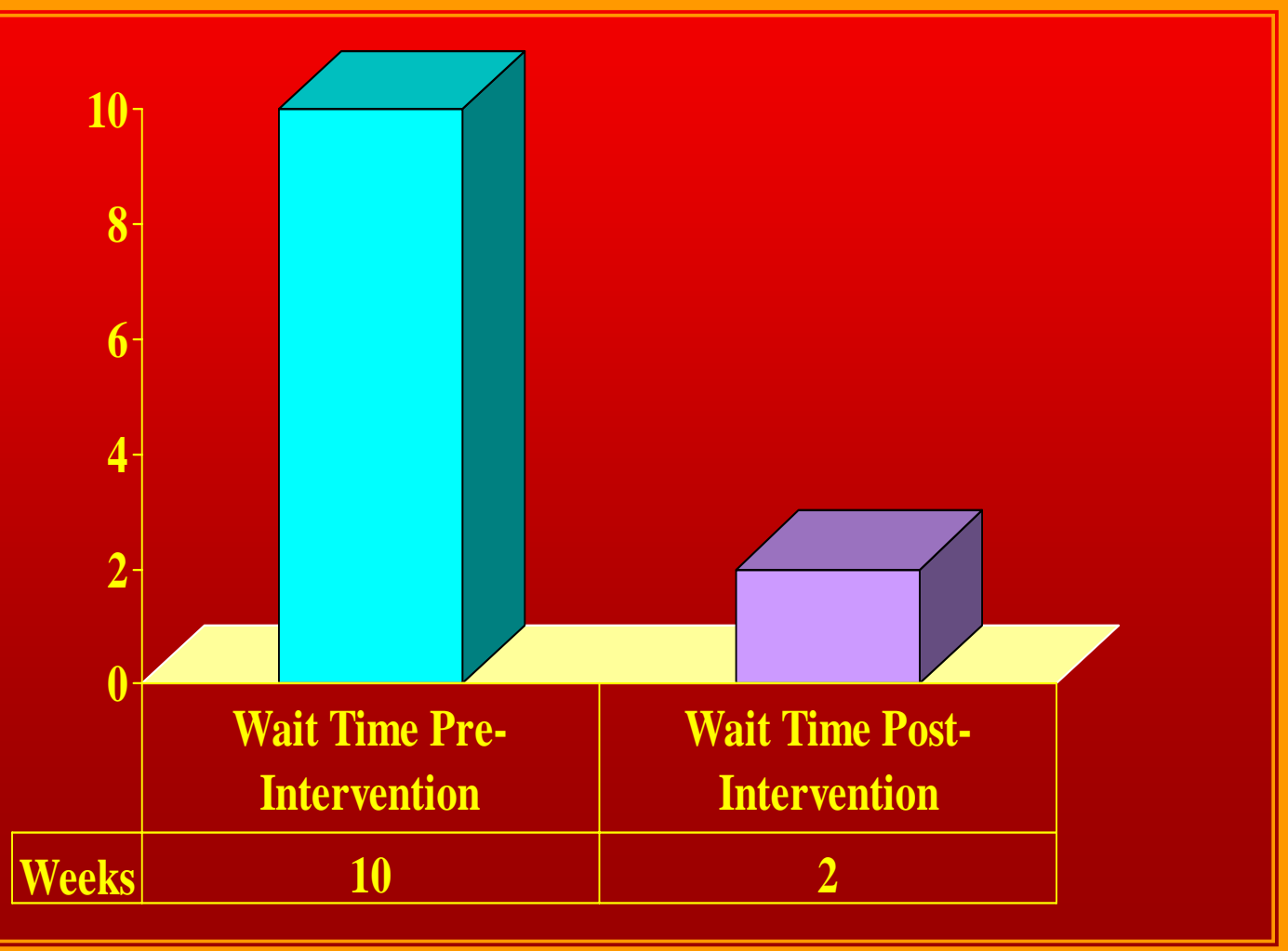
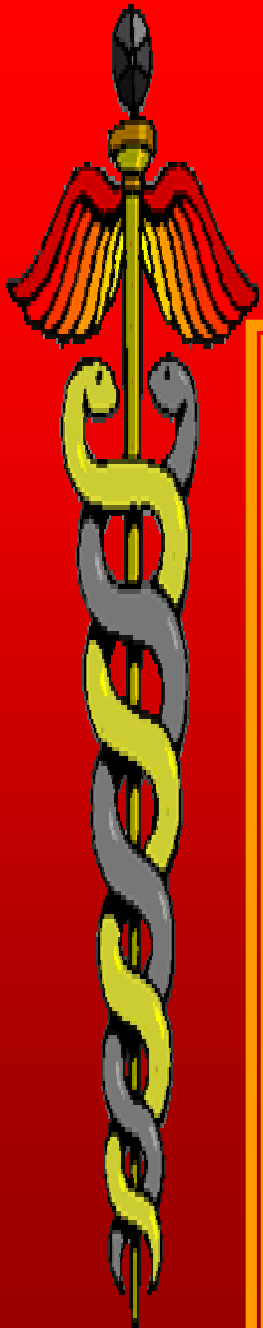
# Improve



