



Bowel Screening - two nurse co-ordinators journey

Genevieve Cowley & Laura Bane

Introductions



The NBSP in SDHB

- ▶ **Why?** Highest rates of bowel cancer rates in NZ
- ▶ **When?** As of April 24th 2018
- ▶ **Where?** SDHB (Otago and Southland)
- ▶ **Who?** People aged 60-74, eligible for publicly funded healthcare
- ▶ **How?** NCC, GP's, SDHB Dunedin and Southland, MoH, SCL

The region the Southern DHB covers

- ▶ Approximately 51,000 people within the SDHB are expected to be invited to take part in the programme at the time of launch



What the role involves / a typical week

- ▶ **Pre** - between 30-50 phone assessments, MDT meetings to discuss complex cases, scheduling
- ▶ **Intra** - being in the room, sample collection and quality assurance, patient face to face liaison, working alongside our gastro nurses and endoscopists
- ▶ **Post** - patient follow up, patient feedback, results management, MDM meetings and feedback
- ▶ **Programme specific** - data entry, awareness campaigns, community group discussions

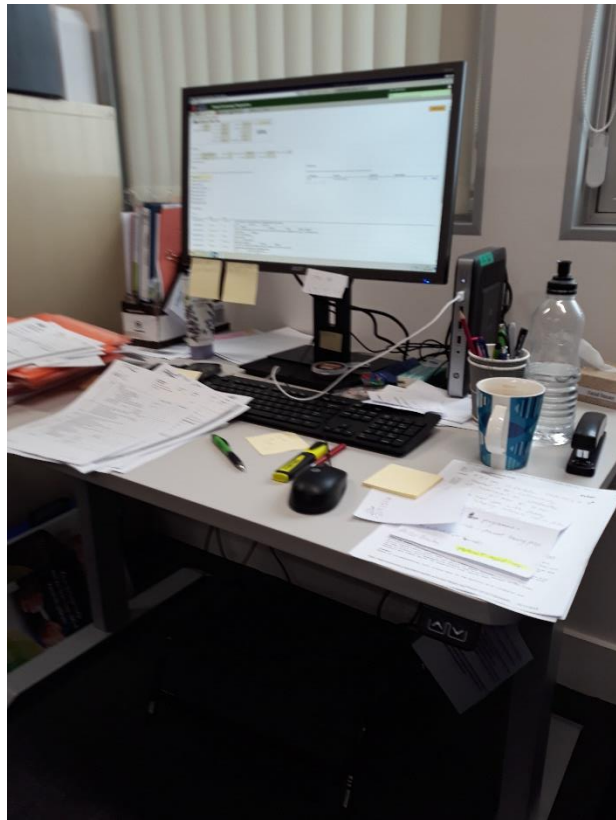
Skills required

- ▶ **Communication**
- ▶ **Organisation**
- ▶ **Adaptability**
- ▶ **Knowledge of the speciality**
- ▶ **Teamwork**
- ▶ **Innovative and motivated**
- ▶ **Sense of humour**

Challenges

- ▶ **Tele-triage** - 60% of communication is non-verbal.
- ▶ **Complexity of patient health backgrounds** - co-morbidities
- ▶ **Large geographical area** - both for ourselves and for patients
- ▶ **Volume of work** - increasing from 24th April 2018
- ▶ **Lack of predecessors** - the goals were clear, the pathway was not
- ▶ **Personal challenges** - 2 people doing same job, 2 different personalities and knowledge bases merging

Chalk and cheese



Highlights

- ▶ **Team work** - admin, primary care, gastro
- ▶ **Network of support** - NBSP, Wellsouth, SCL
- ▶ **Variety** - clinical vs non-clinical
- ▶ **Rewarding work** - making a difference
- ▶ **Establishing connections**
- ▶ **Appreciation** - award for the whole NBSP team



Closing

► Thank you

