Perioperative Nurses College
Gastroentorology Nurses Section
New Zealand Nurses Organisation

Submission to the
National Health Board

On

Improving Waiting Times
for Diagnostics

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ABOUT THE PERIOPERATIVE NURSES COLLEGE/GASTROENTEROLOGY SECTION/NZNO

The Perioperative Nurses College is a nursing specialty group of the New Zealand Nursing Organisation. This College was established in 1998 and there are currently approximately 1000 members who work across the perioperative continuum. Clinical settings include theatre, post anaesthetics, outpatients, inpatient wards, medical imaging and aesthetics. In regards to this submission, it is noted that in 2009 the Medical Imaging Nurses of New Zealand voted to join the Perioperative Nurses College. The PNC is the professional voice for New Zealand nurses working in medical imaging departments as well as other perioperative settings.

The Gastroenterology Nurses' Section is a nursing specialty group of the New Zealand Nurses' Organisation (NZNO) with a current membership of 348. Gastroenterology and Endoscopy Nursing is a specialty which occurs in a variety of settings and incorporates nursing practice for those undergoing screening procedures, diagnostic and therapeutic interventions and treatment modalities. The Mission of the NZNO Gastroenterology Nurses' Section (NZGNS) is to share, encourage and support excellence in gastroenterology nursing in New Zealand, to monitor national and international developments within gastroenterology, and to actively participate in change management within the health sector. The NZGNS is currently in the process of working towards transition to a college.

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 45 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

INTRODUCTION

1. The Perioperative Nurses College(NZNO), the Gastroenterology Nurses Section (NZNO), and the New Zealand Nurses Organisation, welcome the opportunity to comment on the National Health Board's plan on Improving Waiting Times for Diagnostics.

2. In preparation of this submission the Perioperative Nurses College(NZNO), the Gastroenterology Nurses Section and the New Zealand Nurses Organisation have consulted PNC and Gastroenterology Section members at national and regional level. We have also consulted NZNO's policy analysts and NZNO's professional nurse advisers whose work and experience encompasses this area.

3. In summary the Perioperative Nurses College(NZNO), the Gastroenterology Nurses Section and the New Zealand Nurses Organisation:

    - **support** patient driven initiatives that promote Better Sooner More Convenient Healthcare;
    - **support** a national framework for monitoring the waiting times for diagnostic tests. The proposal provides guidelines on reporting expectations, inclusions, exclusions and when the waiting time 'clock starts and stops';
    - **support** the establishment of wait time standards for diagnostics. However, standards should be across all diagnostic modalities rather than a small selected number of tests or procedures;
    - **do not support** a three-year staged programme which starts with a small number of diagnostic modalities. We draw your attention to the inevitable flow on effect in patient waiting times for diagnostic modalities which are not being targeted. This will create a smoke screen whereby there will be tangible patient gains in the targeted

diagnostics but at the expense of non targeted diagnostic modalities. We **recommend** a more strategic approach of having a three year staged programme with smaller incremental improvements across **all** modalities.

- We also **recommend** that any attempt to address waiting times must include parameters around which patient-focused quality improvements are also included. A robust quality framework must sit alongside proposals for decreasing waiting times in all diagnostic modalities. Where quality is not given precedence, clinical risk increases significantly.

DISCUSSION

4. In New Zealand diagnostic imaging services are growing at a rate of approximately 7% per annum. The shortage of radiologists and radiographers presents real challenges in satisfying demand while ensuring quality service and safe workloads (Khangure, 2010). Whilst attempts may be made to increase scanning volumes, this will impact not only on the consultants and medical radiation technicians, but also nursing and clerical booking staff.

5. Recent initiatives to improve the endoscopy workforce through enabling nurses to undertake expanded practice roles will help to mitigate workforce risks associated with the proposed targets in terms of colonoscopy. However this does not remove the importance of ensuring sufficient support staff are available or that increased waiting times for other services, as outlined below, will not occur.

6. It is noted that the Ministry of Health has consulted key clinical networks[1] which provide diagnostic services in the four diagnostic modalities proposed (coronary angiography, colonoscopy, magnetic resonance imaging, computed tomography). However it is not clear that proper account has been taken of the fact that setting targets across a select number of tests will have far reaching consequences across other services. For example, longer waiting times for outpatient orthopaedic plain film x-rays will lead to delays in elective orthopaedic surgery. The proposal lacks robust identification/analysis of the patient and resourcing implications of diagnostic services not being targeted.

7. In an attempt to meet waiting time standards, diagnostic departments will redistribute resources to meet Ministry of Health targets. This may be achievable in the short term during the first stage of the three year roll. However, we caution that there will be no reserve to meet second stage targets. There will simply not be enough resourcing (people, time, and facilities) to meet new targets.

8. The Ministry of Health acknowledges that there are no comprehensive national reporting of waiting times for most diagnostic tests. It is therefore prudent that a national database is developed and that data is captured before setting wait time standards. A national database across all diagnostic modalities and not just the tests or procedures being targeted, will provide an in-depth understanding of capacity and demand.