- Patient Navigators provide close patient contact at all steps –(April 2003)
- DERS -Direct Endoscopy referral system instituted reduced time to colonoscopy to within two weeks and decreased GI clinic wait time (August 2003)
- Efficiency of the GI suite improved, expanded recovery area, additional equipment purchased, anesthesia involvement, scope cleaning on site, procedure time reduced (October 2003).

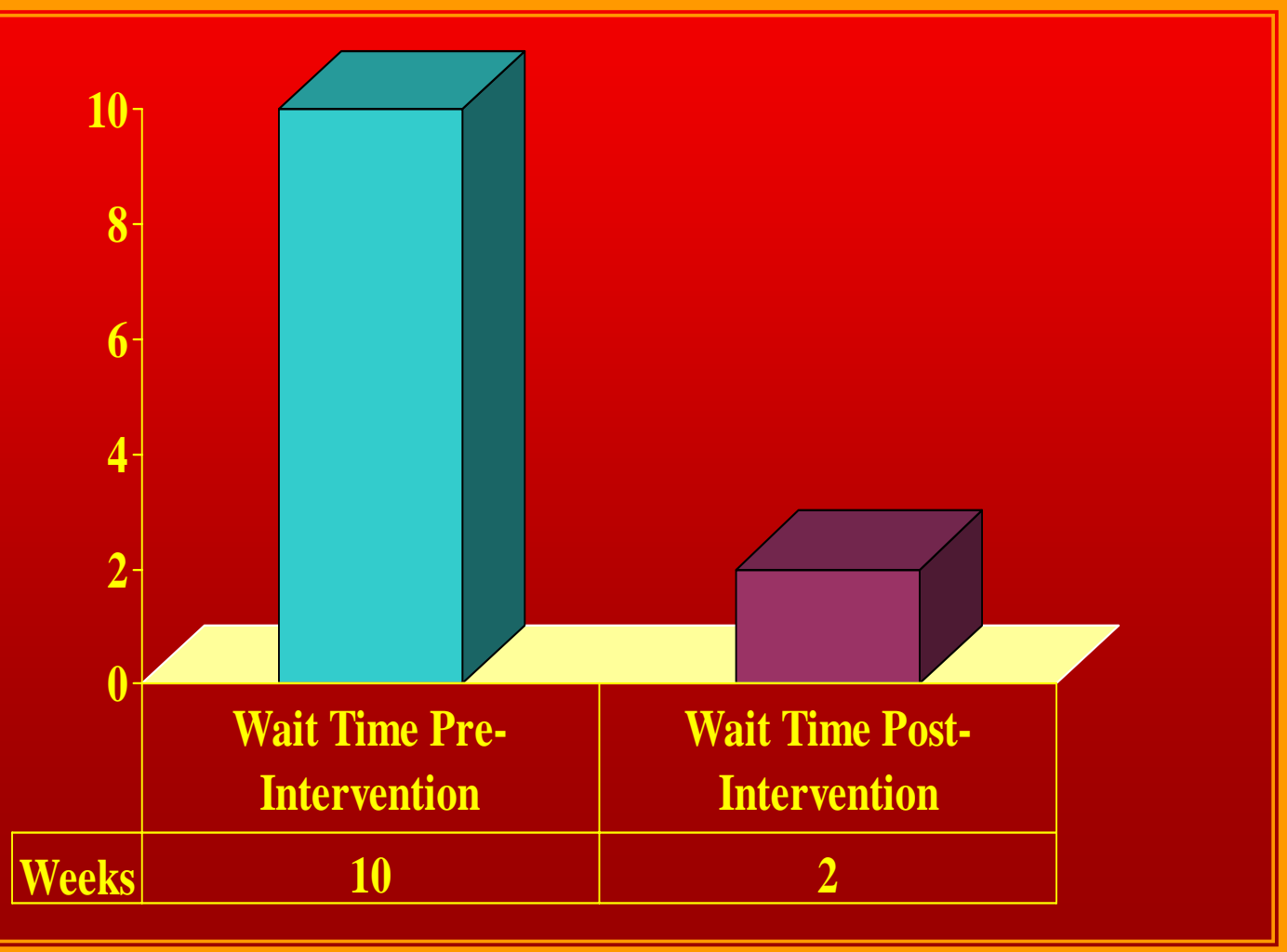
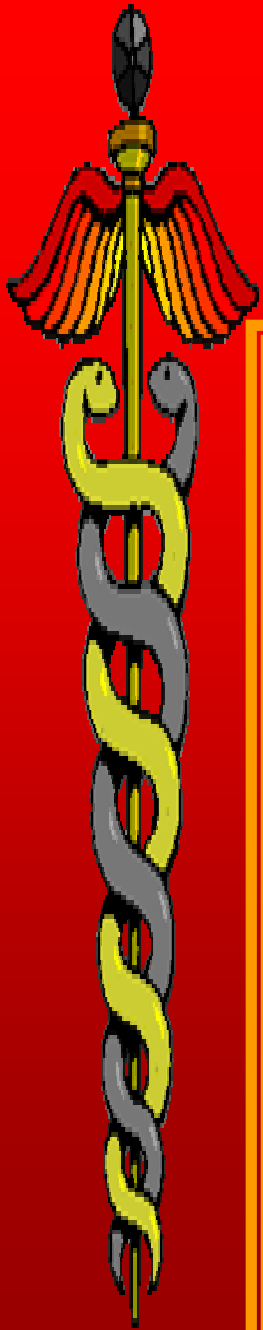
# Improve

