



C-GRS Data Sharing with Health Authorities

Introduction and Purpose

In 2007, a pilot of the Canada-Global Rating Scale (C-GRS) was launched. Since its inauguration the Canadian Association of Gastroenterology (CAG) has been administrating and supporting C-GRS participants to further promote quality endoscopy services throughout Canada. Mindful of the C-GRS participants and their sites' privacy, as well as the growing interest in data, this policy outlines the information CAG can share directly with health authorities.

Guiding Principles

- Ensure privacy of data to encourage sites in utilizing the C-GRS self-assessment tool and promote continuous quality improvement
- Commitment to only share information for which sites have given permission

Process for Information Requests

All information requests must be made via the attached form and emailed to Lesley Marshall at lesley@cag-acg.org. Once received, CAG staff will endeavor to process requests in a timely manner. No information will be shared without the site having signed a waiver form.

If the site has signed a waiver form, the following information will be confirmed:

- Registration with C-GRS
- Completion of the most recent C-GRS data entry cycle
- Contact information of the primary user

Recognition

If C-GRS data is to be used for publication or in promotional documentation, the CAG must be acknowledged and provided 3 weeks time to review before the content is made public.

See below to learn more about C-GRS and the Canadian Association of Gastroenterology

CAG website: <https://www.cag-acg.org/>

C-GRS website: <https://www.cag-acg.org/quality/quality-programs/c-grs>

To register for C-GRS: https://cagquality.ca/en/users/sign_up

Please contact Lesley (lesley@cag-acg.org) with any C-GRS questions



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Request for C-GRS Data Form

1. Contact information

Name: _____

Organization: _____

Phone: _____

Email: _____

Signature: _____

2. Reason(s) for request

(please provide reason(s) for request, how the data will be used and if there are any publication plans)

3. For CAG office only:

Approved (site waiver form on file)

Information:

Sent to: _____

Date: _____

Office signature: _____