C-GRS: Alberta Guidance & Resource

A user guide for Alberta endoscopy sites required to perform the Canada-Global Rating Scale web-based tool.

Alberta Health Services

Date and Amendment History

Version	Date	Amendment	Author
1.0	November 2019	First publication	See Acknowledgments
	January 8, 2020	Updated links to AE form, CCSC report card and IceAlert PP	Nicole Nemecek
2.0	April 3, 2020	Updated descriptors (2.4,2.5,3.6,3.7,4.4,4.5), Updated links	Nicole Nemecek
	October 2, 2020	Updated descriptors (1.5, 1.6, 3.5, 7.6, 9.6, 10.6, 11.7, 12.1, 12.5) with new patient experience survey information Removed broken link to AHS IceAlert demo and added link to AHS C-GRS policy	Nicole Nemecek
	September 13, 2021	Removed broken links (1.3, 9.2) Updated NAPCOMS links Updated descriptors (1.5, 1.6, 3.5, 7.6, 9.6, 10.6, 11.7, 12.1, 12.5) with new patient experience survey information	Nicole Nemecek

This document is subject to review within one year from the date of publication. Suggestions for improvement will be reviewed by appropriate provincial teams or committees.

To submit feedback or comments please email endoquality@albertahealthservices.ca and include:

i. "C-GRS: Alberta Guidance and Resource feedback" in the subject line
ii. relevant C-GRS item and descriptor number
iii. proposed change or comment; and
iv. rationale for change

Acknowledgements

Primary author and developer:

Nicole Nemecek, Data Integration and Clinical Management Registered Nurse, Alberta Colorectal Cancer Screening Program (ACRCSP)

Contributing author:

Carmen Oilund, Senior Practice Consultant, Digestive Health Strategic Clinical Network (DHSCN)

The content in this document has been reviewed and approved by:

Approver	Role	Date Approved
Dr. Daniel Sadowski	Provincial Quality Lead, ACRCSP	November 2019
Dr. Clarence Wong	Provincial Medical Lead, ACRCSP	November 2019
Barbara Moysey	Program Manager, ACRCSP	November 2019
Dr. Sander Veldhuyzen van Zanten	Medical Director, DHSCN	November 2019
Louise Morrin	Senior Provincial Director, Kidney Health SCN and Digestive Health SCN	November 2019

Contributing editors:

Nancy McInnis, Program Coordinator, ACRCSP
Bonnie Penner, Program Assistant, ACRCSP

Contact

For more information or inquiries about this document, please contact:
endoquality@albertahealthservices.ca

List of Acronyms

ACRCSP- Alberta Colorectal Cancer Screening Program

AESQM- Alberta Endoscopy & Screening Quality Management Committee

AHS- Alberta Health Services

C-GRS- Canada-Global Rating Scale

CAG- Canadian Association of Gastroenterology

CCSC- (Forzani & MacPhail) Colon Cancer Screening Centre

CDS- Customer defined screen (Meditech)

DHSCN- Digestive Health Strategic Clinical Network

DOPS- Direct Observation of Procedural Skills

EHR- *(Alberta Netcare)* Electronic Health Record

ERCP- Endoscopic Retrograde Cholangiopancreatography

FIT-Fecal Immunochemical Test

GI- Gastrointestinal

H. pylori- Helicobacter pylori

ILC- Innovation Learning Collaborative

IPC- Infection Prevention & Control

LES- Limited English Speaking (patients)

NAPCOMS- Nurse Assessed Patient Comfort Score

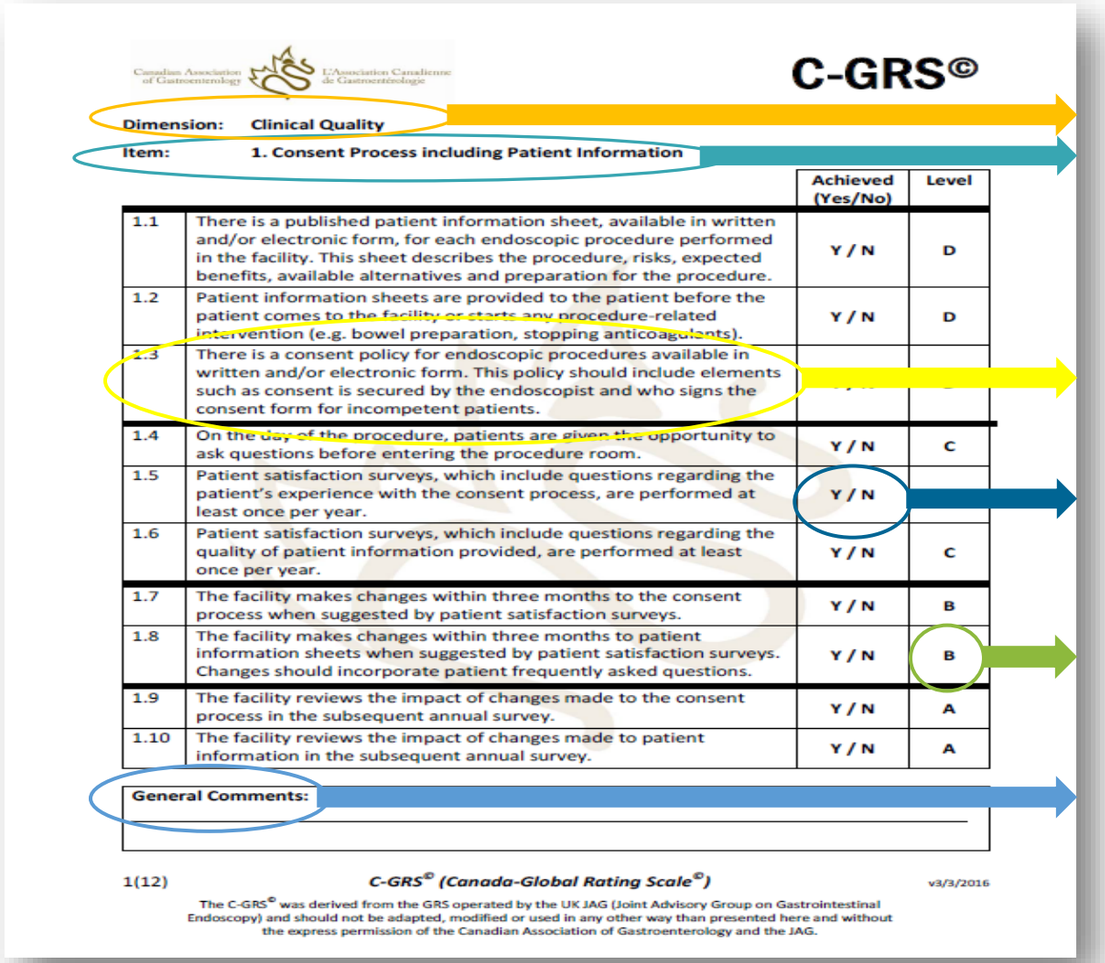
RLS- Reporting and Learning System

SCOPE- Stop Colorectal Cancer through Prevention and Education

SCN- Strategic Clinical Network

SEE™- Skills Enhancement for Endoscopy (Program)

Understanding the C-GRS terminology



Canadian Association of Gastroenterology | L'Association Canadienne de Gastroentérologie