## GI Clinic Appointment Wait Time Decrease



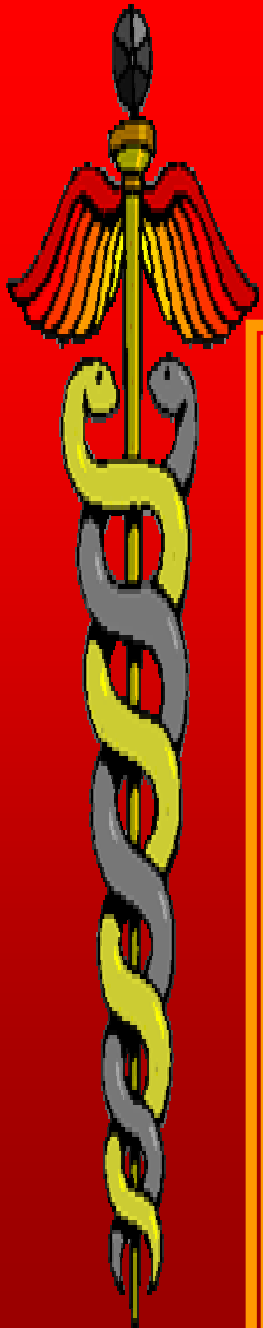
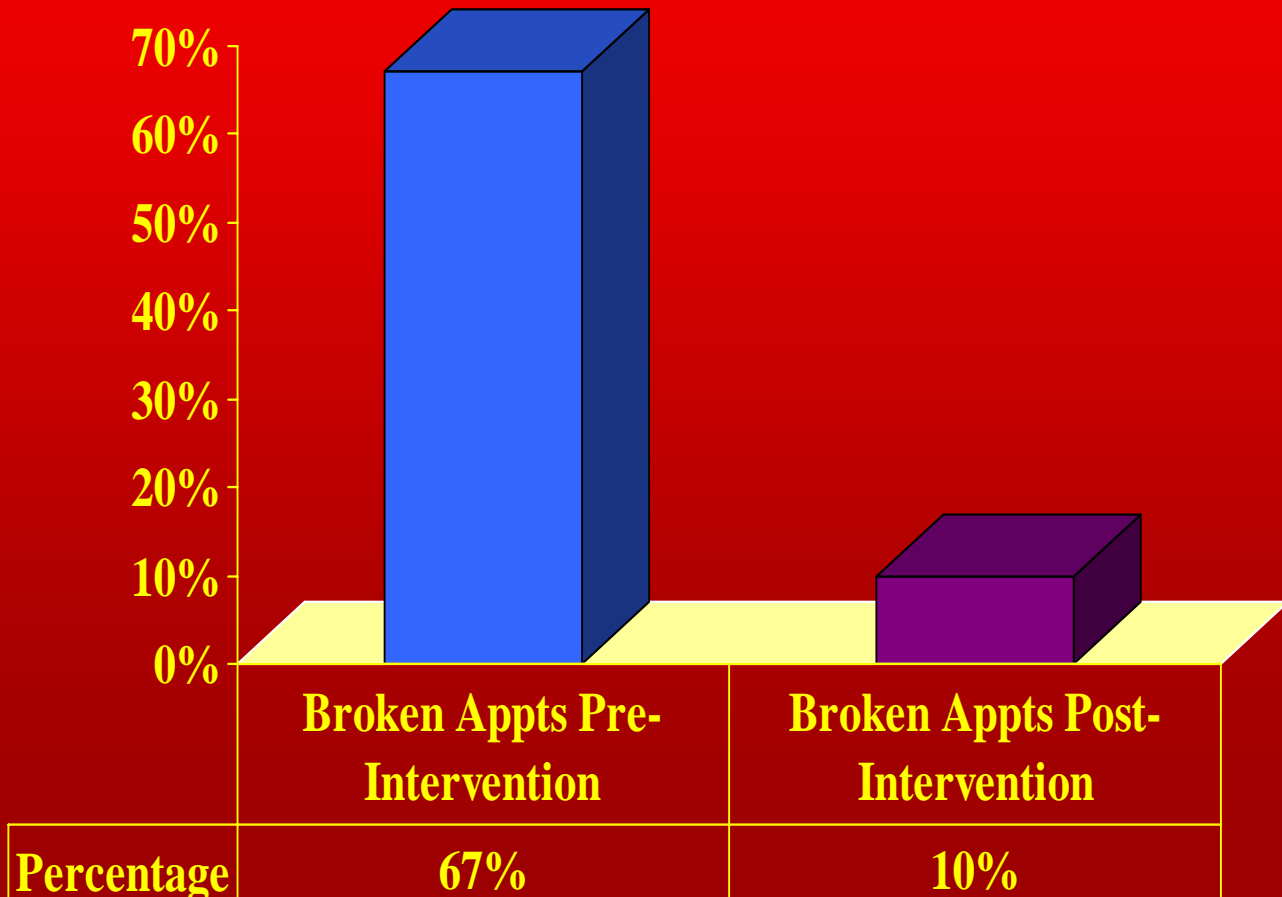
# Improve

