



Impact of CNM2 Endoscopy Triage Posts

HSE Acute Operations Endoscopy
Programme

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1. Background

Triage nurses in GI endoscopy services

A national clinical programme was established in 2016 to coordinate several activities to improve endoscopy services. The Endoscopy Programme is housed within the Acute Operations Division of the HSE, and the programme is overseen by the National Endoscopy Steering Group. The programme team consists of a Clinical Lead, Training Lead, Nurse Lead, Accreditation and Training Officer and a Programme Manager.

Since its inception in 2016 the Endoscopy Programme has advocated for permanent funding for a range of nursing posts nationwide. In particular, the programme has successfully petitioned for funding for nursing roles that focus on the triage and clinical validation of endoscopy referrals.

2021 funding package

The overall aim of a triage nurse role is to improve access to endoscopy services and offer the most appropriate care pathway for GI endoscopy patients.

By 2020, some endoscopy services, particularly those in the RCSI Hospitals Group and the Saolta University Health Care Group had a dedicated triage nurse role. In March 2021, funding for a further 29 CNM2 triage posts was secured by the HSE. This funding was part of a package linked to several Dept of Health and HSE strategic initiatives including the Acute Waiting List Action Plan September-December 2021 and the 2022 Waiting List Action Plan. It also included funding for capsule endoscopy services and faecal immunochemical tests (FIT).

The National Director of the HSE Acute Operations Division notified Hospitals Groups about the funding assigned to hospitals within their group. The expected service delivery, job description and outputs related to these posts were agreed with the Endoscopy Programme and are subject to ongoing review. A standard job description for the role of CNM2 Endoscopy triage was provided to hospitals by the HSE Acute Operations Programme, with the aim of standardising the posts nationwide and aiding the recruitment process.

Out of the 29 triage nurse posts funded in March 2021, 22 nurses were in post in December 2022 and when recruitment is completed, every endoscopy service in the country will have a dedicated triage nurse post.

As a condition of funding for these new posts, hospitals are required to send information each month about the impact of the nurse-led triage on the GI endoscopy waiting list.

National Network of Endoscopy Triage, Pre-Assessment and Clinical Validation Nurses

In early 2022 the HSE Acute Operations Endoscopy Programme established a national network for the growing number of endoscopy nurses working in triage, pre-assessment and clinical validation. The purpose of the network is to provide nurses with a space to share knowledge, advice and expertise. The programme hosts up to four online network meetings each year and has developed an online library (known as ShareFile) of resource to assist the nurses in their roles.

2. Understanding the role of triage nurses

A growing body of evidence shows the effectiveness of nursing posts that are focused specifically on endoscopy triage, both for improved patient choice and in managing the growing demand for endoscopy services.

Given that most triage nurse roles (the 29 posts funded in 2021) are newly established roles and with the potential to incorporate faecal immunochemical test (FIT) into the triage pathway in endoscopy services, by December 2022 it was timely to conduct a review of the structure and impact of the role of triage nurses. In particular, the Endoscopy Programme was interested to learn about the individual experience of nurses working in triage posts.

Survey of triage nurses

In December 2022, the HSE Endoscopy Programme invited endoscopy triage nurses to take part in a survey. The aim of the survey was to understand the nurses' experience to date in endoscopy triage.

Methodology

An invitation to complete an anonymous survey was circulated to nurses working in endoscopy triage. Data collection took place over a two-week period in late December 2022 through early January 2023 via an online survey platform. An anonymous survey reduces the risk of response bias since it is the Endoscopy Programme conducting the survey.

Sampling

HSE Acute Operations Endoscopy Programme invited the 22 triage nurses who were employed in posts that were part of the March 2021 national funding package to complete the survey.

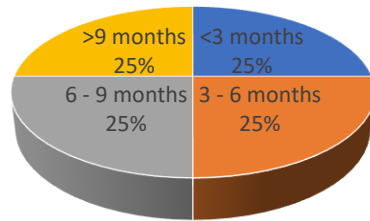
Exclusion criteria included triage nurses whose posts were funded prior to March 2021. The rationale for the exclusion criteria is the fact that these positions were not part of the 2021 funding package and not subject to the same funding terms. Hence there is a risk of variance in the job description. Results therefore may not be generalizable for this cohort.

Data analysis

Data was analysed using Microsoft Excel.