C-GRS©

Dimension: Clinical Quality

Item: 1. Consent Process including Patient Information

		Achieved (Yes/No)	Level
1.1	There is a published patient information sheet, available in written and/or electronic form, for each endoscopic procedure performed in the facility. This sheet describes the procedure, risks, expected benefits, available alternatives and preparation for the procedure.	Y / N	D
1.2	Patient information sheets are provided to the patient before the patient comes to the facility or starts any procedure-related intervention (e.g. bowel preparation, stopping anticoagulants).	Y / N	D
1.3	There is a consent policy for endoscopic procedures available in written and/or electronic form. This policy should include elements such as consent is secured by the endoscopist and who signs the consent form for incompetent patients.		
1.4	On the day of the procedure, patients are given the opportunity to ask questions before entering the procedure room.	Y / N	C
1.5	Patient satisfaction surveys, which include questions regarding the patient's experience with the consent process, are performed at least once per year.	Y / N	
1.6	Patient satisfaction surveys, which include questions regarding the quality of patient information provided, are performed at least once per year.	Y / N	C
1.7	The facility makes changes within three months to the consent process when suggested by patient satisfaction surveys.	Y / N	B
1.8	The facility makes changes within three months to patient information sheets when suggested by patient satisfaction surveys. Changes should incorporate patient frequently asked questions.	Y / N	B
1.9	The facility reviews the impact of changes made to the consent process in the subsequent annual survey.	Y / N	A
1.10	The facility reviews the impact of changes made to patient information in the subsequent annual survey.	Y / N	A

General Comments:

1(12) *C-GRS© (Canada-Global Rating Scale©)* v3/3/2016

C-GRS Dimension- There are 2 dimensions: Clinical Quality and Quality of the Patient Experience. They represent the two desired outcomes of C-GRS implementation.

C-GRS Item- There are 12 items which are the foundation for each section of the C-GRS tool.

C-GRS Descriptor- Descriptors are statements listed under each of the 12 C-GRS items. They outline the endoscopy quality requirement that needs to be achieved in order to advance through the 4 grade levels. In total there are 116 descriptors.

C-GRS Yes/No- Each descriptor is assessed by a Yes or No. To attain a specific level (D to A) all statements (descriptors) within that level must be answered as YES.

C-GRS Level- Levels are the measured achievement of the descriptor statement. Level D indicates that basic criteria was met and level A the highest quality criteria was met.

General Comments- Helpful for site planning and strategizing to meet the standards of higher grade levels for each C-GRS item.

Canadian Association of Gastroenterology (CAG). Canada-Global Rating Scale (C-GRS) website https://www.cag-acg.org/quality/c-grs (Accessed November 20, 2019).
MacIntosh D, Dube C, Hollingworth R, et al. The Canadian endoscopy Global Rating Scale - Canada: development and implementation of a quality improvement tool. Can J Gastroenterol 2013 Feb;27(2):74-82.

Table of Contents

About this document

This document is to serve as a guide for AHS facilities performing endoscopic procedures and as such are required by policy to complete the Canada-Global Rating Scale (C-GRS) survey biannually. This guidance document will provide endoscopy sites a point of reference when completing this web-based tool, connecting the end-user with AHS approved resources and policies that will inform and aid in the achievement of the corresponding C-GRS descriptor. Guidance within this document was co-developed under the auspices of the ACRCSP and DHSCN medical and operational leadership and will function as a working document, subject to review and change as required.

Throughout this document you will find:

- **12 C-GRS items** aligned with the Alberta Quality Matrix for Health six dimensions of quality.
- **Guidance** where applicable for C-GRS descriptors. Guidance statements are recommendations only and intended to facilitate achievement of the matching C-GRS descriptor. It is expected that clarification may be required on additional C-GRS descriptors with time.
- **Resources**. Sources include: applicable websites, AHS documents and/or academic publications. Resources are not limited to other available material not listed that may support the descriptor.
- **Glossary**. Explains terminology from the C-GRS to meet the Alberta context. Additional terms may be added as needed.

Helpful links:

AHS Canada-Global Rating Scale for Endoscopy Policy (recently approved policy)
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-cgrs-endoscopy-hcs-271.pdf
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-cgrs-endoscopy-faq.pdf (policy FAQ)

The Endoscopy Global Rating Scale- Canada (original article)
https://www.cag-acg.org/images/quality/grs_macintosh_feb2013.pdf

Canadian Association of Gastroenterology (C-GRS source)
https://www.cag-acg.org/quality/c-grs

AHS Quality Matrix for Health (information on six quality dimensions)
https://insite.albertahealthservices.ca/albertaqualitymatrix

Alberta Colorectal Cancer Screening Program (program information)
https://insite.albertahealthservices.ca/qcs/ACRCSP

Digestive Health Strategic Clinical Network (program information)
https://www.albertahealthservices.ca/scns/DigestiveHealth

AHS Screening for Life (ACRCSP [colonoscopy] resources)
https://screeningforlife.ca/for-health-providers/colorectal-screening-information/

MyHealth.Alberta.ca (online health information)
www.myhealth.alberta.ca

The websites and/or hyperlinks provided in this document are current as of time of publication, November 2019 and will be updated periodically.

This document can accessed through AHS SharePoint https://extranet.ahsnet.ca/teams/SCNs/DH/projects_new/eqap/C-GRS-resources/SitePages/Home.aspx

C-GRS Item: 1. Consent Process including Patient Information

AHS dimension of quality: safety, acceptability, appropriateness & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
1.1	There is a published patient information sheet, available in written and/or electronic form, for each endoscopic procedure performed in the facility. This sheet describes the procedure, risks, expected benefits, available alternatives and preparation for the procedure.	Y/N	D	All forms of patient information should follow best clinical practice and evidence-based recommendations. MyHealth.Alberta.ca is an example of AHS approved patient information available in an electronic form. Minimum requirements to be included as part of the patient consent include: procedure description, risks, expected benefits, available alternatives and preparation.	MyHealth Alberta: colonoscopy information MyHealth Alberta: upper gastrointestinal endoscopy MyHealth Alberta: sigmoidoscopy information	
1.2	Patient information sheets are provided to the patient before the patient comes to the facility or starts any procedure-related intervention (e.g., bowel preparation, stopping anticoagulants).	Y/N	D	See resource column for examples of AHS patient information sheets.	Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* ACRCSP CoLyte Bowel Prep Booklet ACRCSP PICO-SALAX Bowel Prep Booklet ACRCSP Bi-PegLyte Bowel Prep Booklet ACRCSP Recommendations for Antithrombotic Management for Screening Colonoscopy Guidelines ACRCSP Recommendations for Antithrombotic Management for Screening Colonoscopy (Poster) *Adjusting Your Diabetes Medicine and Diet for a Gastroscopy or EGD* (DATA Online Catalogue #608346) *Adjusting Your Diabetes Medicine and Diet for a Barium Enema or Colonoscopy* (DATA Online Catalogue #608347)	

C-GRS Item: 1. Consent Process including Patient Information

AHS dimension of quality: safety, acceptability, appropriateness & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
1.3	There is a consent policy for endoscopic procedures available in written and/or electronic form. This policy should include elements such as consent is secured by the endoscopist and who signs the consent form for incompetent patients.	Y/N	D		Visit insite.albertahealthservices.ca and search *Consent to Treatment/Procedure(s) Policy Suite*	
1.4	On the day of the procedure, patients are given the opportunity to ask questions before entering the procedure room.	Y/N	C			
1.5	Patient satisfaction surveys, which include questions regarding the patient's experience with the consent process, are performed at least once per year.	Y/N	C	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	
1.6	Patient satisfaction surveys, which include questions regarding the quality of patient information provided, are performed at least once per year.	Y/N	C	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	

