

CAG Quality in Gastroenterology

Innovations in Quality of Endoscopy

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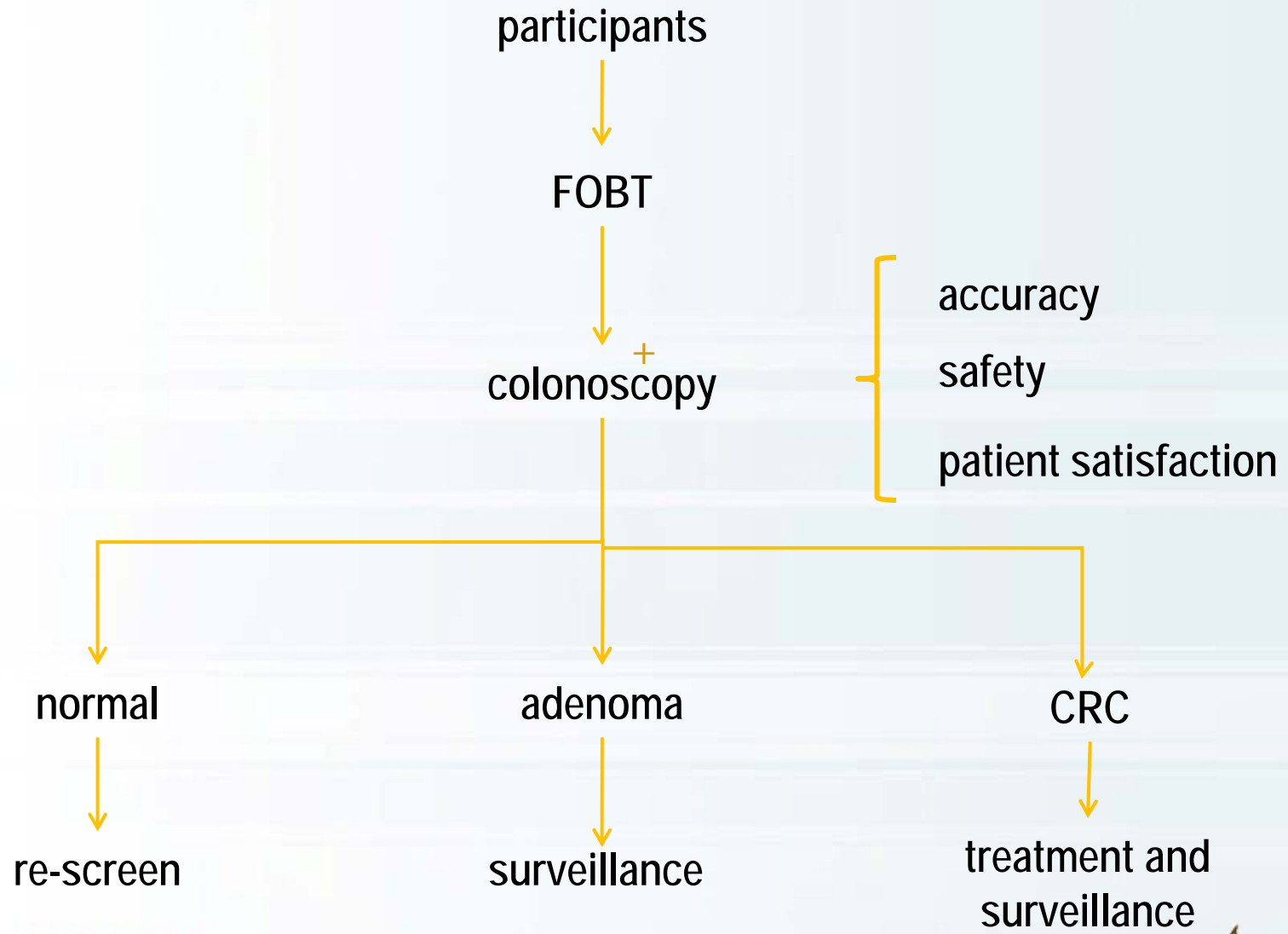
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L'Association Canadienne
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Colorectal cancer screening



