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National Bowel Cancer Screening Program

Bowel cancer is one of Australia's most common cancers. About 5% of men and almost 4% of women will develop bowel cancer before the age of 75. Australia has the second highest incidence of bowel cancer in the world.

Each year approximately 17 000 Australians are diagnosed with bowel cancer and more than 90% of these people are aged over 50. 80 Australians die each week from bowel cancer making it the second most common cause of cancer related death after lung cancer. If found early, nine out of ten cases of bowel cancer can be successfully treated.

The National Bowel Cancer Screening Program commenced in 2006. Over 2 ½ million Australians have been screened since the Program commenced with nearly four thousand people found to have cancers and more than 12 000 people diagnosed with advanced adenomas (benign tumours that may become cancerous).

Evidence shows when fully implemented, the National Bowel Cancer Screening Program (NBCSP) could save 500 lives each year. The NBCSP is a population based screening program to detect bowel cancer early. Screening involves testing people who do not have symptoms. The aim is to find polyps or bowel cancer early when they are easier to treat and cure.

The test used in the NBCSP is an immunochemical faecal occult blood test (FOBT). The test takes a tiny sample of faeces which is then tested for hidden (occult) blood. The FOBT used in this Program is the most accurate test available for use in population screening.

The Program is expanding and by 2020 all Australians aged between 50-74 will be offered free screening every two years consistent with the recommendations of the National Health and Medical Research Council (NHMRC). For example, in 2017 patients will receive screening tests at the age of 50, 54, 55, 58, 60, 64, 68, 70, 72 and 74. By 2020 patients will receive a screening kit beginning at the age of 50 and every two years thereafter to the age of 74.

Participants with a positive FOBT are advised to see their doctor to discuss the results with possible referral for further testing including colonoscopy. Colonoscopy can be provided through Government Health Services or private health services, such as Jolimont Endoscopy.

The NBCSP has recently reported outcomes for people screened between January 2013 and December 2014. It found during this period that 37% of the 2.2 million people sent an FOBT kit in the mail completed it & returned it for testing. 35,000 (or 7%) of the returned kits had a positive result for occult blood. Of these people with a positive screening result, 25,550 (or 73%) proceeded to a colonoscopy within a median time of 55 days. One in every 7 patients who underwent colonoscopy was found to have an adenoma, while 1 in every 32 patients were diagnosed with a confirmed or suspected cancer. Clearly the program is effective at identifying 'at risk' patients and allowing earlier diagnosis of polyps bowel cancer.

Jolimont Endoscopy is actively involved in the NBCSP and can provide a prompt, safe, reliable and high quality colonoscopy for your patients.



JOLIMONT ENDOSCOPY

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QUARTERLY NEWSLETTER January 2017

Infection Control

Hand Hygiene is a significant strategy in preventing health care associated infections and we do audits through-out the year to ensure compliance. The data is reported to the Australian Institute of Health & Welfare and benchmarked against other hospitals. The 5 Moments of Hand Hygiene are used by staff to prevent the spread of infection in the health care setting with patients and visitors also encouraged to carry out appropriate HH using alcohol based rubs located throughout the facility. Jolimont compliance at last audit was 90%, the interim national benchmark is 70%.

Jolimont Online

View the web site www.jolimont.com.au for further information on services provided.

Algorithms – surveillance guidelines

Capsule Endoscopy -referrals

Patient Admission Forms -

Dr Nik Ding



Dr Ding has recently commenced working at Jolimont. He returned from London after completing his PhD in inflammatory bowel disease at Imperial College, where he was also appointed a clinical lecturer.

He currently works as a gastroenterologist across St Vincent's Hospital and Werribee Mercy Hospital, and is the head of the IBD Clinical Trials Unit at St Vincent's.

His interests include bowel cancer screening, coeliac disease, irritable bowel syndrome and gastro-oesophageal reflux disease among others. He works from a patient-centered approach and is open to discussing patients with GPs to provide cohesive treatment and care. Referrals can be sent to PO Box 5083, 93 Willsmere Road Kew VIC 3101, via email on drnikshengding@gmail.com or directly through Jolimont Endoscopy.

He can also converse in Mandarin.

GP INFORMATION NIGHT

We are hosting an informative educational evening on 11th April 2017, mark date in your diary. Information and speaker updates to be sent out separately.

Quality Improvement Program

Continuous Improvement is a systematic management approach to provide safe quality patient care with exceptionally high standards and improved patient care episodes. Monthly audits and surveys are reviewed, action plans created and then implemented. Surveys and audits are conducted on a wide variety of topics including,

- Medication Safety
- Infection Control
- Medical Record Compliance
- Patient satisfaction

Performance Indicators

Indicators are collected monthly and a Jolimont is audited yearly by an external auditor.

We also have a yearly Infection Control Audit done by Melbourne Pathology which audits against AS4187 Standards in Infection Control.

A Safety and Quality model for Colonoscopy

A draft model has been developed which incorporates three key elements:

- Clinical care standard for the delivery of quality colonoscopy services
- Certification and periodic re-certification of doctor's performance
- Collation and review of indicators and performance targets in accordance with a standard national data set.

The colonoscopy clinical care standard would be implemented in hospitals and day procedure centres, and be required under the National Safety and Quality Health Service (NSQHS) Standard 1 – Governance for Safety and Quality in Health Service Organisations.

Patient Satisfaction

Jolimont believes in a patient centred care philosophy where all staff believe that the care is delivered individually to each patient, respecting the values, needs and preferences of the patients and carers.