



Keeping the Endoscopy ship afloat against the first wave of COVID -19

-an analysis of the utilisation of a private institution to bolster MMUH GI services during COVID-19

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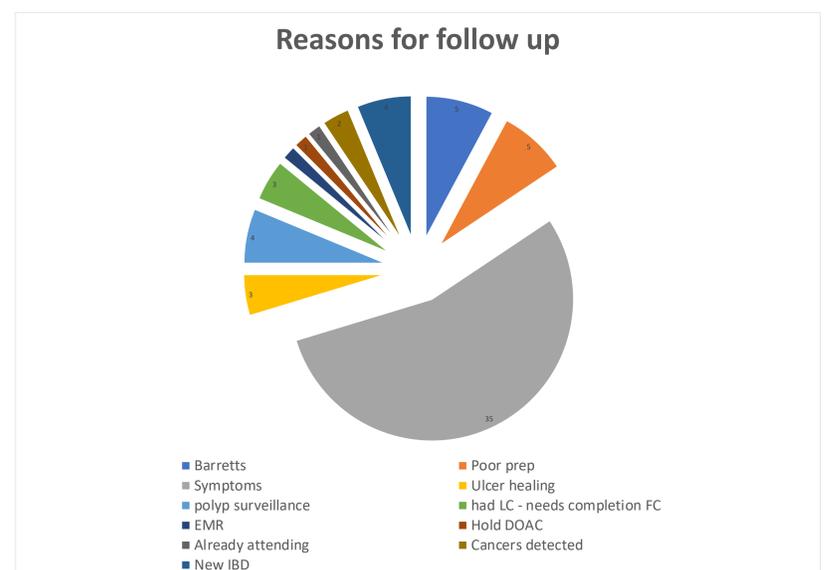
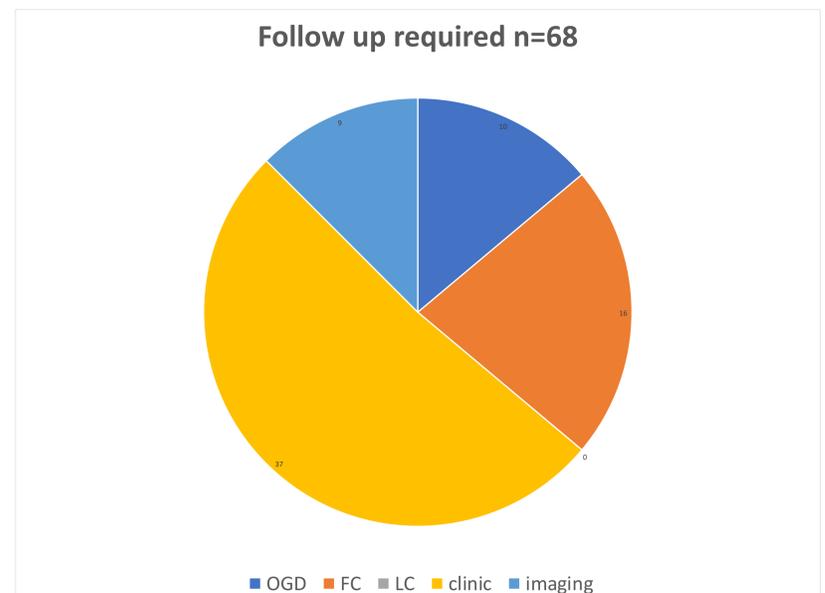
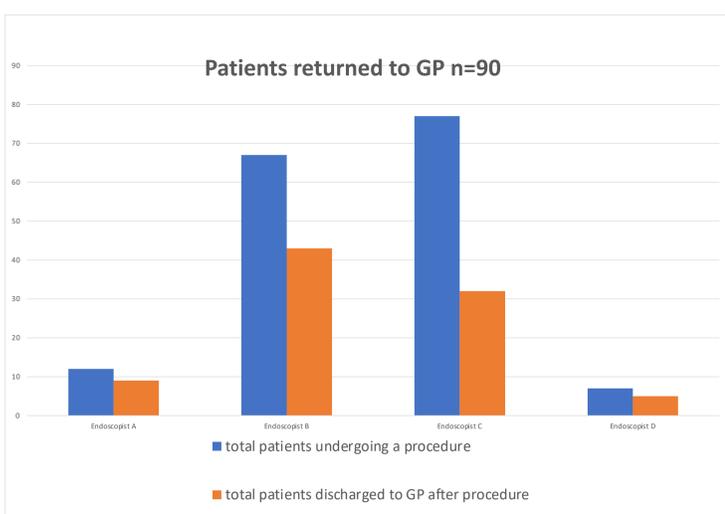


Introduction: During COVID-19, HSE. BSG and JAG produced guidelines for endoscopy during the pandemic, and during the first wave, endoscopy procedure were significantly curtailed. From April-June 2020, the HSE procured some private hospitals and private consultants and to help meet the need for urgent procedures in MMUH, we outsourced a cohort of patients to a private institution.

Aims: To analyse the use of a private institution to support MMUH GI services during COVID-19.

Methods: We analysed the processes involved in 242 endoscopy procedures May-June 2020. We examined referral letters, ERS (Endoraad) and histology reports, and follow up letters.

Results: 205 urgent patients (242 procedures) were outsourced to a private institution, comprising OGD=89, FC=65, LC=14, OGD+FC=37. 167 patients' procedures (81.7%) were completed. 38 were not completed due to patient factors – refusal/DNA (32) and illness precluding attendance (6). 90 patients (53.8%) were discharged to the GP. Follow up was required for 68 patients (40.7%) in MMUH; 35 for symptoms, 5 for Barrett's, 5 due to poor prep, 4 for new IBD, 4 for polyp surveillance, 9 for other reasons. Only 2 cancers were detected.



Discussion: Covid-19 has compounded the issue of long endoscopy wait-times. Outsourcing of referrals improved our P1 waiting times and the patient experience. 50% of patients were discharged directly back to their GP. However, the process generated a significant administrative workload in an already stretched service. The majority of patients did not have significant pathology. Of note, 16 % either refused the procedure or did not attend, despite being deemed urgent.