

# VICS COLONOSCOPY ACCESS PROJECT FUNDING



## Background

In August 2024 the Grampians Integrated Cancer Service received commonwealth funding as part of the Expansion of Colonoscopy Triage Services initiative.

Funding has primarily supported improvement efforts in the Grampians region across primary and tertiary care settings improving timely access to Colonoscopy for patients returning a positive result as part of the National Bowel Cancer Screening Program.

A \$500,000 funding allocation was budgeted for the remainder of the VICS network. This funding is aimed at providing opportunity for scaling and spreading service improvement activities implemented in the Grampians region, across the state, to public health services who are similarly reporting significant delays in access to Colonoscopy.

An Expression of Interest process was undertaken with 13 applications received. Applications were reviewed ranked against the below criteria:

1. Ability to define robust methodology and project aims
2. Ability to define the size and scope of the problem
3. Demonstrates alignment with the aims of the Colonoscopy Access Project
4. Applicable to the needs of priority populations
5. Organisational readiness
6. Feasibility of delivering sustainable outcomes of the project on time and on budget.

A review panel assessed submissions with the Project Steering Committee endorsing recommendations for the funding of 6 projects.

## Funded Projects

### Region-wide scoping initiative to reduce delays in Colorectal Cancer Care

*Bendigo Health (LMICS)*

This scoping initiative aims to identify the root causes of delays to colonoscopy and treatment across the Loddon Mallee and implementing feasible service improvements based on data and stakeholder consensus with particular reference to patients from underserved populations.

### SeNT electronic Referral Management system implementation

*Albury Wodonga Health (HRICS)*

Implementation of the SeNT electronic referral management system will transition referral pathways from paper-based to electronic, significantly improving the timeliness and quality of care provided to patients undergoing colonoscopy following a positive NBCSP result.

This project considers the challenges of low income patients and seeks to clarify public referral pathways for GPs, differentiating AWH's free public clinics from VMO-associated pathways that incur costs for the same services. The project involves configuration of referral templates, internal system integration, staff training, and collaboration with Murray PHN and BPAC Clinical Solutions, who are otherwise funding the remaining cost of the project.

### Standardised eReferral system, waitlist dashboard, regional colonoscopy triage nurse and prehab for CRC pts

*Latrobe Regional Health (GRICS)*

This project is associated with the Implementation of a standardized e-referral system and waitlist dashboard for all suspected colorectal cancer patients, ensuring that criteria and appropriate workup are in place to prevent the system from being overwhelmed

It will further investigate the benefits to introducing a dedicated regional colonoscopy triage nurse and integration of prehabilitation and ERAS principles for colorectal cancer (CRC) patients undergoing surgery as the first line of treatment.

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## Funded Projects

### Automated Dashboard Development and improved NCSR reporting (metro and regional health service partnerships)

*Northern Health (NEMICS / LMICS / GRICS))*

This project involves a collaboration between metropolitan and regional Integrated Cancer Services and seeks to enhance the effectiveness of the NBCSP and the overall access to and quality of colonoscopy services by fostering consistently high-quality procedure delivery and seamless, accurate data reporting.

This will contribute to earlier detection of cancers, reduced bowel cancer incidence and mortality, promote equitable access to high-quality procedures across diverse settings including rural communities, and decrease the likelihood of patients presenting with advanced disease or via emergency pathways. With the additional impact of supporting governance compliance with National Safety and Quality Health Service Standards (NSQHS) and health service accreditation as well as reassuring Executive and Board that the clinicians working in their health service are providing safe and high-quality patient care.

### IMPACT Pilot Program reactivation

*Monash Health (SMICS)*

This project includes three components:

#### Digital Integration and Automation

Continue the use of Personify Care - a digital platform that streamlines pre-procedural triage and gathers patient information directly, supporting the safe bypass of initial outpatient appointments. The development of a dynamic digital colonoscopy dashboard that integrates referrals and procedure data to:

#### Expansion of the Direct Access Colonoscopy Nurse role

Provide tailored support and follow-up for patients at high risk of falling through the cracks - including those from low socioeconomic backgrounds, rural and regional locations, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Island groups. Offer navigation support using culturally safe practices and health literacy-sensitive communication strategies and closing the loop between primary care, specialist follow-up, and public hospital colonoscopy services.

#### Targeted outreach and access pathways for under-screened communities

Partnering with local Aboriginal health services, community organisations, and regional referrers to support culturally safe referral pathways. Offering digital and telephone-based triage options to reduce the burden of travel and system navigation, especially for patients in regional and remote areas.

### NBCSP - CARE (Comprehensive Assessment and Review) Pathway: Transforming Care with Modern Workflow Automations

*Peninsula Health (SMICS)*

Peninsula Health seeks to improve the pre-endoscopic and post-endoscopic care of patients with a positive Faecal Occult Blood Test (FOBT+) within the National Bowel Cancer Screening Program (NBCSP) by expanding two recently introduced initiatives:

#### Expanding the Nurse-Led FOBT+ Clinic

The Nurse-Led FOBT+ Clinic is a weekly multi-disciplinary ambulatory care service that streamlines the pre-endoscopic work-up and administration for patients referred with a positive FOBT. Patients are seen by a trained outpatient nurse within 7-days of their referral being received who undertakes a comprehensive protocol-driven pre-endoscopic assessment, which is supported by a Consultant Gastroenterologist. Endoscopy booking staff are present at the clinic to provide individualised procedural instructions and allocate a date for the procedure at the one appointment. Introduction of this service has improved the 30-day colonoscopy completion rate for patients referred following a positive FOBT+.

#### Integrating a Nurse-Led Post-Endoscopy Review Pathway

The Nurse-Led Post-Endoscopy Review Pathway is a standardised pathway to systematically review histology results following endoscopic procedures and to communicate this, along with management recommendations, to the patient, the referring physician and the National Cancer Screening Register.

## Project Timelines

Detailed project plans are currently in development with projects to provide milestone reporting in August 2025 and be concluded by 1 July 2026.

**For more information please contact the GICS team on [gics@gh.org.au](mailto:gics@gh.org.au)**