## Wait Time From GI Clinic Evaluation to a Colonoscopy Appointment



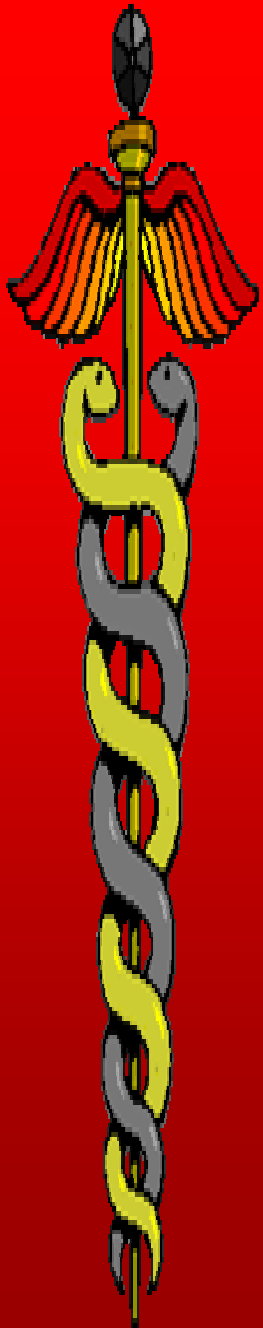
# Improve

## Decrease in Broken