C-GRS Item: 1. Consent Process including Patient Information

AHS dimension of quality: safety, acceptability, appropriateness & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
1.7	The facility makes changes within three months to the consent process when suggested by patient satisfaction surveys	Y/N	B	Suggested changes to the consent process do not include changes to the policy, which is organizational. For instance, the results of the patient satisfaction survey may have identified areas for improvement around the patient's understanding that part of the consent process includes their ability to refuse the procedure.		
1.8	The facility makes changes within three months to patient information sheets when suggested by patient satisfaction surveys. Changes should incorporate patient frequently asked questions.	Y/N	B	If the facility or site is using provincially sourced patient information sheets (e.g., ACRCSP) the expectation is any suggested amendments are reported to the originator for possible integration. With the implementation of Connect Care it is expected sites will use health information sourced from MyHealth.Alberta.ca. This website has a two year review cycle. It is anticipated that guidance on process for provincial scale change may need to be assessed after Connect Care implementation.		
1.9	The facility reviews the impact of changes made to the consent process in the subsequent annual survey.	Y/N	A			
1.10	The facility reviews the impact of changes made to patient information in the subsequent annual survey.	Y/N	A			

C-GRS Item: 2. Safety

AHS dimension of quality: safety & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
2.1	The facility has a system for recording endoscopy-related adverse events.	Y/N	D	An example of a system for recording adverse events is the AHS Reporting and Learning System for Patient Safety (RLS). The RLS is available to all AHS staff and enables consistent reporting, evaluation and learning from patient safety near misses and adverse events. Use of the provincially created Endoscopy Adverse Event Reporting form may further support sites in consistent tracking, reporting and local management of adverse events. This form does not substitute the RLS. Recognition of key endoscopy-related adverse events and the importance of individual endoscopy facilities tracking and reporting is a fundamental part of quality improvement. See resource column for helpful resources.	Visit insite.albertahealthservices.ca and search *Reporting and Learning System for Patient Safety (RLS)* Visit insite.albertahealthservices.ca and search *Patient Safety Policy Suite* Endoscopy Adverse Event Reporting form *Key Reportable Clinical Events in the GI Unit* (available through the CAG C-GRS Endopedia library) Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* ACRCSP Standards & Guidelines for Screening Colonoscopy Services (refer to page 87)	
2.2	Safety indicators and auditable outcomes recorded by the facility, as recommended by the CAG, are available in written and/or electronic form.	Y/N	D	Published information, as recommended by CAG, regarding safety indicators and auditable outcomes in endoscopy are available for reference. As part of a continuous quality improvement program these 19 safety indicators should be recorded by all endoscopy facilities (Borgaonkar MR, et al. 2012).	Visit cag-acg.org and search *Indicators of safety compromise in gastrointestinal endoscopy* or click Indicators of safety compromise in gastrointestinal endoscopy (Borgaonkar MR, et al. 2012) CAG consensus guidelines on safety and quality indicators in endoscopy (Armstrong D, et al. 2012) CAG Consensus Guidelines on Safety and Quality Indicators in Endoscopy Summary	

C-GRS Item: 2. Safety

AHS dimension of quality: safety & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
2.3	The facility has a disinfection policy.	Y/N	D	Each site is expected to adhere to organizational (AHS) policies and procedures for decontamination and reprocessing of endoscopes. Guidelines for infection prevention and control are per Accreditation Canada's Standards for reprocessing and sterilization of reusable medical devices.	Visit insite.albertahealthservices.ca and search *Medical Device Reprocessing* Visit www.alberta.ca > *Health* > *Manage your health* > *Disease prevention and surveillance* > *Infection prevention and control*. Refer to the IPC resource *Reusable & Single-Use Medical Devices Standards.* or click https://open.alberta.ca/publications/reusable&single-usemedicaldevicestandards (updated September 2019).	
2.4	A responsible committee reviews adverse events at least once a year.	Y/N	C	Consistent reporting of adverse events with periodical review provides sites the opportunity to learn about and improve patient safety within endoscopy.	Visit insite.albertahealthservices.ca > *Teams* > *Patient Safety* and go to Learning from Adverse Events or click Overview: Learning from Clinical Adverse Events in AHS (Accessed November 22, 2019).	
2.5	Endoscopists are given feedback on their individual safety review at least once a year.	Y/N	C	An example is an *endoscopist quality performance report* provided by site medical and/or operational leadership. Use of the provincially created Endoscopy Adverse Event Reporting form provides a mechanism to ensure adverse events are linked to the endoscopist for notification and individual safety reviews.	CCSC example report card Endoscopy Adverse Event Reporting form	

C-GRS Item: 2. Safety

AHS dimension of quality: safety & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
2.6	Auditable outcomes for disinfection are monitored.	Y/N	C	Please refer to The National Standard of Canada: Canadian Medical Device Reprocessing document for their recommendations on auditable outcomes for disinfection (pages 111-130).	AHS employees can download *The National Standard of Canada: Canadian Medical Device Reprocessing* through Techstreet™ Enterprise AHS subscriptions. Please contact endoquality@ahs.ca for more information. Visit insite.albertahealthservices.ca and search *Accreditation* > *Accreditation Canada Standards* > *Reprocessing of Reusable Medical Devices*	
2.7	The facility has a system for identifying and reviewing adverse events that occur within 14 days of an endoscopic procedure including in-hospital deaths and non-elective hospital admissions.	Y/N	B	It is expected that facilities (sites) have a process for reviewing adverse events that occur within 14 days of the endoscopic procedure. Due to limitations with current health information systems the expectation is that sites have a local system (strategy) that enables this capture to the best of their ability. To facilitate this system patients should be educated regarding the potential risks and complications of the procedure. They need to be given clear instructions on what symptoms to watch for, who to call for guidance and when to seek medical advice. Patients should be advised to notify the facility (site) if they have experienced an adverse event after discharge.	Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click ACRCSP Colonoscopy Discharge Instructions	
2.8	Actions on safety indicators and auditable outcomes are implemented within three months of review.	Y/N	B			
2.9	Action is taken if auditable outcomes for disinfection are not achieved.	Y/N	B	This descriptor refers to unit safety issues, such as infection rates.		

C-GRS Item: 2. Safety

AHS dimension of quality: safety & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
2.10	The facility takes action within three months if agreed targets for safety indicators and auditable outcomes are not achieved.	Y/N	A	The facility refers to site medical and/or operational leadership.		
2.11	Endoscopists who fail to achieve satisfactory performance (defined by auditable outcomes) after an agreed amount of time will have their practice reviewed by a responsible committee.	Y/N	A	Performance management of an individual endoscopist should be approached collaboratively and transparently. Skill enhancement courses should be encouraged where available; e.g., SEE™ Program (Skills Enhancement for Endoscopy) and DOPS (Direct Observation of Procedural Skills).	Visit www.cag-acg.org > *Quality* > *SEE™ Program*	

C-GRS Item: 3. Comfort

AHS dimension of quality: safety, acceptability & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
3.1	There is basic monitoring of patient comfort.	Y/N	D	All patient comfort assessments, pain management and monitoring should be documented on the patient's health record. Assessment of patient comfort is pertinent for all endoscopy procedures with or without sedation.	Visit insite.albertahealthservices.ca and search *Procedural Sedation Education Materials*	
3.2	The patient is given realistic expectation that some discomfort may be experienced during the procedure.	Y/N	D	Patients are often concerned about the level of pain they assume is involved with endoscopic procedures. Patients need to be able to discuss their concerns with nursing staff and/or the endoscopist who will present a realistic scenario. Managing patient expectations that some pain or discomfort may occur will better prepare them for what they actually experience during the scope; resulting in increased overall satisfaction with the endoscopic procedure.		
3.3	Nurses monitor and record patient pain and comfort during and after the procedure.	Y/N	C	The monitoring and recording of patient comfort should be done using a validated pain scale. An example is the Nurse Assessed Patient Comfort Score (NAPCOMS) for use during screening-colonoscopy procedures. NAPCOMS are recommended for use in all screening-colonoscopy cases.	Visit insite.albertahealthservices.ca and search NAPCOMS (albertahealthservices.ca) Please email acrcsp@ahs.ca regarding *Development and Validation of a Nurse-Assessed Patient Comfort Score for Colonoscopy* (Rostom A, et al. 2013).	

