



DIGESTIVE HEALTH

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50 Endoscopy teams from across Alberta

Academic Departments of
Gastroenterology

Major initiatives and achievements, 2021-2022

Pandemic Recovery – Measuring Endoscopy Wait Times with ACATs-E

Endoscopy services in Alberta were delayed and interrupted during the pandemic. The presumed backlog has meant that a considerable number of Albertans may be experiencing longer-than-usual wait times for their endoscopic procedure. Currently, a province-wide list of patients waiting for endoscopic procedures does not exist, so the exact number is not known. The development, measurement, management and reporting of indication-driven endoscopy access targets are key to addressing the pandemic recovery and establishing a sustainable endoscopy service delivery model for the future.

To this end, the Digestive Health SCN (DHSCN) secured \$584,750 in grant funding in the past fiscal year to develop and implement the **Alberta Coding and Access Targets for Endoscopy (ACATs-E)**.

Implementation of ACATs-E will improve wait list and wait time management by providing a standardized approach used by all endoscopists across Alberta. The coding system will clearly define appropriate wait times for patients with specific clinical indications, promoting urgency-based booking that ensures patients with higher-risk indications are prioritized for more rapid access to endoscopy. It will also generate reliable, objective data that can be acted upon to improve patient flow and overall system efficiency. The model is also expected to improve patient experience by improving transparency about how long patients can expect to wait based on their diagnosis, procedure, and level of urgency. [More >](#)

Provincial implementation of ACATs-E began in fall 2021 using a staggered approach. Endoscopy providers receive support from the ACATs-E team, and the goal is to complete implementation at 22 of the 50 endoscopy sites in Alberta by September 2022. The remaining 28 sites will come online according to the Connect Care launch schedule, beginning in November 2022.

Comparing the pre-COVID period (Jan 2018-Feb 2020) to the pandemic period (Mar 2020-Mar 2022):

12% reduction in average monthly adult endoscopy volumes in Alberta

48,000 fewer endoscopies performed compared to expected activity based on pre-pandemic volumes

Improving endoscopy quality in Alberta

Endoscopy plays an important role in the diagnosis and treatment of many digestive diseases. The DHSCN is committed to improving the quality of endoscopy procedures across Alberta, and has partnered with provincial stakeholders to endorse the use of the **Canada-Global Rating Scale (C-GRS)**. The C-GRS is a tool that evaluates several dimensions of endoscopy quality and empowers local endoscopy units to benchmark their own continuous improvement.

The C-GRS requires endoscopy units to record complications and adverse events to detect and monitor recurring patterns or unusual numbers of events related to endoscopy. Delayed complications that prompt patients to make an emergency department (ED) visit are difficult to accurately capture. Endoscopy units often rely on patient self-report of these ED visits, which under-reports this aspect of safety.

Drs. Susan Jelinski (ASD), Nauzer Forbes, and Robert Hilsden (gastroenterologists) were awarded the University of Calgary Department of Medicine Clinical Analytics Grant for 2021-2022. Their application proposed developing an automated, real-time data capture system using Alberta provincial healthcare databases and electronic medical records (EMRs) to detect when a patient visited an ED after an endoscopy.

This project has resulted in the creation and launch of a real-time Tableau dashboard that can be used within endoscopy units. Staff are alerted if their patients have made an ED visit within 72 hours of having an endoscopy for symptoms that are related to the procedure. With this system, endoscopy staff can immediately contact patients and provide follow-up care. Moreover, the initial endoscopy pilot site can now track trends in possible complications over time and develop site-specific, data-driven quality and safety improvement strategies.

The dashboard is currently piloted at the Forzani & MacPhail Colon Cancer Screening Centre. The vision is for any endoscopy unit in the province to be served by this dashboard.

Other highlights

RESEARCH: The DH SCN partnered with Dr. Puneeta Tandon, a University of Alberta hepatologist, to improve cirrhosis care in Alberta. Dr. Tandon successfully secured \$1M in PRIHS grant funding to develop the Cirrhosis Care Alberta (CCAB) Program.

As part of CCAB, the Cirrhosis Care website (cirrhosiscare.ca) launched in spring 2021 and serves as a comprehensive resource for patients with cirrhosis, their families, and healthcare providers. It includes extensive education materials for patients and families in both written and video formats, with many helpful links. These resources enable patients to be well informed, enable active participation in their care, and support self-management.

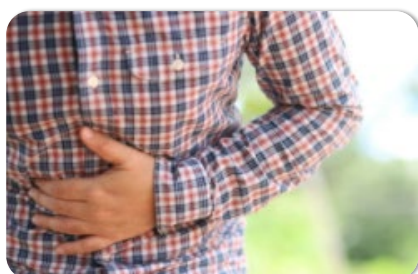
For healthcare providers, the website includes care algorithms, order sets, symptom calculators, patient handouts, and other resources to optimize assessment and care for patients with cirrhosis.

Cirrhosis order set implementation has been integrated into a broader AHS acute care quality improvement priority referred to as the Acute Care Bundle Improvement (ACBI) initiative. This will see unit teams on medicine services at the 14 largest sites work towards greater uptake of care paths and order sets in Connect Care.

Impact on health and care in Alberta

The DH SCN has developed strong relationships with clinicians, operational partners and others and is using data to:

- Improve outcomes and patient experiences for people with digestive health conditions
- Improve patient safety and reduce unwarranted variation in care
- Inform and implement practice changes that improve efficiency, clinical utilization and deliver cost savings
- Monitor pandemic recovery and develop strategies for sustainable endoscopic services



Actions and areas of focus

- Integrate primary and specialty care approaches for digestive diseases and improve access to advice, care and endoscopy procedures
- Reduce unwarranted variation and improve clinical appropriateness and efficiency of testing and therapies for digestive conditions
- Develop and implement clinical pathways to improve disease prevention, management, and continuity of care
- Implement policies to prevent digestive disease and improve the screening, diagnosis and treatment of liver disease

DIGESTIVE HEALTH

Grants and Publications



16

Peer-reviewed Publications

Engagement



17

Workshops & Presentations

Outcomes and Impact

In the Spring 2021 C-GRS Provincial Endoscopy Patient Experience [Survey](#) (PEPES), **more than 80% of patients* reported:**

- ✓ high overall satisfaction with care ("strongly agree")
- ✓ positive experiences ("very satisfied") with nursing staff (88%), their endoscopist (85%) and the endoscopy appointment (92%)

* 1517 survey respondents



\$0.97M

Research Grants



25

Research Members

www.ahs.ca/dhscn