Appointments Rate For Scheduled Colonoscopies



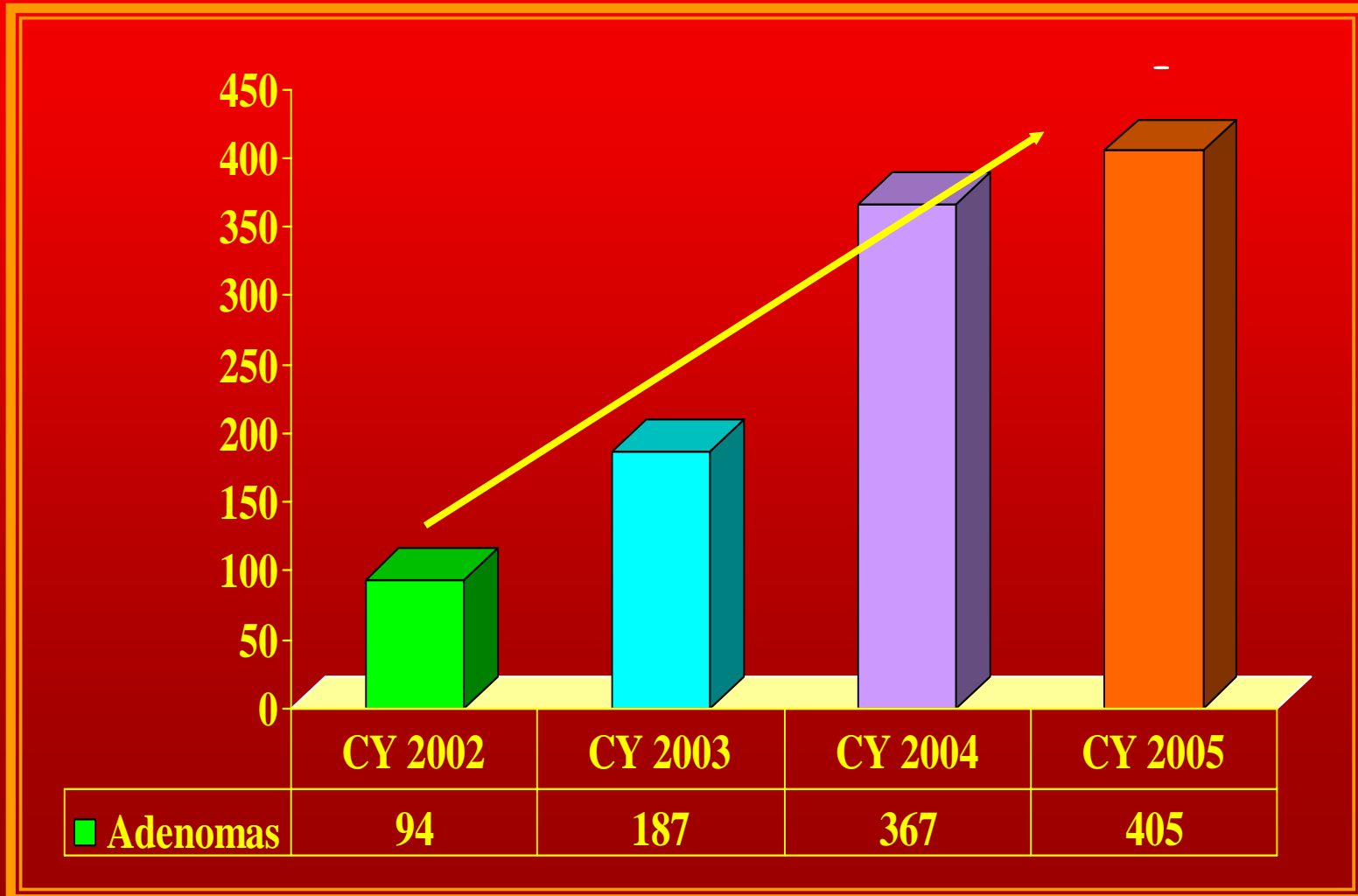
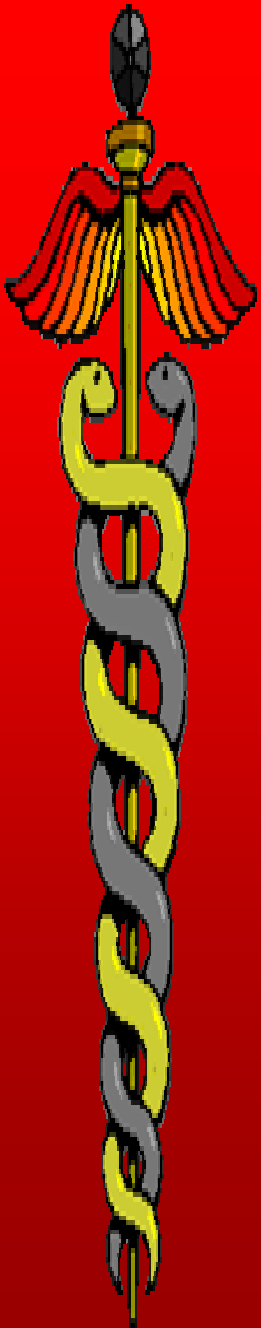
# Improve