9. Healthcare delivery is multifactoral and integrated, whereby changes in one sector of health service delivery can have a profound effect on patient care across primary, secondary and tertiary services. Examples include:

[1] New Zealand Soceity of Gastroenterology Executive, National Bowel Cancer Working Group, the Multi-Regional Radiology Working Group, National Cardiac Surgery Clinical Network , New Zealand Cardiac Network

- CT and MRI Imaging: Without a well planned strategy for addressing diagnostic reporting across all radiology modalities there will a redistribution of resourcing in an attempt to meet waiting time targets for CT & MRI. This will result in significant patient delays for other diagnostic modalities such as plain film, ultrasound, fluoroscopy, nuclear medicine and (non cardiac) angiography.
- Coronary Angiography: Coronary angiography is predominately performed in DSA (digital subtraction angiography) suites and to a lesser extent by computed tomography. Smaller centres may not have dedicated cardiac catheter laboratories and the angiosuite is shared between interventional radiology and ERCP services. In some centres nurses provide knowledge and skills across the clinical specialty. For example, cardiac angiosuite nurses may work for cardiac services and be employed across coronary care/cardiac wards, outpatient cardiology and the cardiac angiosuite. Radiology nurses may work across radiology modalities including interventional radiology cases in DSA. ERCP nurses may work in endoscopy suites. **If there is increased volume of coronary angiography in shared angiosuites at the expense of other DSA services, then this impacts on nursing both within and across clinical specialties and on patient access to services.**

- In an attempt to meet Ministry of Health Targets for coronary angiography some centres may be able to provide CT coronary angiography services. However, many centres will lack the technology and professional expertise and the documents do not indicate how this will be addressed.

- Colonoscopy: Many centres in NZ complete endoscopy in an operating theatre environment. Due to the focus placed on elective

surgery we have seen the pressures on this environment swing to the services performing elective surgery. This has, at times, been at the expense of endoscopy services. As indicated in section 12b, a focus on Coronary angiography has the potential to create issues with resources for completing not only ERCP, but also accessing imaging modalities for complex interventional endoscopy. These complex interventional procedures are often completed instead of surgery with many benefits to both the patient and the hospital.

10. The Perioperative Nurses College(NZNO), the Gastroenterology Nurses Section and the New Zealand Nurses Organisation also note that the proposed procedure for when a person cancels within 24 hours of an appointment could be construed as punitive. For people who are unwell on the day of an appointment, for example, and notify the provider as soon as possible, to be then placed at the end of the waiting list is unreasonable and inequitable. The onus is on the provider to ensure every possible means has been utilised to notify patients of appointment times and to ensure they are able to attend these. Text, email, and phone calls are excellent strategies but only relevant for those people who are technology capable. Poor health literacy, a lack of transportation, family commitments, parking, taxi fares and so on are all issues for patients and need to be addressed to ensure attendance at appointments.

11. The Perioperative Nurses College(NZNO), the Gastroenterology Nurses Section and the New Zealand Nurses Organisation note that the National Health Board is currently viewing Colonoscopy services and waiting times in isolation rather than in conjunction with CT colonography (replaced Barium enema) services. ADHB, for example, currently offers CT colonography through the Green Lane Clinical Centre site as do many other health boards. While colonoscopy remains the gold standard for diagnosis of bowel pathology and

polyp removal, CT colonography offers an equally accurate, though purely diagnostic option for patients with significant diverticular disease (where colonoscopy is often unsuccessful), frail and or elderly patients who would not cope with the colonoscopy preparation or procedure, and where colonoscopy has failed to visualise the entire colon. Services are working increasingly closely to ensure that patients receive the most appropriate examination. Division of such services as undertaken for this consultation is therefore simplistic and does not reflect the realities of practice. The current National Health Board proposal fails to capture a multidisciplinary approach.

12. The New Zealand Nurses Organisation also recommends that the National Health Board consider ways in which Nurse Practitioners can be supported to offer appropriate referrals for diagnostic services. Nurse Practitioners are highly skilled professionals who provide health services to many New Zealanders but are currently limited in their practice due to the inability to refer patients for appropriate diagnostic services, or for some specialists to accept referrals from NPs. Nurse Practitioners are often excluded from education provided by specialists surrounding appropriate referral criteria. NZNO strongly recommends the National Health Board consider ways in which Nurse Practitioners can be up-skilled in terms of referral. NZNO also recommend the National Health Board consider ways in which Nurse Practitioners can be utilised to manage waiting times for diagnostic services more effectively.

CONCLUSION

In conclusion the Perioperative Nurses College(NZNO) , the Gastroenterology Nurses Section and the New Zealand Nurses Organisation support:

- the principle of waiting time standards for diagnostic services;

- comprehensive national reporting of diagnostic waiting times;
- how the diagnostic waiting times will be captured

The Perioperative Nurses College(NZNO) , the Gastroenterology Nurses Section and the New Zealand Nurses Organisation do not support:

- a three year staged approach starting with a small number of diagnostic modalities.

The Perioperative Nurses College(NZNO) , the Gastroenterology Nurses Section and the New Zealand Nurses Organisation **recommend** that you:

- capture national data on diagnostic waiting times across all modalities before determining national targets;
- capture waiting time data across all modalities regardless of whether they are targeted or not;
- implement a three year staged approach that covers smaller incremental improvements across all modalities in order to prevent a 'blow out' in diagnostic waiting times for services not being targeted;
- implement quality frameworks to support proposals to address waiting times;
- provide appropriate support for Nurse Practitioners in referral criteria and processes.

Nāku noa, nā

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REFERENCES

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