Poster

A coordinated care model successfully implements best practice in Barrett's oesophagus surveillance

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Clinical Practice Guideline	Barrett's oesophagus is well recognised as a precursor to oesophageal adenocarcinoma. Flinders Medical Centre and the Repatriation General Hospital developed the BOSS (Barrett's OesophaguS Surveillance) Program, which effectively implemented local best practice guidelines similar to recent guidelines of the British Society of Gastroenterology in the area of Barrett's oesophagus surveillance.
Stakeholders	Participants include physicians and surgeons at Flinders Medical Centre and Repatriation General Hospital, nursing staff in the Endoscopy Unit at Flinders Medical Centre and the Investigations and Procedures Unit at Repatriation General Hospital along with general practitioners.
Evidence-practice gap	The guidelines provided evidence that the frequency of Barrett's oesophagus surveillance endoscopy and biopsy practices were inadequate/inconsistent despite distributing retrospective audit results and published protocols. A retrospective audit in 2002 found only 17% of patients surveillance matched best practice for follow-up interval and only 45% of patients were adequately biopsied.
Implementation strategies	Flow charts of biopsy and surveillance guidelines were developed and distributed with the chart available in endoscopy procedure rooms. A nurse coordinator position was initiated at the Repatriation General Hospital and a technical officer position at Flinders Medical Centre to identify patients at risk, review their history and pathology results to make a surveillance recommendation based on the local guidelines and provide this to the endoscopist for approval which simplifies enrolment in the program.
Data	Each surveillance decision is audited with regards to compliance with the best practice biopsy and surveillance interval guidelines. Patient participation in recommended surveillance programs is also audited.
Results	Adherence to the guidelines increased from 17% to 92% for surveillance interval and from 45% to 83% for biopsy practices. This led to a reduction in the number of endoscopies per patient of 50%, although more patients are being enrolled in the program. Improved performance has been sustained for 3 years.
Barriers	Changing doctors' beliefs regarding the usefulness and benefits of screening for Barrett's oesophagus.
Enablers	The nurse coordinator and technical officer positions coordinated and rationalised the process and made it simpler for the endoscopist to adhere to the guidelines.
Resources	The nurse coordinator position is funded by the Investigation and Procedures Unit at the Repatriation General Hospital. The technical officer position is funded by Flinders University Department of Surgery.
Key message	The introduction of best practice guidelines for Barrett's oesophagus surveillance, supported by part time coordinators, led to improved compliance with best practice, more efficient use of endoscopy resources, and less cost per patient treated.
*** Presenter Bio**	Jayne Sandford has a Bachelor of Nursing and Master of Primary Health Care and is in the role of Clinical Practice Improvement Officer in Gastrointestinal Services at Flinders Medical Centre. This role works with all members of the health care team to improve processes of care with the end result safer and improved quality of care for patients.