## Colonoscopy Volume CY 2002 thru CY 2005



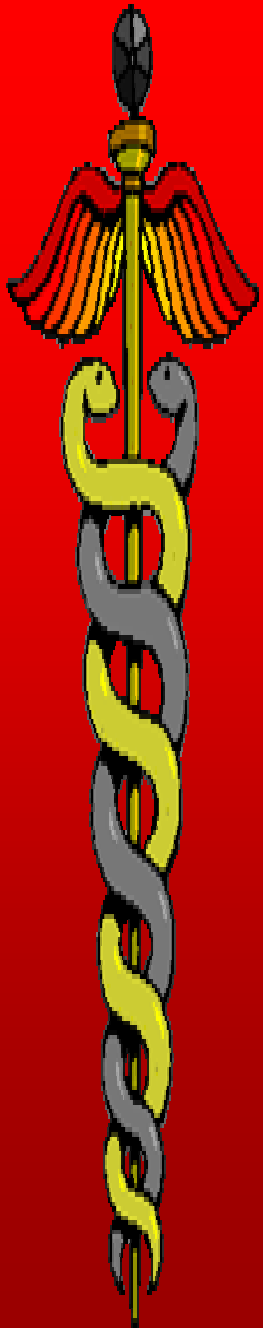
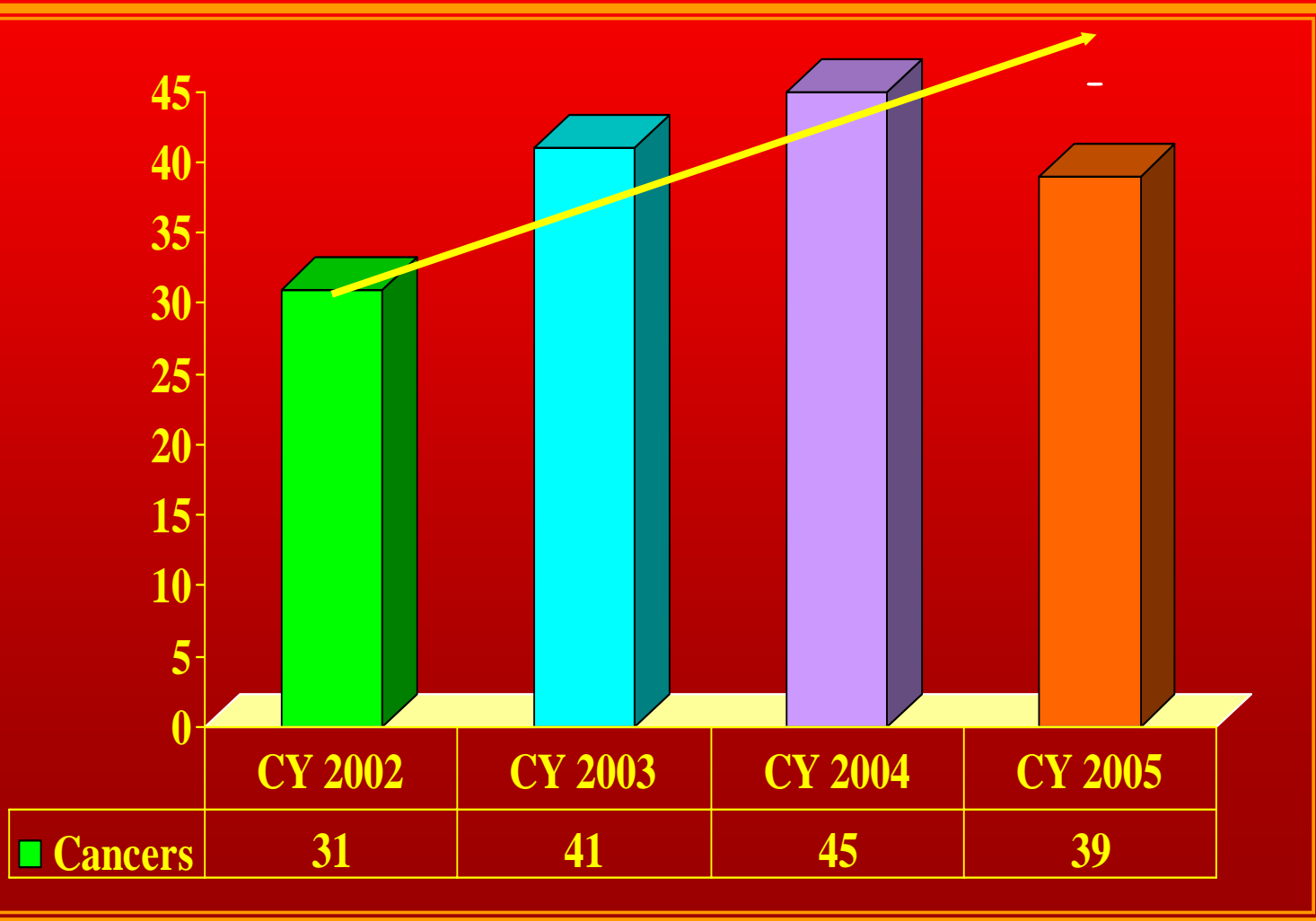
# *Improve*

