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Promoting Access and Quality in Endoscopic Services

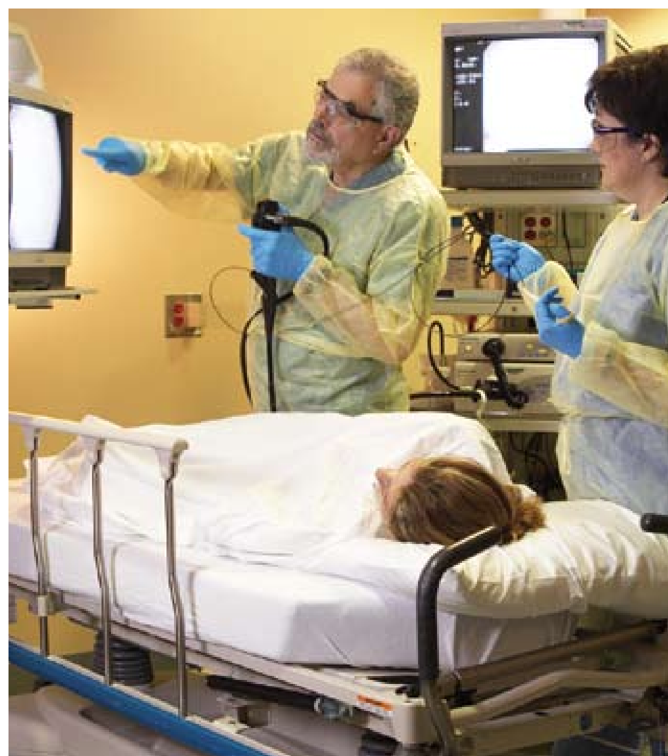
With 1.6 million endoscopic procedures performed annually in Canada, it is essential that all processes related to endoscopic procedures function smoothly in order to provide all patients with timely access to high quality endoscopic investigations. This can only be achieved if care is provided by well-trained health care professionals working in an appropriate environment with the proper equipment to deliver care that is responsive to patients' needs. In order to achieve this, assessment tools – like the ones described in this article – should be put in place to identify gaps in care and areas for improvement.

In the last decade, the Canadian Association of Gastroenterology (CAG) has undertaken several important initiatives to help improve access to timely, high quality digestive health care for Canadians. The CAG was one of the first national specialty societies in Canada – and the only one in digestive health care – to define wait time benchmarks (Paterson et al., 2006), monitor wait times (Leddin et al., 2008, 2010; Armstrong et al., 2008), and examine human resources (Moayyedi et al., 2007). Our published data confirmed that many wait time targets are not being met and that wait times for digestive health care remain excessive. However, as a member of the Wait Time Alliance, the CAG continues its efforts to address wait times and improve access to digestive health care services in Canada.

Human resource constraints and limited capacity in the face of increasing demands have highlighted the need for safe, high-quality, patient-centred health care delivery and the appropriate use of limited resources. The adoption of patient-centred approaches could help bridge gaps between demand for access and limited resources. For example, the National Health Service in England, reported that a patient-centred approach to quality improvement in endoscopy improved both quality and access.

The CAG is leading a national program, in collaboration with the Canadian Partnership Against Cancer (CPAC), to drive quality assessment and quality improvement in digestive endoscopy and gastroenterology. Our primary goal is to support access to high-quality digestive health services for all Canadians.

Endoscopy is crucial for the effective management of diverse digestive problems, including gastroesophageal reflux disease (GERD), peptic ulcer disease, celiac disease, and inflammatory bowel disease, as well as the detection and prevention of gastrointestinal cancers. With 1.6 million endoscopic procedures performed annually in Canada (Canadian Institutes of Health Information, 2008-2009), it is essential that all processes related to endoscopic procedures function smoothly in order to provide all patients with timely access to high quality endoscopic investigations. This can only be achieved if care is provided by well-trained health care professionals working in an appropriate environment with the proper equipment to deliver care that is responsive to patients' needs. In order to achieve this, assessment tools – like the ones described in this article – should be put in place to identify gaps in care and areas for improvement.



The 'Quality Program – Endoscopy'

The Quality Program – Endoscopy (QP-E) provides a means of assessing and, ultimately, improving the delivery of patient-centred endoscopic services in Canada. It began in 2008 as a pilot program, and has now expanded to hospitals and clinics across Canada. The two main elements of the QP-E are the Global Rating Scale (GRS) and the Colonoscopy Practice Audit.

1. *Global Rating Scale*

Developed in the U.K. and adapted for the Canadian environment, the GRS is an online tool that enables endoscopy unit personnel to assess how well they provide the various elements of patient-centred service (Global Rating Scale, 2011). The scale was constructed to help units determine the quality of their service and guide them through a series of quality improvement interventions.

At each participating site, representatives from the nursing, medical, and administrative teams meet twice yearly to perform an online comprehensive evaluation of their service using 12 key markers of patients' experiences (see Table 1). The GRS is patient-centred and requires regular monitoring of quality and safety indicators with a commitment to sustained, iterative quality improvement.

Table 1. Markers of Patient Experience

Quality of the Procedure	Customer Care
1. Appropriateness	7. Equality
2. Information/consent	8. Timeliness
3. Safety	9. Choice
4. Comfort	10. Privacy and dignity
5. Quality	11. Aftercare
6. Timely results	12. Ability to provide feedback to the service

Table 2 contains statements pertaining to information/consent which can all be answered with yes or no. Each statement is assigned a level, from D to A – D being the most basic quality criteria and A being the highest. Progression from one level to the next can only be achieved if all of the criteria for the previous level have been met (i.e., are answered with "yes").

