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# Maintaining safe endoscopy in a global pandemic

Initiative Type

Model of Care

Status

Deliver

Added

12 August 2021

Last updated

18 August 2021

URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/maintaining-safe-endoscopy-global-pandemic>

## Summary

How do you keep staff and patients safe during a global pandemic whilst maintaining vital endoscopic services and avoiding diagnostic delays? By coming together as a team and making rapid, pragmatic but clear decisions in the face of rapidly changing information.

This project demonstrates how Sunshine Coast Hospital and Health Service (HHS) managed the risk

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by investigating and implementing a range of safety measures to ensure that staff and patients were safe while operating in a high-aerosol environment like endoscopic services.

As a result, they managed to avoid having any major events or needing to delay urgent diagnostic and therapeutic procedures.

This was a multi-departmental project delivered from gastroenterology, surgery, and anaesthetic medicine. It also required the participation of multiple professional streams from medical, nursing and administrative support. It was true team effort.

### Key dates

Aug 2021

Aug 2021

### Implementation sites

Sunshine Coast University Hospital

### Partnerships

Multi-departmental project delivered from gastroenterology, surgery and anaesthetic medicine. It required the participation of multiple professional streams from medical, nursing and administrative support. It was true team effort.

## Key Contacts

Jonathan Mitchell

1819

[william.vanheerden.ced](mailto:william.vanheerden.ced)

Acting Director of Gastroenterology

Sunshine Coast HHS

0752021012

## **Aim**

To practice safe endoscopy in a rapidly changing environment whilst avoiding disadvantaging patients who are waiting for urgent diagnostic and therapeutic procedures.

## **Benefits**

- no meaningful long-term effects on the endoscopy waitlist.
- no evidence of a significant delay to diagnosis of serious illness.
- the endoscopy department continued to deliver its core business in a safe and sustainable way at a time of unprecedented global disruption and with a rapidly evolving field of knowledge about a highly infectious virus.

## **Background**

In March 2020 information about the effects of COVID-19 on surgery was rapidly evolving and limited. There was significant concern regarding a highly infectious respiratory virus and its transmission during aerosol generating procedures, which obviously would affect gastroenterology to a large extent.

## **Solutions Implemented**

- development, roll out, scenario testing and implementation of COVID safe endoscopy for high risk patients
- development of clear local guidelines for PPE use in endoscopy
- proactive and dynamic waitlist management to minimise impact on diagnostic endoscopy services whilst maintaining safe practice at a time of high workload and anxiety.

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## Evaluation and Results

The department operated safely throughout the pandemic with no infection control breaches recorded.

During April 2020, the period of national lockdown, the department continued to operate high volume endoscopy with only a modest reduction of activity during this month (February: 629 procedures, March: 619, April: 430). This compares very favourably to other sites within the state.

By May 2020, the department was exceeding pre-pandemic throughput (658 cases) and continued to increase activity through June, July and August to make up the shortfalls accumulated through the lockdown period (June: 910, July: 833, August: 779).

## Lessons Learnt

- people and teams pull together to find solutions in an emergency
- endoscopy can continue to be delivered safely even during a global pandemic.