## Adenomas Detected – Comparison CY 2002 thru CY 2005



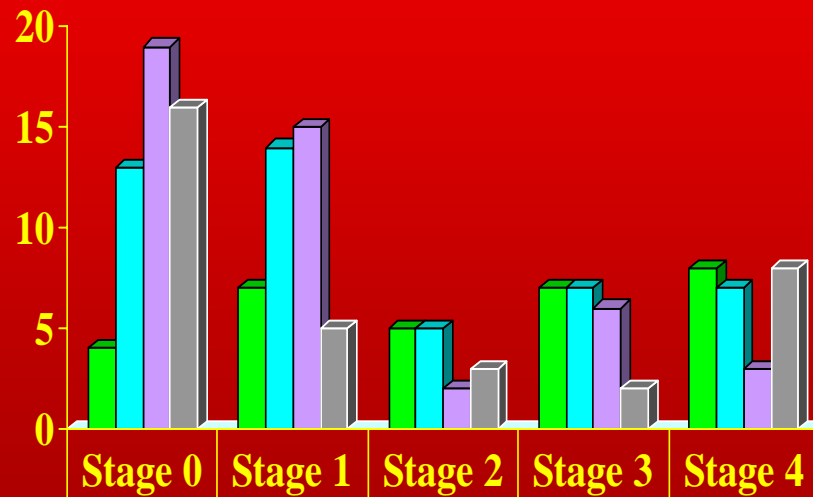
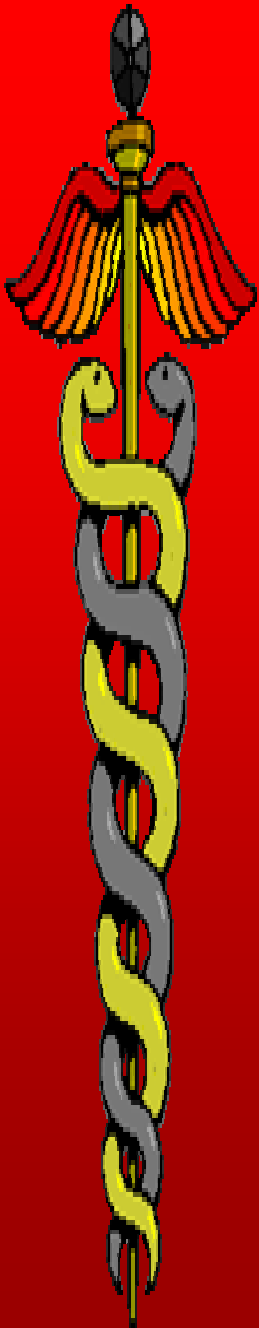
# *Improve*

Cancers Detected Per Calendar Year –  
CY 2002 thru CY 2005



# Improve

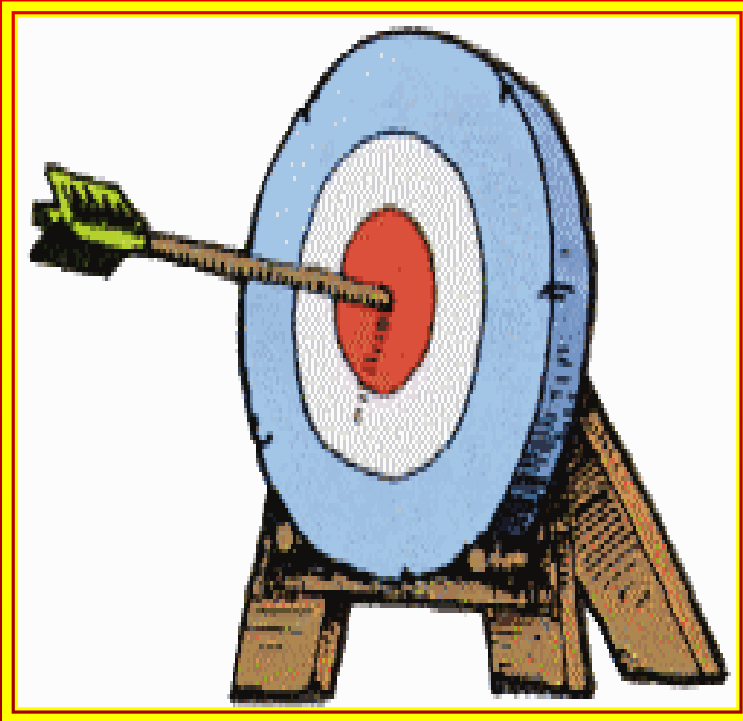
## Cancer Stage at Diagnosis CY 2002 thru CY 2005