C-GRS Item: 3. Comfort

AHS dimension of quality: safety, acceptability & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
3.4	Unacceptable comfort levels prompt a review during the procedure. This review includes the technique, sedation level and indication for the procedure.	Y/N	C	An example of an unacceptable comfort level is a NAPCOM score of 6 or greater, indicating a threshold has been reached, according to the scale and interventions should be taken to decrease patient discomfort. This NAPCOM score (≥ 6) should prompt the endoscopist and nurse to initiate a procedural pause to review progress, indication, sedation and technical challenges. If comfort cannot be safely improved, the procedure should be stopped and alternate interventions considered.	Visit insite.albertahealthservices.ca and search NAPCOMS (albertahealthservices.ca)	
3.5	Patient surveys about comfort are performed at least once per year.	Y/N	C	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	
3.6	Monitoring of patient comfort (surveys and nurse records) is reviewed at least once a year.	Y/N	B	This review should be performed by site medical and/or operational leadership. Patient comfort is an auditable outcome, indicating there is no defined target. Monitoring of patient comfort would include sedation practices. With the use of NAPCOMS it is recommended as a minimum standard that 10% or less of total colonoscopy cases have a NAPCOM score equal to 6 or more.	CCSC example report card Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click Quality Reporting of Colonoscopy Performance Standards for the ACRCSP (refer to page 14)	

C-GRS Item: 3. Comfort

AHS dimension of quality: safety, acceptability & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
3.7	Anonymized data on patient comfort is fed back to individual endoscopists and the endoscopy team at least once a year.	Y/N	B	An example is an *endoscopist quality performance report* provided by site medical and/or operational leadership.	CCSC example report card	
3.8	Action is taken if patient comfort levels fall below agreed levels.	Y/N	B	Refer to the *ACRCSP Quality Reporting of Colonoscopy Performance Standards* for acceptable targets regarding patient comfort scores for screening-related colonoscopy.	Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click Quality Reporting of Colonoscopy Performance Standards for the ACRCSP	
3.9	Action on patient comfort is reviewed within six months to ensure issues have been dealt with.	Y/N	A			
3.10	If patient comfort scores do not reach acceptable levels after three months following review of practice, the facility endoscopy or risk management committee reviews that individual's practice. *(Tick yes if comfort levels acceptable for all endoscopists)*	Y/N	A	A responsible committee or site medical and/or operational leadership, as an alternative for risk management committee, can be involved to review the individual practice. Performance management of an individual endoscopist should be approached collaboratively and transparently. Skill enhancement courses should be encouraged where available; e.g., SEE™ Program (Skills Enhancement for Endoscopy) and DOPS (Direct Observation of Procedural Skills).	Visit www.cag-acg.org > *Quality* > SEE™ Program	

C-GRS Item: 4. Quality of the Procedure

AHS dimension of quality: safety, acceptability, appropriateness & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
4.1	The facility has a system for recording endoscopy-related quality indicators.	Y/N	D	A system refers to the sites ability, either electronically or manually, to record endoscopy-related quality indicators. An example would be the standardized *ACRCSP Screening-Colonoscopy Data Collection* form which manually captures the minimum data elements required for screening-related colonoscopy quality monitoring. Another example includes sites in central zone with the ability to enter colonoscopy specific quality indicators electronically into the CDS (customer defined screen) in Meditech.	Please email acrcsp@ahs.ca regarding the *ACRCSP Screening-Colonoscopy Data Collection* form.	
4.2	The quality indicators and auditable outcomes recorded by the facility, as recommended by CAG, are available in written and/or electronic form.	Y/N	D	Published information, as recommended by CAG, regarding quality indicators and auditable outcomes in endoscopy are available for reference. As part of a continuous quality improvement program these indicators should be recorded by all endoscopy facilities. Refer to the resource column for examples of quality indicators in endoscopy.	CAG consensus guidelines on safety and quality indicators in endoscopy (Armstrong D, et al. 2012) CAG Consensus Guidelines on Safety and Quality Indicators in Endoscopy Summary	

C-GRS Item: 4. Quality of the Procedure

AHS dimension of quality: safety, acceptability, appropriateness & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
4.3	Routine practice audits and/or chart reviews on outcomes and quality of procedures (such as quality of bowel preparation, success and adherence to guidelines for management of non-variceal upper gastrointestinal bleeds, and rate of successful bile duct cannulation) are performed annually.	Y/N	C	It is recommended that routine practice audits and/or chart reviews are conducted annually by medical and/or operational leadership or designate. It is suggested for sites to focus on procedure specific audits or chart reviews, for instance screening colonoscopy where quality indicators and auditable outcomes are well-established. Refer to the *ACRCSP Quality Reporting of Colonoscopy Performance Standards* for acceptable targets regarding screening-related colonoscopy. For diagnostic endoscopy, examples include: biopsy of gastric ulcer to assess malignancy, assessment for H. pylori, or biopsy of colonic mucosa when colonoscopy is done for chronic diarrhea.	Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click Quality Reporting of Colonoscopy Performance Standards for the ACRCSP	
4.4	A responsible committee reviews procedure quality indicators and auditable outcomes at least once a year	Y/N	C			
4.5	Endoscopists are given feedback on their individual quality indicator outcomes at least once a year.	Y/N	C	An example is an *endoscopist quality performance report* provided by site medical and/or operational leadership.	CCSC example report card	

C-GRS Item: 4. Quality of the Procedure

AHS dimension of quality: safety, acceptability, appropriateness & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
4.6	A plan of action including goals and timescale is agreed to with an individual endoscopist in response to performance that does not meet defined standards.	Y/N	B	Refer to the *ACRCSP Quality Reporting of Colonoscopy Performance Standards* for acceptable targets regarding colonoscopy specific quality indicators.	Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click Quality Reporting of Colonoscopy Performance Standards for the ACRCSP	
4.7	The facility uses an electronic endoscopy reporting system to record and analyze endoscopic quality indicators and auditable outcomes.	Y/N	B	An example is northern Alberta endoscopy sites that participated in the Alberta Family Physicians Electronic Endoscopy (AFPEE) study and were provided the ability to continue to use REDCap™, a proprietary electronic data capture tool, supported by AHS that allows for the local recording and analysis of endoscopic quality indicators and auditable outcomes. It is anticipated with the provincial implementation of Connect Care the endoscopy reporting system (Lumens) will enhance local capture, recording and analyzing of endoscopic quality indicators.		
4.8	Action is taken in response to failure to achieve previously defined performance standards within agreed time scale.	Y/N	A			
4.9	Endoscopists who do not achieve standards and benchmarks after agreed time will have their practice reviewed by a responsible committee.	Y/N	A	Performance management of individual endoscopists' should be approached collaboratively and transparently. Skill enhancement courses should be encouraged where available, e.g., SEE™ Program (Skills Enhancement for Endoscopy) and DOPS (Direct Observation of Procedural Skills).	Visit www.cag-acg.org > *Quality* > SEE™ Program	