CAG's Endoscopy Quality Initiative

Objectives

- To promote QI efforts within endoscopy services
- To demonstrate the current level of quality of care in endoscopy in Canada
- To support collaboration between endoscopists and other members of the service
- To demonstrate the effect of QI on wait times, resource utilization, patient outcomes and patient satisfaction

Participants

- 24 endoscopy sites throughout Canada

The EQI Pilot Project

Program

- GRS (Endoscopy Global Rating Scale)
 - Development of GRS-Canada
- Practice audit
 - Wait times and practice audit for outpatient colonoscopy
 - Baseline and follow up data collection

The GRS

The Endoscopy Global Rating Scale is a survey designed for periodic use within the endoscopy units to determine

1. How good the services provided within the unit are
2. What needs to be done to further improve the services

The construct of quality is based on a patient-centered approach

Domains of the GRS

- Clinical quality
- Quality of the patients experience
- Workforce
- Training
- Productivity

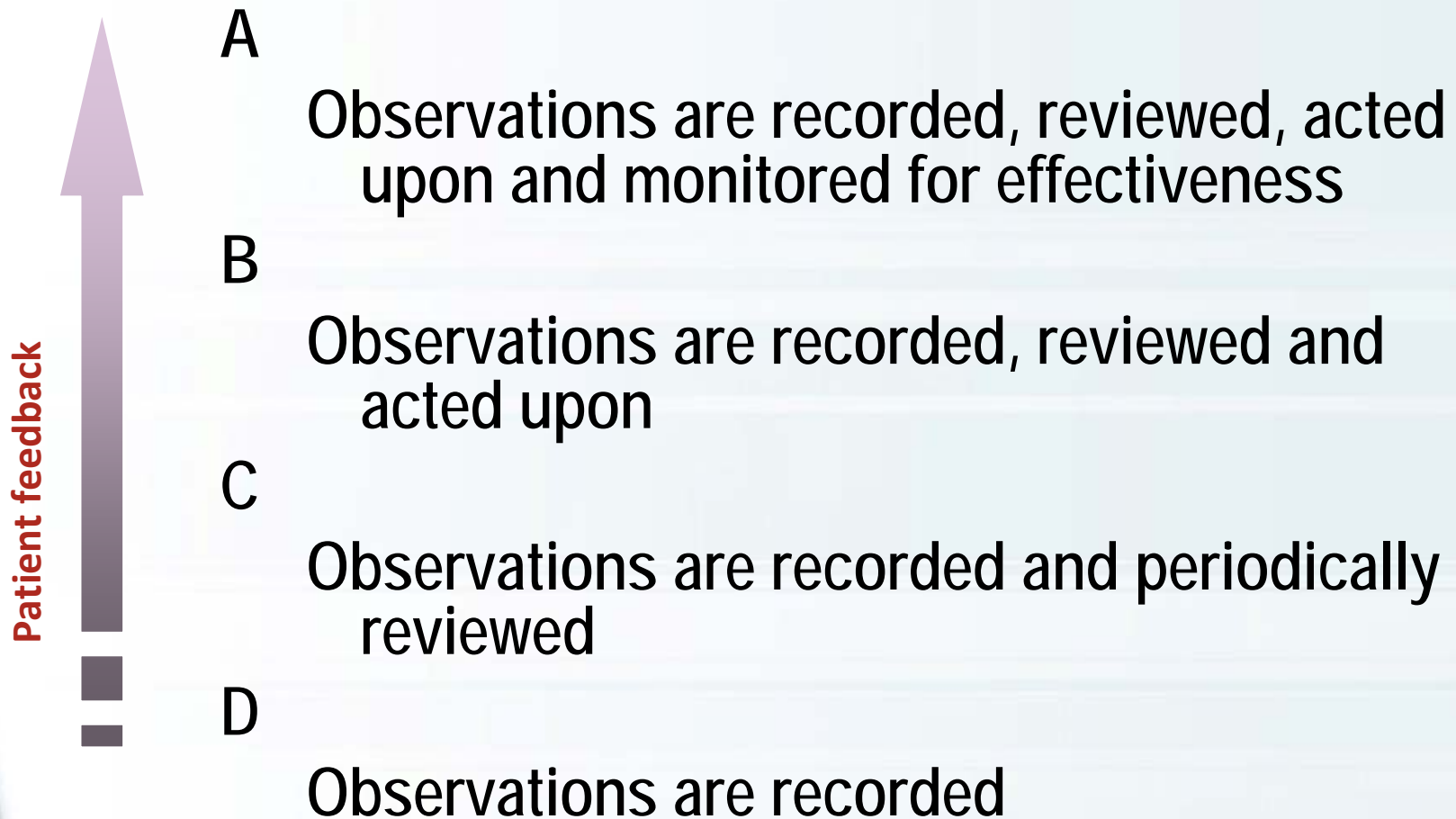
Clinical Quality

- information/consent
- safety
- comfort
- quality of procedure
- appropriateness
- communicating results to the referrer

Quality of the Patient Experience

- equality of access
- timeliness
- booking flexibility
- privacy and dignity
- aftercare
- ability to provide feedback to the service

GRS and Quality improvement: from a D to an A level



GRS website

- Data entry site
- Knowledge Management System
 - Electronic library of policies, forms, case studies
- Action Planning Tool
- Contacts, FAQ's, Newsletters

The GRS and Accreditation

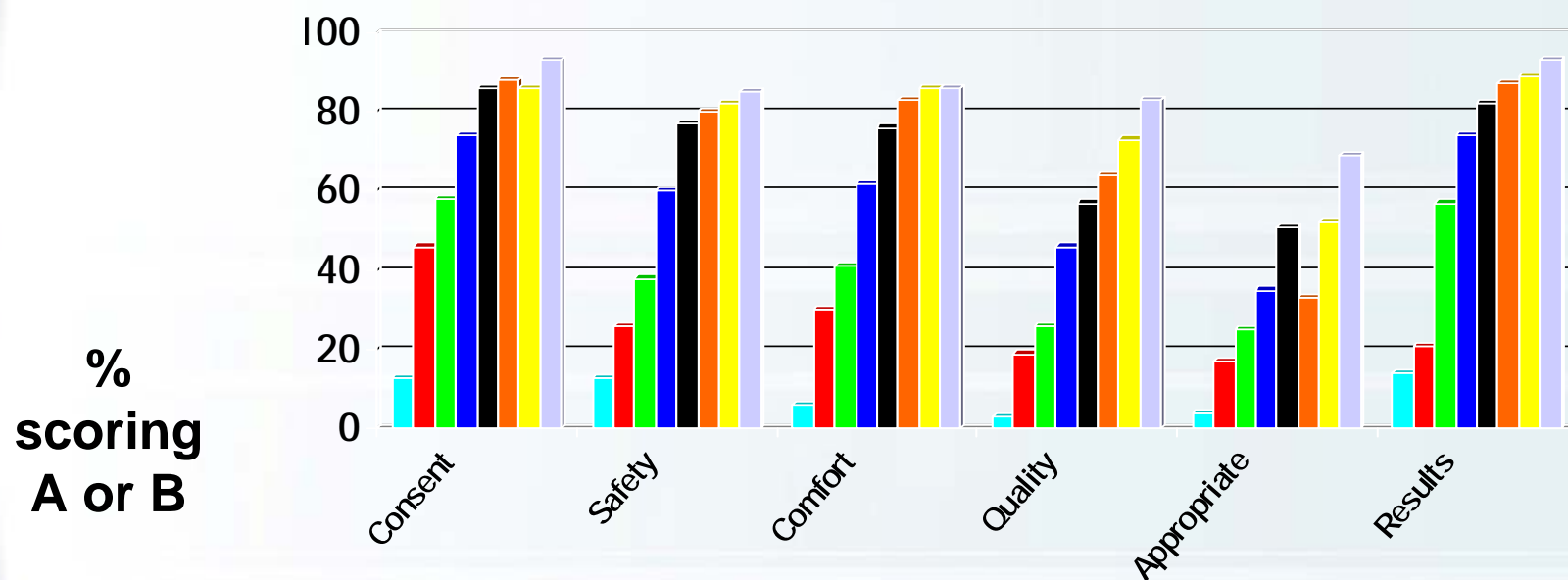
Accreditation-Canada's 8 new dimensions of quality