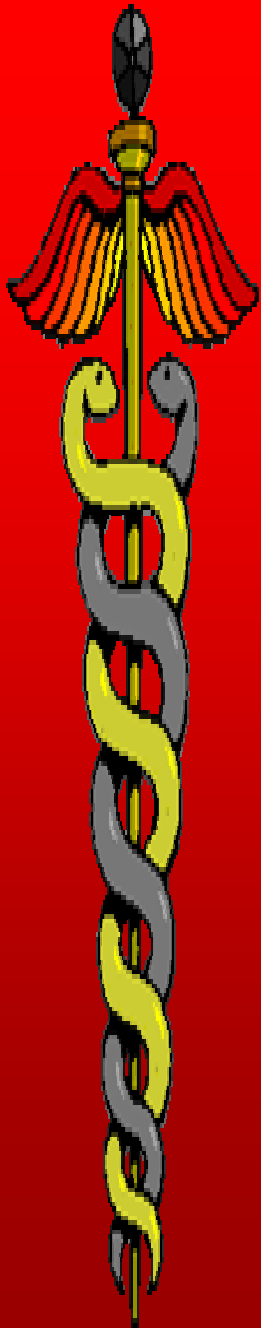
	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4
■ CY 2002	4	7	5	7	8
■ CY 2003	13	14	5	7	7
■ CY 2004	19	15	2	6	3
■ CY 2005	16	5	3	2	8

# GI RESTRUCTURING

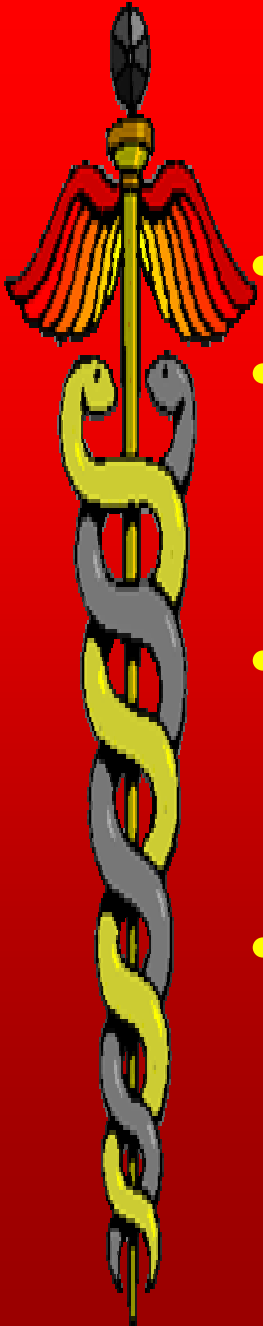
**ACTUAL IS GREATER  
THAN TARGET GOAL**



- Colonoscopies performed in CY 2002 was 778 compared to 2937 colonoscopies performed in CY 2005

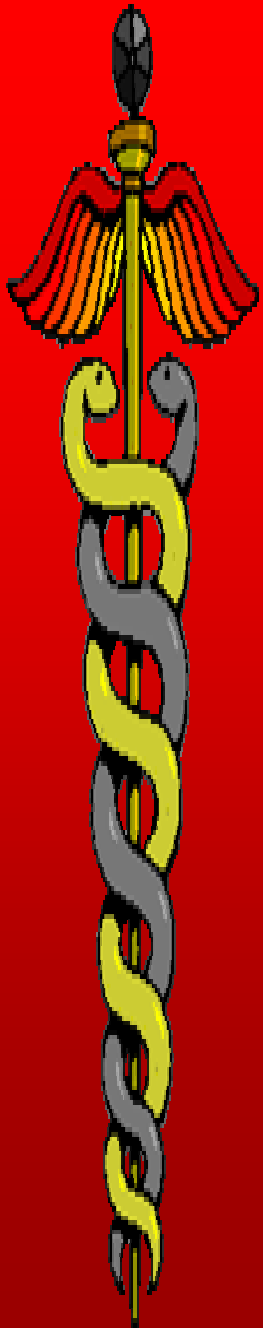


# Conclusion



- Enterprise champions ignite change
- Redesign of the GI Suite operations led to a significant increase in colonoscopies, detection of adenomas, and earlier stage cancer detection
- DERS improved efficiency, reduced broken appointment rates, and reduced GI clinic wait time
- Patient Navigators utilizing patient education and close follow up impacted the broken appointment rates

# Monitoring and Measuring Progress



- Set Benchmarks of Performance
- Celebrate Your Success
- Thank You