C-GRS Item: 5. Appropriateness

AHS dimension of quality: safety, accessibility, appropriateness, effectiveness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
5.1	Established guidelines for screening and surveillance endoscopy are available in written and/or electronic form.	Y/N	D	Published information regarding screening and surveillance guidelines in endoscopy are available in the department and accessible in written and/or electronic form. **For now this is specific to screening-related colonoscopy, as guidelines for gastroscopy and ERCP are not clearly established.*	Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click ACRCSP Post Polypectomy Surveillance Guidelines CAG Surveillance Intervals for Individuals with Average Baseline Risk following Colonoscopy (poster) Toward Optimized Practice (TOP) AB Doctors CRC Screening CPGs	
5.2	Surveillance and screening endoscopy is booked according to established guidelines.	Y/N	D	Interval recommendations for surveillance and screening colonoscopy largely depends on the histological findings, patients with polyps should account for the pathology report instead of being made at the time of colonoscopy. A system should be in place to ensure that pathology reports are reviewed and recommendations regarding surveillance intervals are communicated to primary care. Referrals for screening and surveillance colonoscopy should be vetted for appropriateness against established guidelines. For example, patients with no risk factors for colorectal cancer should be referred for a FIT over average-risk colonoscopy. The use of a standardized referral form such as the, *ACRCSP Screening-Related Colonoscopy Referral form,* ensures necessary clinical information is captured to monitor the appropriateness of the referral.	Please email acrcsp@ahs.ca regarding the *ACRCSP Screening-Related Colonoscopy Referral f*orm.	

C-GRS Item: 5. Appropriateness

AHS dimension of quality: safety, accessibility, appropriateness, effectiveness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
5.3	If the facility offers direct-to-procedure endoscopy, there are local guidelines for referring physicians available in written and/or electronic form.	Y/N	C	If your facility or site does not provide direct-to-procedure endoscopy this is not applicable. Answer 'YES'.	Visit www.cag-acg.org and *search Calgary Enhanced Primary Care GI Pathway & Tools* or click AHS Calgary Zone Gastroenterology Central Access & Triage Guidelines	
5.4	The facility performs annual audits of adherence to established screening and surveillance guidelines.	Y/N	C	It is recommended that routine audits and/or chart reviews are conducted annually by medical and/or operational leadership or designate. It is assumed that the *indication for procedure* is captured, either electronically or manually, to facilitate an appropriateness audit. Due to limitations with current health information systems the indication for procedure is not routinely captured. It is anticipated with the implementation of Connect Care (Lumens) the indication for procedure will be routinely captured for all endoscopic procedures.	Visit insite.albertahealthservices.ca and search A Practical Guide to a Clinical Audit	
5.5	Endoscopists are notified of the results of annual appropriateness audits.	Y/N	C	This is limited to colon cancer screening or surveillance patients where booking is centralized.		
5.6	There is an annual review of the direct-to-procedure guidelines and referral process.	Y/N	C	If your facility or site does not provide 'direct-to-procedure' this is not applicable. Answer 'YES'.		

C-GRS Item: 5. Appropriateness

AHS dimension of quality: safety, accessibility, appropriateness, effectiveness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
5.7	The facility responds with action plans within three months if problems are identified by audits of screening and surveillance procedures.	Y/N	B			
5.8	The facility makes changes to direct-to-procedure referral process suggested by annual review.	Y/N	B	If your facility or site does not provide 'direct-to-procedure' this is not applicable. Answer 'YES'.		
5.9	The facility reviews the effect of changes made to screening and surveillance procedures, within three months of the survey analysis.	Y/N	A			\\\\

C-GRS Item: 6. Communicating Results

AHS dimension of quality: acceptability, accessibility & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
6.1	Endoscopy reports are completed the same day as the procedure.	Y/N	D	It is important that endoscopy procedure reports are dictated in a timely manner (i.e., same day). It is reasonable that any endoscopy report awaiting pathology may be delayed until results are available for final completion.		
6.2	Results of inpatient procedures are placed in the chart prior to the patient's departure from the unit.	Y/N	D	This may not be applicable to non-acute facilities. Answer 'YES'.		
6.3	The facility has a policy listing standardized elements of an endoscopy report, as recommended by the CAG, which are required in the report.	Y/N	C	In lieu of a policy it is expected that sites follow the recommended guidelines for endoscopy reporting as recommended by CAG in Endoscopy Reporting Standards (Beaulieu D, et al. 2013). This publication details the key elements that should be included in a complete endoscopy report. Detailed description of standardized elements for (screening) colonoscopy can be found in the *ACRCSP Quality Reporting of Colonoscopy Performance Standards.*	Endoscopy Reporting Standards (Beaulieu D, et al. 2013) Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click Quality Reporting of Colonoscopy Performance Standards for the ACRCSP	

C-GRS Item: 6. Communicating Results

AHS dimension of quality: acceptability, accessibility & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
6.4	All endoscopy reports are submitted to the referring physician within five working days of the procedure.	Y/N	C	Limitations outside the specialist or facility's control to submit the endoscopy procedure report within five working days (may) include: • Dictation and subsequent transcription time. • Pathology. It is reasonable that endoscopy reports awaiting pathology results are sent once the path is available or that an amended report is resent to the referring physician with clear interpretation regarding subsequent action or follow-up. This is the responsibility of the index endoscopist or screening program. It is expected that outside these limitations completed endoscopy reports be submitted to the referring physician within five working days. The referring physician should be actively notified or routinely copied (cc'd) directly via fax, Right Fax, or mail. Alberta Netcare enables automatic upload of procedure reports; however, it does not ensure notice of receipt. Netcare is a data repository system and considered satisfactory to make preliminary findings of the endoscopic procedure widely available.		

C-GRS Item: 6. Communicating Results

AHS dimension of quality: acceptability, accessibility & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
6.5	A copy of the pathology report is sent to the endoscopist and referring physician.	Y/N	C	When submitting pathology the requisition should include: endoscopist name, referring physician and/or family physician name (if known) and address and/or location code in order to receive the pathology report or copy of. In the setting of colon cancer screening the referring physician should always be actively notified of the pathology results as they are responsible for any subsequent follow-up.		
6.6	The facility performs annual audits of endoscopist adherence to standardized endoscopy reports. The results are submitted as part of performance reports.	Y/N	C	An example is *endoscopist quality performance reports* provided by site medical and/or operational leadership.	CCSC example report card	
6.7	The endoscopist is responsible for ensuring that pathology results are conveyed to the patient.	Y/N	C	The endoscopist or designate (e.g., nurse) is responsible for ensuring pathology results are conveyed to the patient. As pathology results are not immediately available following the procedure, patients may be informed by telephone, in writing, or in future follow-up with the endoscopist or their family physician. The pathology results determine if the patient will require subsequent follow-up and at what interval. A plan to communicate these results should be documented. Any pathology that is identified as concerning (e.g., adenocarcinoma) should be prioritized and patients should be called directly for plan management		