Accreditation Canada	GRS
Population focus	Equality of access, feedback
Accessibility	Timeliness, equality of access, booking flexibility
Safety	Safety
Worklife	Workforce
Client centered services	Information/consent, comfort, privacy and dignity, feedback
Continuity of services	Communicating results, aftercare
Efficiency	Timely results
Effectiveness	Appropriateness, Quality of the procedure

Success of GRS in the NHS

Results April 2005 - October 2008

Clinical quality



Completion rates



Benefits of the GRS

- Promoted cohesiveness within the endoscopy service
- Helped improve the profile of endoscopy
- Helped identify gaps in services
- Promoted mindfulness of the patient
- Associated with reduction in wait times

CAGs Support to Participating Sites

- Access to GRS-Canada website
- EQI Newsletter
- Annual QA forum at CDDW
- Webinars
- Workshops
- Development of a Canadian library of resources
- Buddy system with UK sites

CAG's Colonoscopy Practice Audit

- Data collected:
 - Wait times
 - Indications
 - Safety and quality indicators
 - Cecal intubation, bowel prep, withdrawal time
 - Polyp detection
- Real-time data entry on Smartphone
 - Evolving to cross-platform data entry
- Individual and aggregate data displayed at secure website for personal review
 - Review activity certified for CPD credits

Advantages of the practice audit

- Real time data minimizes error
- Information on colonoscopy resource use:
 - Opportunistic screening, FOBT-based, surveillance
- Information on effectiveness of colonoscopy
 - Polyp detection by indication and by age
- Promotes endoscopists participation
 - Self audit, CME credits

Summary Data



My Summary Data

Number of Colonoscopies: 25

You have entered data on 25 colonoscopies. Currently, the national database contains information from 1140 colonoscopies, performed by 60 participating physicians.

Wait Times: Patient (Days)	My Data		National Data	
	Mean	+/- SD	Mean	+/- SD
From Referral to Consultation	125	102	151	222
From Consultation to Colonoscopy	29	45	56	99
Total Wait Time for Patient	154	117	206	243

Procedure Times (Mins)	My Data		National Data	
	Mean	+/- SD	Mean	+/- SD
Insertion Times	06:33	03:01	08:20	05:28
Withdrawal Times	06:50	05:51	07:24	05:21
Total Procedure Time	13:23		15:44	