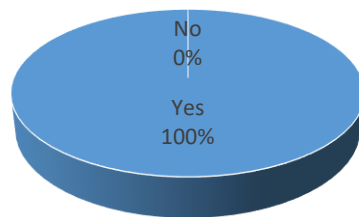
Summary of the survey results

Length of time in the role of CNM2 endoscopy triage nurse



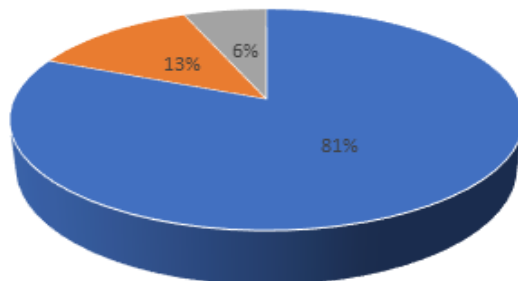
■ <3 months ■ 3 - 6 months ■ 6 - 9 months ■ >9 months

Had you experience of working in endoscopy before you took up this post?



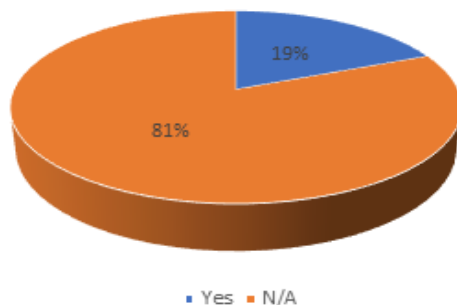
■ Yes ■ No

While in the CNM2 endoscopy triage post, do you ever work in the clinical area of endoscopy?

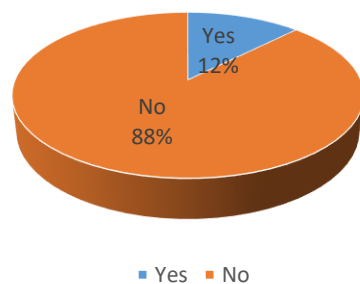


■ Never ■ Occasionally (1 - 3 days per month) ■ Frequently (1+ days per week)

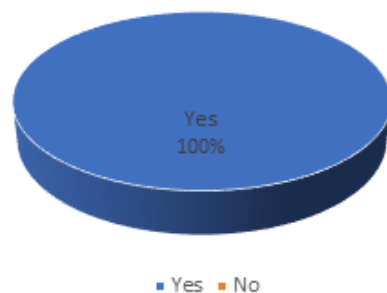
If you work in the clinical area of endoscopy does this impact on your workload in endoscopy triage?



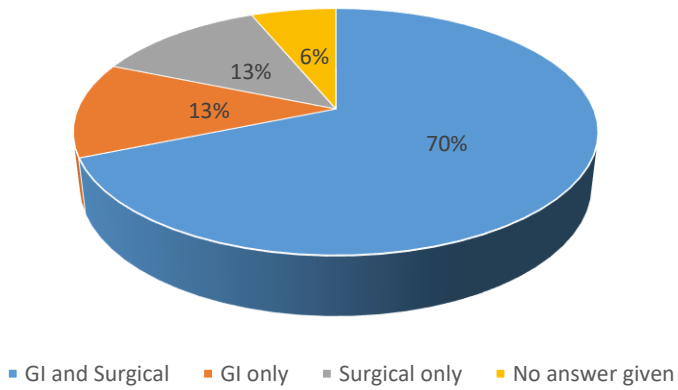
Have you cover when you are on leave (planned or unplanned)?



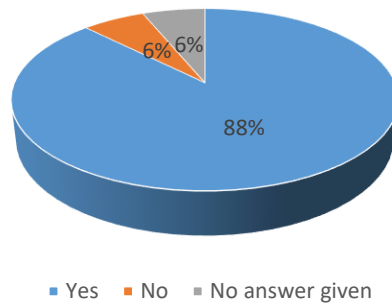
Do you find the triage guidance for upper and lower gastrointestinal endoscopic procedures published by the Endoscopy Programme helpful for developing the service locally?



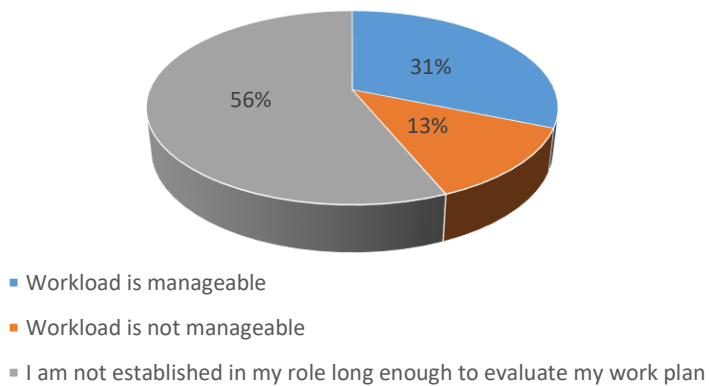
Do you triage endoscopy referrals for all consultants who carry out GI endoscopy?



