



Highlights

Patient Cohort

- 100% satisfaction
- Wait time reduced by 342 day average
- 89% reduction in related ED presentations
- 68% successfully discharged back to GP

Service

- Improved access
- Cost saving
- Reduced ED presentations

Allied Health

- Credentialing package developed
- Advanced Practice role established
- Career opportunity
- Findings disseminated

**Significance of findings to Allied Health** The novel service model of an APGD led GSC has positively benefited both the patient cohort and the service. Governance of the role has been developed and shared upon request with other health services. The role provides a further career opportunity to allied health professionals and potentially promotes retention of skilled allied health professionals

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# Advanced Practice Gastroenterology Dietitian (APGD) Led – Gastroenterology Screening Clinic (GSC)

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## Northern Health

**Need** Demand for gastroenterology outpatient service at Northern Health exceeded capacity, resulting in lengthy wait times for patients referred with irritable bowel syndrome type symptoms.

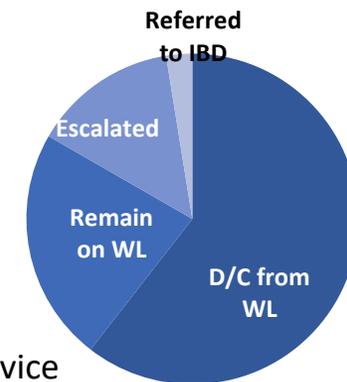


**Method** Patients fulfilling the selection criteria were offered assessment and management in the APGD led GSC. Patients were encouraged to leave anonymous feedback via questionnaire.



## Results

- ✓ 247 patients attended GSC
- ↑ 16% escalated due to identified red flags
- 35% referred onwards (psychologist, dietitian, continence physiotherapist)
- 3% redirected to Inflammatory Bowel Disease service
- ↓ 18% triaged to GSC had ≥1 related recent ED presentation. The 2% who re-presented to ED post GSC appointment had been escalated by the APGD
- ↓ Wait times for non-urgent patients reduced from av. 523days (473-598 days) to av. 181 days (163-208 days), median 409days
- ↓ 167 patients removed from the waitlist
- ✓ overwhelming patient satisfaction (100%)
- ✓ 68% managed independently by APGD



**Conclusions** APGD led GSC has positively benefited both the patient cohort and the service with reduction in wait times for non-urgent patients, reduction in ED presentations, escalation of at risk patients, removal of patients from WL and cost saving to the service.