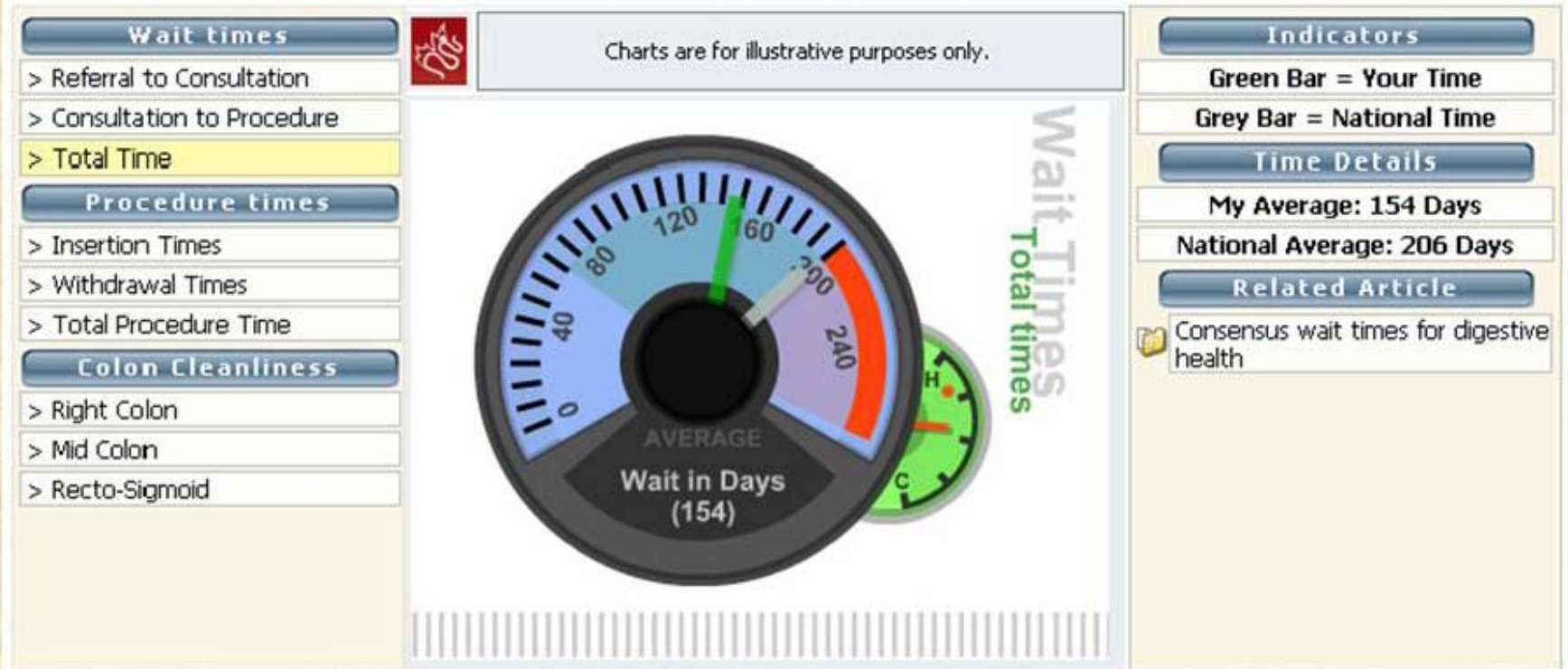
Polyps	My Data		National Data	
	Mean	+/- SD	Mean	+/- SD
Polyps (Mean per patient with polyps)	2.8	1.8	2.1	1.5
Patients with Polyps	6	24%	413	36%

Mucosal Biopsies	My Data		National Data	
	#	%	#	%
Patients with Mucosal Biopsies	2	8%	353	31%