Do you send data about triage outcomes to the Endoscopy Programme on a monthly basis?



On reflection of your current workload what statement best reflects your view on using FIT testing in your unit?



Analysis of the survey results

A total of 22 participants were invited to participate in the survey. There was a 73% (n16) response rate. Open ended questions provided an opportunity for further comments and feedback. Anonymised individual comments are quoted throughout the survey in italics. On review of feedback common themes emerged and were categorised accordingly.

The core themes from the survey were:

- A. Communication
- B. HealthLink/eReferrals
- C. Workload

A. Communication theme

From the feedback received, communication was the most notable theme identified from the survey results. Communication was linked to various stakeholders including physicians, surgeons, administrative staff, nurses, GPs and hospital management teams.

Positive feedback in relation to communication from nurses was reported with 69% (n11) of respondents commenting that peer support from colleagues in the network group was a valuable resource for advice.

“I have developed great working relationships with other triages nurses. I can call them for advice/info/reassurance”

Positive feedback in relation to consultants was reported with 31% (n5) of respondents commenting that communication from the consultants/clinical lead assisted them in their role.

“Assistance and input from consultants is crucial to help me learn and gain confidence. Also their availability to answer random questions or queries is important”.

Challenges relating to communication from GPs were highlighted. This was primarily related to insufficient information on referrals. A suggestion for information to be circulated to GPs on direct access Endoscopy as well as Endoscopy referral pathways was identified.

B. eReferrals and triage theme

HealthLink provides a web-based messaging service which allows the secure transmission of clinical patient information between hospitals, health care agencies and general practitioners.

Many GPs make referrals to endoscopy services using the *general* referral form on HealthLink.

Since 2018 another more detailed referral form specifically for making endoscopy referrals has been available on HealthLink. This form captures more detailed information and has many mandatory fields. At the time of writing 19 endoscopy services nationwide accept referrals from GPs using this endoscopy-specific referral form. Further information and user guides are available at www.healthlink.ie/traininganddemos

Referrals made on the specific endoscopy form on HealthLink aid triage nurses in decision making. While there are some changes to workflows needed for an endoscopy service to accept eReferrals, the added benefits of this referral method are clear to triage nurses, and many are keen to see their endoscopy service accept referrals from GPs that use the specific endoscopy form on HealthLink.

“I feel HealthLink endoscopy would be valuable. If it could be portrayed as part of the triage package when we are introduced, it may be seen as more acceptable”.

More generally then, challenges with insufficient information on referrals and that additional resources were required contacting referring GPs as well as contacting patients for the relevant information to assist in the triage process was reported. *“A lot of time is taken up ringing GPs unnecessarily to arrange tests before a patient can be triaged.”*

There was variance noted surrounding triage referrals. 13% (n2) of triage nurses triage gastroenterology referrals only. 19% (n3) of triage nurses triage surgical referrals only. Feedback identified that 25% (n4) of consultants choose not to utilise the triage nurse service. The remaining 70% (n11) triage both gastroenterology and surgical referrals.

C. Workload theme

100% (n16) of respondents had experience working in endoscopy prior to taking up the CNM2 Endoscopy triage post. 19% (n3) of respondents worked in the clinical area either occasionally or frequently in addition to their endoscopy triage role. All feedback identified that working in the clinical area had a negative impact on the triage nurse service. This included delays in processing referrals and challenges establishing the triage nurse service. However from the feedback received this has since improved once no longer assigned to the clinical area.

13% (n2) of participants reported having cover when on leave. In both cases arrangements were in place for consultants to triage referrals when triage CNM2 on leave. However this appears to be for planned leave only. Comments by participants who did not have cover included concerns of backlog of referrals when they are on leave. Another comment was that cover is required so that the urgent referrals are processed in the required time frame. Further comments around leave included difficulty taking annual leave as no one to cover the triage service and working beyond contracted hours. *“Having no cover is stressful when you’re on leave as you know you will have a backlog when you return.”*

A question in the triage survey asked respondents to reflect on their current workload when considering introducing FIT testing into their role.

56% (n9) of respondents felt they were not established in their role long enough to evaluate their work plan. This may be since only 25% (n4) of participants are in the role >9 months.

Triage nurses noted that the use of the endoscopy-specific referral form on HealthLink could greatly assist in assessing workload properly.

31% (n5) of respondents felt their current workload was manageable. One comment reported that FIT tests were followed up through a *“results clinic”*. Further feedback reported that FIT testing would be more manageable if there was local lab and clerical support available. In addition there was a comment that FIT testing may assist in the role of triage *“I feel the FIT test might be a help rather than a difficulty even within an overstretched workload”*.

