Improving endoscopy quality and patient experience

The Digestive Health Strategic Clinical Network (DHSCN) and the Alberta Colorectal Cancer Screening Program (ACRCSP) have teamed up to improve the quality of endoscopy care that Albertans receive.

A web-based survey tool called the Canada-Global Rating Scale© (C-GRS©) offers a comprehensive and systematic approach for sites to measure the quality of their endoscopy service. This self-assessment tool can be used to help teams in endoscopy units identify areas for improvement and create action plans targeting specific quality improvement initiatives.

The goal is for all 50 sites in Alberta that provide endoscopy care to complete the C-GRS survey twice a year.

The C-GRS facilitates high-quality endoscopy care that focuses on the needs of the patient, not just in terms of the technique and quality of the procedure itself, but also in ensuring that patients receive adequate information and an opportunity to give feedback on their experience. It measures quality in 12 different areas as seen in the table below.

<table>
<thead>
<tr>
<th>Clinical Quality</th>
<th>Quality of Patient Experience</th>
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<tbody>
<tr>
<td>Consent process including patient information</td>
<td>Equality of access</td>
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<tr>
<td>Safety</td>
<td>Timeliness</td>
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<tr>
<td>Comfort</td>
<td>Booking and choice</td>
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<tr>
<td>Quality of the procedure</td>
<td>Privacy and dignity</td>
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<td>Appropriateness</td>
<td>Aftercare</td>
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<tr>
<td>Communicating results</td>
<td>Ability to provide feedback</td>
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The GRS was first introduced in 2004 in the United Kingdom after a number of challenges in delivering endoscopy services were identified. In order to better understand how to improve the care they were
delivering, a working group of endoscopy healthcare professionals asked themselves one simple question: how do we know if we are providing a patient-centered service for our endoscopy patients? From that question the 12 items of the GRS were developed.

The Canadian Association of Gastroenterology reported that since its implementation in the UK, substantial improvements in the endoscopy services as well as a pronounced reduction in wait times for endoscopy have occurred. Other benefits attributed to the GRS in the UK include raising the profile of endoscopy, improving teamwork, raising standards, identifying services gaps, improving patient satisfaction, providing evidence for investment and supporting accreditation.

The GRS has been adapted for use in Canada by the Canadian Association of Gastroenterology.

To help facilitate the implementation of the C-GRS in Alberta, the DHSCN and the ACRCSP will host an Innovative Learning Collaborative (ILC), starting in June 2019. The objective of the ILC is to bring together inter-professional teams from across the province to develop quality improvement action plans, exchange ideas, share successes, build upon understandings and learn how to utilize a methodology that will help bring about meaningful and lasting change.

AHS is committed to providing quality endoscopy care. The C-GRS will serve as a roadmap to get there.

Learn more about the C-GRS by emailing us at endoquality@ahs.ca