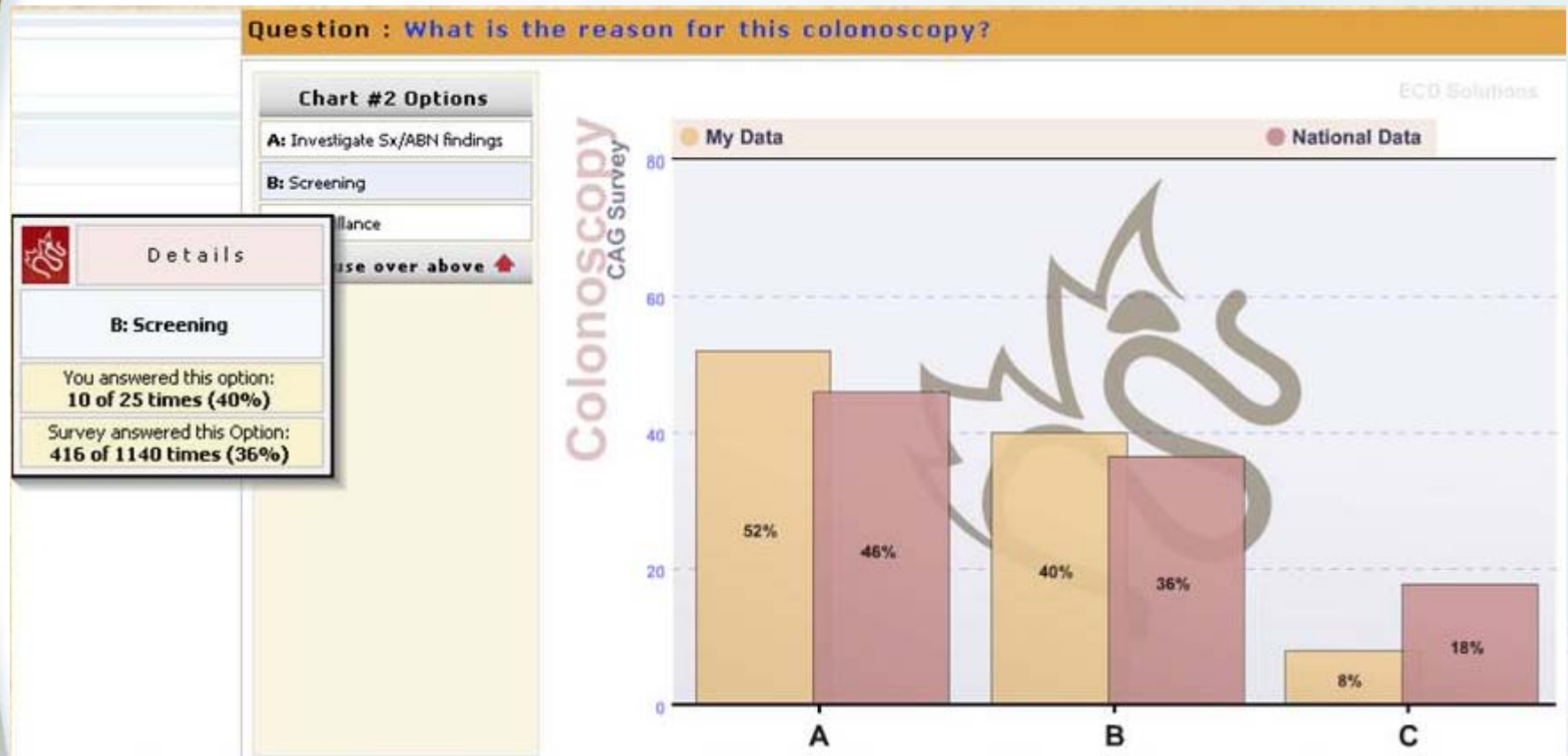
Bowel Preparation	My Data		National Data	
	Mean	+/- SD	Mean	+/- SD
Ottawa Score (Min 0 / Max 14)	4	3.2	3.2	3.1
Patients with Ottawa Score <5 (#)	15	60%	24	2%

Total Wait Times

CHART: Total Patient Wait Time



Reason for Colonoscopy



Canadian Consensus on Quality Indicators for Endoscopy

Supported by CPAC

Goals

- To establish safety and quality indicators for endoscopy, for use in conjunction with the GRS
- To recommend appropriate methods to measure and monitor such indicators
- To establish guidelines for colonoscopy reporting
- To establish guidelines for endoscopy unit accreditation

- The safety and quality indicators will be designed for use at all levels, i.e.
 - by individual endoscopists, to ensure that the colonoscopy is a sensitive and safe test
 - by quality assurance programs within the endoscopy services to ensure that relevant indicators are measured and monitored appropriately; observed data can be compared to standards and service improvements planned when standards are not met
 - by quality assurance programs within the provincial CRC screening programs.

Train the Trainer program

Aims:

- To develop and implement a CAG sponsored, UK modeled train the trainers program in Canada
- To set the ground work for the development and implementation of endoscopy skills training courses for practicing endoscopists

Conclusion

Efforts to improve the quality of endoscopy services and efforts to promote CRC screening can be mutually beneficial

- CAG's EQI can assist screening programs
 - Provide indicators of utilization
 - Provide quality indicators for endoscopy
- Screening programs can help promote QA/QI in endoscopy