13% (n2) felt their current workload was not manageable. A suggestion to improve this was the appointment work colleague to support the service. If this was in place, then: *"I feel that there is lots of room for the role to develop and expand. The job could expand at a local level to educate all staff who put patients on the endo waiting list"*.

Additional comments around FIT testing:

1. *"Time consuming following up on FIT tests as the hospital lab are unable to add to the computer"*
2. *"GP's requesting access to FIT test referrals"*
3. *"Can more details on FIT testing with the same endoscopy triage guidelines..."*
4. *"I am requesting FIT tests from all patients that are deemed routine through my triage service"*

Impact data

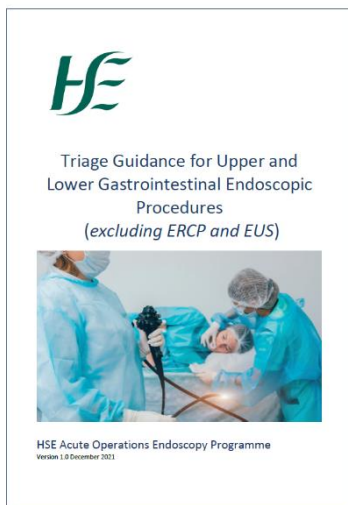
As noted in the background section above, a condition of the funding for the 29 triage nurse posts that funded in March 2021 is that hospitals are required to send information each month about the impact of the nurse-led triage on the GI endoscopy waiting list. Each month nurses send summary information about the outcome of triage.

In 2021/22 data was collected under the following headings:

- Total number of referrals triaged
- Number of patients not added to GI endoscopy waiting list
- Number of patients added to the GI endoscopy waiting list
- Number of patients diverted to OPD
- Number of patients offered another test
- Number of patients offered FIT
- Number of patients diverted to capsule endoscopy

62% (n10) of survey respondents were satisfied with the data collection categories for triage outcomes. 13% (n2) either did not comment or has not yet commenced submitting data. 25% (n4) of respondents provided changes/suggestions/amendments to the data collection categories. Feedback included confusion over some of the wording and the need to categorise individual clinics e.g. IBS/IBD and the outcomes of triage. Another suggestion was to add alternative investigations as a data category: *"In outcomes section-maybe add alternative investigations."* A results clinic is utilised in one site, where *"further investigations are requested before making triage decisions."*

Factors that assist triage nurses



100% (n16) of respondents found the national triage guidance for upper and lower gastrointestinal endoscopic procedures developed by the HSE Endoscopy Programme helpful when developing the service locally. Numerous positive comments were received.

“The guidelines have been invaluable to me as a nurse”.

“I used triage guidance to help create the triage data collection tool I use and help create my SOP for triage service, also the guidance document assists in decision making in triage”

There was additional feedback received in relation to the triage guidance. This included requests for more information to be included on FIT testing. There was also feedback regarding the categories in the triage guidance for routine referrals, with a suggestion to add similar categories (symptoms, duration, and age group) for urgent referrals.

94% (n15) of respondents found the online meetings of the National Network of Endoscopy Triage, Pre-Assessment and Clinical Validation Nurses beneficial to their role and 69% (n11) of respondents provided positive feedback that peer support from the nurse network meetings was a factor which assisted them in their role.

“The quarterly online meetings and the information available on the ShareFile (online library of resources) have been a huge source of information and guidance since commencing this role. Really would have been very lost without both areas”.

“It is great to link in nationally and hear what initiatives are going on and how other staff have dealt with issues encountered”.

“The support of colleagues around the country in the areas of both pre-assessment and triage has been invaluable. The support and advice of the national nurse network meetings is a wonderful asset to the area of endoscopy”.

“It’s great to have the names/ emails of all other triage nurses to bounce queries off. As it’s a new role we are all in the same boat and we help each other out”

31% (n5) of respondents commented peer support from the consultants/clinical lead assisted them in their role also.

“One consultant in my hospital provided a lot of support to get the service established”

6% (n1) commented clerical support was a factor which assisted them in their role.

“Admin staffs are being always supportive and flexible with the workload that we have”.

6% (n1) commented the HSE Endoscopy Programme team was a factor which assisted them in their role.