C-GRS Item: 6. Communicating Results

AHS dimension of quality: acceptability, accessibility & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
6.8	The facility uses an electronic endoscopy reporting system.	Y/N	B	The use of an electronic endoscopy reporting system facilitates standardized reporting through predetermined templates that include mandatory reporting fields. This ensures full documentation of all required clinical and quality measures.	CAG consensus guidelines on safety and quality indicators in endoscopy (Armstrong David, et al. 2012)	
6.9	The facility responds with action plans within three months to endoscopy reports audits if problems are identified.	Y/N	B			
6.10	Actions taken in response to endoscopy report audits are reviewed within three months.	Y/N	A			

C-GRS Item: 6. Communicating Results

AHS dimension of quality: acceptability, accessibility & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
6.11	All endoscopy reports are submitted to the referring physician within one working day of the procedure.	Y/N	A	Limitations outside the specialist or facility's control to submit the endoscopy procedure report within one working day (may) include: • Dictation and subsequent transcription time. • Pathology. It is reasonable that endoscopy reports awaiting pathology results are sent once the path is available or that an amended report is resent to the referring physician with clear interpretation regarding subsequent action or follow-up. This is the responsibility of the index endoscopist or screening program. The referring physician should be actively notified or routinely copied (cc'd) directly via fax, Right Fax, or mail. Alberta Netcare enables automatic upload of procedure reports; however, it does not ensure notice of receipt. Netcare is a data repository system and considered satisfactory to make preliminary findings of the endoscopic procedure widely available.		

C-GRS Item: 7. Equality of Access

AHS dimension of quality: acceptability, accessibility, appropriateness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
7.1	Practices of the facility reflect the equality of access and diversity policy of the institution.	Y/N	D		Visit insite.albertahealthservices.ca and search *Appropriate Prioritization of Access to Health Services* Visit albertahealthservices.ca and search *LGBTQ2S+/Sexual and Gender Diversity*	
7.2	Communication needs are recorded as part of the nursing assessment.	Y/N	D	Communication needs would include identification of Limited English Speaking (LES) patients, deaf and hard of hearing patients.		
7.3	All patients are offered interpreter/translator if needed.	Y/N	C	Trained interpreters improve safety, quality of care and patient satisfaction. AHS offers trained medical interpretation across the province through Interpretation & Translation Services.	Visit insite.albertahealthservices.ca and search *Interpretation & Translation Services*	
7.4	A demographic/language profile of the local population (needs assessment) is available.	Y/N	C	To profile your community socio-demographics go to the Alberta Community Health Dashboard. Information on prevalent languages for your local area can be found at Statistics Canada Census Profile Data.	Visit https://www.healthiertogether.ca/prevention-data/alberta-community-health-dashboard/ or click Alberta Community Health Dashboard Statistics Canada Census Profile Data	
7.5	Facility and procedure information is available in written and/or electronic form in the most prevalent community languages, as determined by needs assessment.	Y/N	C	AHS offers document translation services for patient education material from English via Interpretation & Translation Services.	Visit insite.albertahealthservices.ca and search *Interpretation & Translation Services*	

C-GRS Item: 7. Equality of Access

AHS dimension of quality: acceptability, accessibility, appropriateness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
7.6	The facility elicits feedback regarding equality of access, language and accessibility by the annual patient satisfaction survey.	Y/N	C	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	
7.7	The facility responds with action plans within three months to feedback and surveys if problems are identified regarding equality of access.	Y/N	B			
7.8	The facility reviews the effect of changes made to correct problems of equality of access within three months.	Y/N	A			

C-GRS Item: 8. Timeliness

AHS dimension of quality: safety, acceptability, accessibility, appropriateness, effectiveness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
8.1	The facility uses the CAG wait list criteria for classification of endoscopy referral into urgent, semi-urgent, routine and surveillance categories. These criteria are available in written and/or electronic form.	Y/N	D	Published information regarding prioritization and wait times for endoscopy are available in the department and accessible in written and/or electronic form.	Visit https://www.cag-acg.org/quality/wait-times for wait time benchmarks for digestive health care *http://www.waittimealliance.ca/benchmarks/digestive-health/* Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click ACRCSP Screening Colonoscopy Prioritization and Expected Wait Times	
8.2	The facility has a system to measure wait times for urgent, semi-urgent, routine and surveillance procedures.	Y/N	D	A system refers to the site's ability, either electronically or manually, to measure wait times. Having a system means the site has dedicated personnel for the management of referrals so they can be prioritized as urgent, semi-urgent (moderate) and routine or surveillance. Sites should be able to report their endoscopic wait times (or wait list). It is recognized this is limited to colon cancer screening or surveillance patients where booking is centralized.		
8.3	The facility records wait times for urgent, semi-urgent and routine procedures and documents adherence to the CAG wait list criteria.	Y/N	C	Wait times for endoscopic procedures should be recorded from the time the referral was received by the specialist or facility (site), referred to as date of receipt of referral. Monitoring the receipt of referral date identifies gaps; if referrals are not received timely the specialist or site can follow-up with the referring physician directly.		

C-GRS Item: 8. Timeliness

AHS dimension of quality: safety, acceptability, accessibility, appropriateness, effectiveness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
8.4	Endoscopy wait times are communicated to the endoscopy team monthly and are made available to referring physicians in written and/or electronic form.	Y/N	C	Consistent and open communication with the referring provider helps ensure referrals are expedited and within acceptable wait times. An example of communication may be the use of a standardized memo sent (faxed) back to the referring physician that confirms receipt of referral and informs of local wait times.		
8.5	Waits for urgent procedures are less than six weeks from referral.	Y/N	C	The facility (or specialist) cannot control the time they receive the referral, but once received attempts should be made to see the patient urgently and accommodate the timeframe.		
8.6	The facility makes changes to reduce wait times that exceed the CAG wait list criteria.	Y/N	B		Visit https://www.cag-acg.org/quality/wait-times for wait time benchmarks for digestive health care	
8.7	There is some pooling of endoscopy lists.	Y/N	B	This may not apply to your site if there are a limited number of endoscopists. Answer 'YES'.		
8.8	Waits for urgent procedures are less than four weeks from referral.	Y/N	B	The facility (or specialist) cannot control the time they receive the referral, but once received attempts should be made to see the patient urgently and accommodate the timeframe.		
8.9	Waits for urgent procedures are less than two weeks from referral.	Y/N	A	The facility (or specialist) cannot control the time they receive the referral, but once received attempts should be made to see the patient urgently and accommodate the timeframe.		
8.10	Capacity can be changed to accommodate urgent and semi-urgent procedures.	Y/N	A	Examples of this include: allocating average risk colonoscopy spots for urgent/semi-urgent procedures (e.g., FIT positive within 60 days) or leaving designated open slots in the schedule to accommodate urgent or semi-urgent cases.		

C-GRS Item: 9. Booking and Choice

AHS dimension of quality: acceptability, accessibility, appropriateness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
9.1	Patients are informed of their appointment by letter, phone or fax.	Y/N	D	Another acceptable form of communication is email notification; provided that patient consent is obtained to be notified by this means.		
9.2	Co-morbidities such as diabetes and anti-coagulation are accounted for in the scheduling of appointments.	Y/N	D	If possible diabetic patients, especially Type 1, should be provided morning appointments and/or should receive special instructions. Refer to the ACRCSP guideline and recommendation for management of antithrombotics for screening-related colonoscopy.	Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click ACRCSP Standards & Guidelines for Screening Colonoscopy Services (refer to page 23) ACRCSP Recommendations for Antithrombotic Management for Screening Colonoscopy Guidelines ACRCSP Recommendations for Antithrombotic Management for Screening Colonoscopy (Poster)	
9.3	No-show and cancellation rates are monitored.	Y/N	C	Monitoring no-show and (late) cancellation rates should include the reason when known. Facilities should aim for less than 5% of unused endoscopy spots because of no-shows/late cancellations.		
9.4	Referring physicians are notified when patients miss appointments.	Y/N	C	Referring physicians should also be notified regarding any patient that cannot be reached to ensure accuracy of contact information. When patients are part of a colon cancer screening program like SCOPE (Edmonton) or Forzani & MacPhail Colon Cancer Screening Centre (Calgary), it would be the responsibility of the program (or center) to rebook, not the referring physician.		