Table 2. Questions Regarding Information/Consent in the Patient Experience

2. Information/Consent	Level	Yes/No
There is a published patient information sheet for all diagnostic procedures performed in the unit	D	?
The policy for consent is available in the unit in written and electronic form	D	?
There is a published patient information sheet for all endoscopy procedures performed in the unit	C	?
All patients are given an opportunity to ask questions about the procedure prior to the endoscopy by a professional trained in the consent process	C	?
Signatures are obtained on a consent form for all patients who can sign the form and procedures are in place for patients who require assistance with the process (e.g., disability, language, activity)	C	?
All patients are given sufficient time to ask questions before entering the procedure room	B	?
All consent signatures are obtained outside the procedure room	B	?
There is written guidance within the unit for withdrawal of consent during an endoscopic procedure	B	?
All published patient information sheets are reviewed annually and changed as necessary	A	?
Patients' frequently asked questions are incorporated into the patient information sheets	A	?
There is at least one annual survey of patients' experience of consent for endoscopic procedures	A	?
Findings of the patient survey are reviewed and acted upon within three months of completion	A	?
Failure to comply with withdrawal of consent guidelines established by the unit is registered as an adverse clinical incident	A	?

The GRS offers benefits from many perspectives as it provides or promotes the following:

Overall

- A means to facilitate patients' access to endoscopy as a result of the efficient and appropriate use of resources
- A mechanism to support quality and service improvement by helping endoscopy staff identify and address areas in need of attention
- A process to involve all members of the endoscopy service and promote teamwork with the common goal of improving services
- A system to facilitate communication between the different endoscopy services in Canada, enabling the exchange of patient information sheets and processes, thereby minimizing duplication and accelerating quality improvement

Endoscopist

- Efficient reporting processes for endoscopy and pathology, which promote patient satisfaction and minimize the risk of miscommunication or repeated communications with patients and their referring physicians
- Access to archives of endoscopy-related publications
- Objective quality improvement processes and the promotion of educational programs to assist endoscopists in maintaining and improving their skills
- Clearly-identified quality outcome measures that provide documentation of endoscopists' performance when they apply annually for the renewal of their institutional privileges and re-credentialing

Endoscopy Nurse

- A working environment conducive to high-quality patient care
- The availability of valid, procedure-related information for all patients
- Objective criteria for assessing patient comfort during the procedure and responding appropriately to patient concerns
- The availability of facilities to allow private, respectful communication with patients

Endoscopy Unit Manager

- Knowledge that all adverse events are identified and acted on
- Knowledge that indications for all procedures are evidence-based and that resources are not wasted on inappropriate procedures
- Efficient resource utilization based on the minimization of cancellations and rescheduling
- Proactive identification of patient concerns
- The availability of documented processes to address hospital accreditation requirements

Patient

- Comprehensive information on all procedures to ensure that consent is based on a full understanding of the risks and benefits of a procedure
- Knowledge that the quality of their experience and their feedback is important
- Reassurance that concerns about any aspect of the endoscopic procedure can be registered and that they will be addressed
- Reassurance that procedure-related pain or discomfort will be identified and managed in a safe, sensitive, and effective manner
- Timely health care based on the:
  - Effective, data-based management of waiting lists
  - Prompt communication of test results to patients and their physicians

2. *Colonoscopy Practice Audit*

Practice audits allow physicians to review patient records related to a specific area of their practice; this allows them to reflect on their practice and implement changes that will lead to practice improvement. In the colonoscopy practice audit of the QP-E, endoscopists complete a short audit of outpatients who underwent colonoscopy in a two-week period. Anonymous data are collected with respect to patient characteristics and the colonoscopy at the point of care in the endoscopy suite using a smartphone (e.g., BlackBerry, iPhone) or personal

computer. Using a secure login, endoscopists can review their data promptly online and compare it to national results recorded by their peers. Data on wait times for consultation, procedure, and total wait times – along with quality indicator measures such as insertion and withdrawal times, completeness of the procedure, and quality of the bowel preparation – inform physicians about their colonoscopic practice. Using this data, they can then identify personal learning and professional development opportunities.

The adoption of patient-centred approaches could help bridge gaps between demand for access and limited resources.

Audit participants may claim section 3 credits (3 credits/hour) in accordance with the Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) program guidelines. This provides endoscopists with an additional incentive for skills maintenance and improvement.

The CAG was honoured to receive a 2011 RCPSC Accredited Continuing Professional Development Provider Innovation Award for the colonoscopy practice audit. The review committee was impressed with this innovative educational tool which supports the life-long learning strategies of gastroenterologists and other endoscopists and which contributes to the improvement of patient outcomes by addressing wait times.

Conclusion

Tools like the GRS and the practice audit have enabled staff in endoscopy units to identify and implement targeted interventions to improve the timeliness, quality, and safety of their services. Hospitals and clinics participating in the QP-E that meet the criteria are presented with the CAG's Quality Endoscopy Recognition Award in acknowledgement of their commitment to continuous quality improvement. Twenty endoscopy facilities across Canada received this award for 2010-2011.

Whenever these types of tools are used, they should be repeated after several months – hopefully there will be demonstrable improvements in targeted areas, and staff will be able to look for other aspects of service delivery to enhance. Patients' ability to access high-quality services should improve as a result of creating this type of continuous quality improvement loop. Q

For more information on the QP-E, please visit the CAG website at http://www.cag-acg.org/special-projects/quality-program-endoscopy or email QP-E@cag-acg.org.

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