“The HSE Endoscopy Programme have been very helpful and supportive, always available with great advice and knowledge”

Challenges in the role of triage nurse

75% (n12) of participants reported challenges in their role. Some of these challenges have been discussed under the themes for “workload” “HealthLink/eReferrals” and “communication”. Other challenges identified was concerns over lack of clerical support with 25% (n4) of respondents identifying challenges relating to clerical input to the role. *“Having no clerical support is very challenging”*. Comments included additional time required for appointment scheduling, letters to GP’s, letters to patients, use of the hospitals patient administration system (PAS). Resistance from clerical staff due to concerns that the role of triage would increase their workload was reported, however this was resolved *“through communication and clear documentation”*.

Arranging time to with consultants was another challenge identified with 19% (n3) of respondents reporting difficulty in allocating protected time to meet with relevant consultants to discuss triage of referrals *“protected time with consultants is sometimes an issue.”* In addition 25% (n4) of respondents commented that not all referring consultants in individual sites avail of the CNM2 Endoscopy Triage role.

Challenges with support of the roll out of the triage role in individual hospitals was identified throughout the survey. Feedback included difficulty with buy-in to the role of endoscopy nurse-led triage. From the feedback received a dearth in knowledge was identified into the additional supports required for the nurse triage service locally. Comments included further input and support from various disciplines was required to support the role of endoscopy nurse triage. A suggestion from one participant to overcome this challenge was to promote the role of endoscopy nurse triage the triage nurse as a package when the service is being rolled out in individual hospitals. *“Before commencement of the post hospital management needs to be aware that admin support is needed, and that medical support will be required”*.

Additional feedback and suggestions

Feedback regarding training and education programmes to facilitate endoscopy triage was identified. This included training and education in diabetes management, anticoagulation management, anaesthetic management and sedation management. Additional comments relating to education identified that there may be room for expansion of the triage role to include staff education on waiting list management.

Further feedback related to education suggested that the role of triage was still in the early stages and the hope it could be *“educational and a source of information that can be used for positive change and improvements”*.

There was a suggestion to have separate meetings for each cohort in the role in the National Network of Endoscopy Triage, Pre-Assessment and Clinical Validation Nurses.

3. Conclusions, recommendations and next steps in 2023

1. The results of the survey show that national clinical guidance and peer support were reported as the two most significant factors in successfully imbedding new triage nurse roles nationwide.

The Endoscopy Programme will keep its triage Guidance for Upper and Lower Gastrointestinal Endoscopic Procedures under review to ensure it remains relevant and helpful to triage nurses. The programme will continue to host meetings of the National Network of Endoscopy Triage, Pre-Assessment and Clinical Validation Nurses. A training needs analysis is currently underway (February 2023) for endoscopy nurses. Results of survey will assist the Endoscopy Programme is exploring in more details the training and education requirements of triage nurses.

2. Electronic endoscopy referrals, particularly those made via the specific referral form for endoscopy on HealthLink were identified as enablers of effective triage.

A review of the endoscopy referral form on HealthLink is underway. Hospitals not yet accepting referrals via this form will be supported to do so. Training is provided free of charge by the national HealthLink team.

3. The results of the survey show that there is potential to expand the role of CNM2 Endoscopy Triage over time. FIT testing could be incorporated into the role, and there is also an opportunity for triage nurses to deliver educational material/specialist knowledge to peer groups.

Incorporating FIT testing into the triage pathway will require a measured approach. A small number of endoscopy services have been identified to participate in a pilot project to use FIT as an aid to triage. The results of this pilot will be circulated in due course.

4. Consistent triage during planned leave emerged as a concern throughout the comments in the survey.

The leave arrangements for individual nurses are outside the remit of the HSE Acute Operations Endoscopy Programme, the programme does however recommend that further discussions are required at local level to ensure referrals are triaged in a timely manner when the triage nurse is on leave.

5. The collection and presentation of data was identified as a useful way to demonstrate the impact of nurse-led triage.

Throughout the course of 2022, over 17,000 GI endoscopy referrals were triaged by nurses across 19 hospitals. At least 14% of these patients did not require an invasive procedure. Nurse-led triage has shown to be effective in managing the demand on endoscopy services. Data collection categories which are used to report summary information about the outcome of triage to the Endoscopy Programme were updated in January 2023 based on feedback from the survey. With a growing range of care pathways now available to GI endoscopy services, including FIT tests and capsule endoscopy, triage nurses are playing an increasingly important role in providing greater choice to patients.

4. Further information

This document has been developed by the HSE Acute Operations Endoscopy Programme,

This document is also available in Word format on request.

For further information please contact Grace O'Sullivan, Programme Manager, HSE Acute Operations Endoscopy Programme graceosullivan@rcpi.ie 086 1409 177

National triage guidance is also available on the programme's website

www.hse.ie/eng/about/who/acute-hospitals-division/clinical-programmes/endoscopy-programme