C-GRS Item: 9. Booking and Choice

AHS dimension of quality: acceptability, accessibility, appropriateness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
9.5	Patients receive a reminder phone call within one week of their appointment.	Y/N	C	An example is the use of an automated appointment reminder system, such as IceAlert, a preferred AHS reminder tool.	AHS template IceAlert PowerPoint Contact endoquality@ahs.ca for more information.	
9.6	The facility elicits feedback regarding the booking process by the annual patient satisfaction survey.	Y/N	C	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	
9.7	The facility responds with action plans within three months to feedback and surveys of the booking process if problems are identified.	Y/N	B			

C-GRS Item: 9. Booking and Choice

AHS dimension of quality: acceptability, accessibility, appropriateness & efficiency

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
9.8	The facility responds to higher than 5% no-show or cancellation rates.	Y/N	B	Some potential approaches include: • Informing patients at the time of booking that cancellation or rescheduling of an appointment requires sufficient notice (i.e., more than 48 hours). • Implementing an automated appointment reminder system like IceAlert. • Administrative support phoning patients in advance of test day to remind them of their appointment. • Keeping a current wait list to allow for opportunities to potentially fill any openings from a cancellation. • Identifying the reason for cancellations to see if sites can be proactive in remedying common reasons for cancellations. • Follow-up with no-show patients in an attempt to reschedule.	AHS template IceAlert PowerPoint Contact endoquality@ahs.ca for more information.	
9.9	Patients are given a choice about the date and time of day of their appointment.	Y/N	B	The rate of no-shows and late cancellations may be reduced if patients are given a choice as to the time and day of their procedure. A common strategy is to provide patients three options with respect to time and date. Patient autonomy is promoted if choice of endoscopist or gender of endoscopist is offered when booking, where practical.		
9.10	The facility reviews the effect of changes made to correct problems of booking within three months.	Y/N	A			

C-GRS Item: 10. Privacy and Dignity

AHS dimension of quality: acceptability & accessibility

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
10.1	The facility has screen/curtains to provide privacy pre and post procedure.	Y/N	D			
10.2	The facility has a dedicated recovery room area.	Y/N	D			
10.3	The facility provides a secure individual space for patients to keep belongings.	Y/N	D	An example of "secure" may be a locker with key. Alternatively, providing a plastic bag or container for belongings and ensuring they remain with the patient by placing them on the stretcher.		
10.4	The facility provides readily accessible patient toilet and wash facilities.	Y/N	D	Patient washrooms should be in close proximity and accessible for all including those with differing abilities.		
10.5	The facility has a quiet room for conversation beyond the hearing of others.	Y/N	C	An example of a "quiet room" may either be a separate room or space. Essentially, this area must allow for private conversation with the patient.		
10.6	The facility elicits feedback regarding privacy and dignity by the annual patient satisfaction survey.	Y/N	C	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	

C-GRS Item: 10. Privacy and Dignity

AHS dimension of quality: acceptability & accessibility

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
10.7	The facility responds with action plans within three months to feedback and surveys of privacy and dignity if problems are identified.	Y/N	B			
10.8	Patients are asked if they wish to discuss procedure results and clinical care in private.	Y/N	B			
10.9	The facility reviews the effect of changes made to correct problems of privacy and dignity within three months.	Y/N	A			
10.10	The recovery area is separate from the pre-procedure patient waiting area.	Y/N	A			

C-GRS Item: 11. Aftercare

AHS dimension of quality: safety, acceptability & appropriateness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
11.1	The facility provides a contact number post-procedure for questions or problems.	Y/N	D	Patients should be given written information with a phone number regarding who to call post-procedure if questions or concerns arise. As the facility is likely not operating after business hours, a suitable alternative contact is Health link (811) for 24/7 advice from a registered nurse. In addition, patients should be educated prior to discharge regarding symptoms that require emergency assistance. The ACRCSP Colonoscopy Discharge Instructions booklet informs patients of symptoms to watch for and who to call post-procedure.	Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click ACRCSP Colonoscopy Discharge Instructions	
11.2	It is policy that all patients who have received sedation are accompanied by an adult when leaving the facility.	Y/N	D		Visit insite.albertahealthservices.ca and search *Procedural Sedation Policy & Procedure*	
11.3	Discharge instructions for all procedures are provided to the patient before leaving the facility.	Y/N	C		Visit screeningforlife.ca > *For Health Providers* > *Colorectal Cancer Screening Information* > *Resources for colonoscopy* or click ACRCSP Colonoscopy Discharge Instructions	
11.4	The facility provides a 24-hour contact number post-procedure for questions or problems.	Y/N	C	Health link (811) is available for 24/7 registered nurse advice. Alternatively, sites can use an automated answering service that delivers simple instructions and information on who to call if urgent advice is required.		
11.5	All patients are told if biopsies were taken during the procedure and who will provide the results.	Y/N	C	All patients should be told whether biopsies were taken or polyps were removed and be informed on how the follow-up regarding the pathology findings will take place, by whom, and how long it will take.		

C-GRS Item: 11. Aftercare

AHS dimension of quality: safety, acceptability & appropriateness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
11.6	All patients are told the result of their procedure before leaving the facility.	Y/N	C	All patients should be communicated the results of their procedure before leaving the facility by a designated healthcare provider. As healthcare providers it is our responsibility to ensure that the information we provide is accurate and well understood by the patient. If there is a language barrier then AHS Interpretation & Translation Services may be required to ensure communication was understood.	Visit insite.albertahealthservices.ca and search *Interpretation & Translation Services*	
11.7	The facility elicits feedback regarding aftercare by annual patient satisfaction survey.	Y/N	C	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	
11.8	The facility responds with action plans within three months to feedback and surveys of aftercare if problems are identified.	Y/N	B			

C-GRS Item: 11. Aftercare

AHS dimension of quality: safety, acceptability & appropriateness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
11.9	The patient receives a copy of the endoscopy report or a patient version, including a summary of findings and planned follow up, before leaving the facility.	Y/N	B	All patients should receive the results of their procedure in a written form, as well as verbally explained in layman terms. They should receive a recommendation regarding any need for follow-up (e.g., the next surveillance interval). If recommendations can only be made once pathology has been reviewed the patient should be told who will make the recommendation and how it will be communicated. Patients with suspected malignancy should be given the name and phone number of the person in charge of arranging the necessary diagnostic tests and referrals. Also, if known, the name and phone number of the surgeon should be provided to the patient.		
11.10	The endoscopist communicates to the patient specifically who is responsible for arranging follow up appointments.	Y/N	B	This action may be also be nurse-led or communicated in the written patient information.		
11.11	The facility reviews the effect of changes made to correct problems of aftercare within three months.	Y/N	A			

C-GRS Item: 12. Ability to Provide Feedback

AHS dimension of quality: acceptability & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
12.1	The facility has a system for gathering patient feedback such as satisfaction surveys, focus groups, or invited comments.	Y/N	D	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	
12.2	The facility has a policy for patient complaints that is available in written and/or electronic form.	Y/N	D		Visit insite.albertahealthservices.ca and search *Patient Concerns Resolution* Visit albertahealthservices.ca and search *Patient Concerns & Feedback*	
12.3	Action is planned (with auditable outcomes) in response to patient complaints.	Y/N	C			
12.4	The facility has a person or committee responsible for reviewing complaints.	Y/N	C			
12.5	Patient feedback is sought and reviewed annually.	Y/N	C	A provincially sourced patient satisfaction survey is available for site use. This adapted survey meets the needs of nine C-GRS requirements. Use of this survey is supported by AHS Primary Data Support, see resource column for more information.	PEPES 2.0_Staff Guidelines.pdf PEPES 2.0 _Invite Options.pdf PEPES 2.0 Tips.pdf	

C-GRS Item: 12. Ability to Provide Feedback

AHS dimension of quality: acceptability & effectiveness

Item	Descriptor	Achieved (Yes/No)	Level	Guidance	Resource	Notes
12.6	The facility responds within three months with action plans based upon reviews of patient feedback if problems are identified.	Y/N	B			
12.7	The facility reviews the effect of changes made in response to patient feedback within three months.	Y/N	A			

Glossary

Action plans: a proposed plan or strategy. An action plan should include the following elements: 1) Action: What actions or changes will occur? 2) Responsibility: Who will carry out the action or change? 3) Timeline/frequency: When will the action take place, for how long or how often? 4) Resources: What resources are required to carry out the action or change? 5) Communication: Who should know what? 6) Status: How are you doing with the action or change? Click the following link to see an action plan template.

Adverse event: an event that prevents the completion of the planned procedure and/or results in admission to hospital, prolongation of existing hospital stay, another procedure (needing sedation/anesthesia), or subsequent medical consultation. Adverse events can occur pre-procedure, intra-procedure (in the endoscopy room) and post-procedure (during the recovery period and up to 14 days later) and late post-procedure (after 14 days).

Alberta Netcare Electronic Health Record: is the provincial Electronic Health Record (EHR), a secure and confidential electronic system used to store patient information so that it is accessible to healthcare professionals. http://www.albertanetcare.ca/

Auditable outcomes: a result that should be measured, but there is not enough evidence to recommend it as a quality or minimum standard (e.g., sedation and analgesic doses and comfort levels).

Auditable outcomes for disinfection: it is the responsibility of the medical device reprocessing department (MDRD) to decontaminate, inspect, perform necessary maintenance, and disinfect or sterilize each medical device using the device manufacturer's validated instructions. The goal is to provide medical devices that perform as intended by the manufacturer and are safe for reuse. Please refer to The National Standard of Canada: Canadian Medical Device Reprocessing document for their recommendations on auditable outcomes for disinfection (pages 111-130). This document can be accessed by emailing endoquality@ahs.ca.

Some examples of how auditable outcomes in high level disinfection are monitored are as follows:

- Daily - channel check following manual cleaning of scopes (every 5th scope and also any therapeutic scope). This is done after manual cleaning, before high level disinfection in the automated endoscope reprocessing (AERs) to test each scope for carbohydrates, proteins and blood. All results are to be logged with scope serial number, date, pass/fail and the reprocessor initials who tested. Any scopes that fail automatically require repeat manual cleaning. Tracking submitted to the designated supervisor (e.g., nurse clinician) for signoff.
- Monthly- 10% of the scopes are cultured following high level disinfection to ensure no growth. Rotate scopes so all scopes tested in a year. Results submitted to unit manager or designated supervisor.
- Yearly- central medical device reprocessor (MDR) educator observes staff practice, signs off staff on Canadian Standards Association for established reprocessing criteria.
- Mandatory education in reprocessing performed annually - with vendors for scopes and equipment and through AHS based mandatory education. All training is documented. IASCHMM certification required for all MDR.
- Every few years - MDR Infection Prevention Control audits to ensure compliance with current standards.

Cancellation: (late) cancellation within 48 hours of the scheduled appointment.

Date of receipt of referral: the date (and time) the referral was received by the specialist or facility from the referring physician. Referrals should be time stamped with this date to ensure this date is used for wait time measurement (e.g., if the referring physician office faxes the referral June 2, the date of receipt of referral is June 2).

Direct to procedure: this is when a referral is made straight to either a gastroenterologist or a screening program for a procedure. It is when that patient is triaged directly for a scope without seeing the gastroenterologist in the office first. For both organized colorectal cancer screening programs in Edmonton (SCOPE) and Calgary (CCSC), clinical criteria exists for whether a patient requires a consultation before the procedure.

Glossary

Facility: the physical place where endoscopy procedures occur. Used interchangeably with the word 'site'. When the C-GRS survey refers to the "facility" it is referring to the leadership team that is responsible for making decisions within the endoscopy unit or operating room.

Focus group: is a form of qualitative research, defined as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment. The group is composed of individuals whose points of view are requested to address a single topic. The group is small, 6-12 members and is relatively homogenous. The group discussion is facilitated by a trained moderator with prepared questions and probes designed to induce participants' responses. The goal is elicit the perceptions, feelings, and ideas of participants about a selected topic (Guastello, 2014).

Invited comments: obtaining inputs, suggestions and feedback through a designated comment system, like a comment box or comment section on a webpage.

Netcare (or Alberta Netcare)**:** known as the provincial Electronic Health Record (EHR), is a secure and confidential electronic system used to store patient information so that it is accessible to healthcare professionals. http://www.albertanetcare.ca/

No shows: failure to present for a booked appointment

Pooling: refers to the grouping together of endoscopists for the purpose of ensuring wait times are minimized.

Publish(ed): indicates information or material is available publically.

Quality Indicator: refers to an outcome for which there is a sufficient evidence based to recommend a standard. It is a measure that enables the user to quantify the quality of care and services provided. In endoscopy, quality indicators have been developed to standardize the performance of colonoscopy and to provide pertinent feedback to physicians on their operative performance relative to quality targets. Examples of quality indicators for a screening colonoscopy include: cecal intubation rate and colonoscopy withdrawal time.

Receipt of referral date: see 'date of receipt of referral.'

Responsible committee: refers to an active group whom meets regularly and has representation from or reports to AHS accountable leadership. In some instances the responsible committee may be site specific leadership or zone leadership. An example of a responsible committee would be a Site Endoscopy Safety Committee or Endoscopy Quality Committee with a focus on quality improvement or Zone Quality Committee (e.g., Edmonton Zone Quality Endoscopy Committee).

Risk management committee: this term is not applicable in the Alberta context, see 'responsible committee' definition.

Safety indicator: is the identification and monitoring of occurrences associated with harm or potential for harm. Safety indicators can be used to monitor performance and quality improvement at the physician and site level. A safety indicator can be a quality indicator or auditable outcome. An example of a safety quality standard refers to a measure with a pre-defined standard such as a perforation rate of < 1:1000 in a *screening* patient. There is evidence to support the standard. An example of a safety audible outcome would be a perforation during a *diagnostic* colonoscopy. An auditable outcome refers to an outcome that is important to monitor and review, but for which it is not possible or is difficult to assign a standard. Other such examples are use of reversal agents and the minimum number of procedures required to maintain competency levels.

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