The Role of the Global Rating Scale in Colonoscopy Quality

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Conflict of Interest

None to declare
Do We Need Endoscopy QA?
Would You Allow Any Random Endoscopist In The Area Where You Live Do YOUR Colonoscopy?
There are golfers of variable skills
There are colonoscopists of varying skills

From which group of physicians would you choose your colonoscopist:

A

B

Credentialed Colonoscopists who performed more than 20 program procedures between April 6, 2009 - June 30, 2011
So why shouldn’t it also apply to endoscopy units?
Patient Perspectives

“I have no issues on safety or quality. Should I be worried?”

“I’m sure they have a safety department that checks the equipment is up to date and clean. And the doctors must have to show they are keeping their skills up to date, this does not worry me, it’s a major hospital, they have to have standards or they would be in trouble.”
We Do Need Quality Improvement From The Patient Perspective

"Up and Left!"
The Endoscopy Global Rating Scale (GRS)

• A structured approach for endoscopy units
• How to provide a good quality experience for patients

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

Developed in England
Response to quality audits
Structure

Questionnaire in Yes/No format
Done twice a year
Grade D to A
There are procedure specific aftercare patient information sheets for all procedures performed in the department

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<th>C</th>
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There is a 24 hour contact number for patients who have questions and experience problems

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All patients are told if they are suspected of having a malignancy on the same day as the procedure

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If it is considered inappropriate to tell the patient malignancy is suspected, a note is made in the file of the reason

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All patients are discharged with verbal and written information about next steps appropriate for their care

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All patients are told the outcome of the endoscopic procedure prior to discharge

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All patients are told if further information from pathological specimens will be available, from whom and when

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Patients’ views on aftercare processes are sought at least annually

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Grades

D – Basic methods for gathering of data
C – Periodic reviews of data. Surveys.
B – Respond to reviews indicating need for improvement
A – Assess the changes made
Charts The Patient Journey

Before: consent, information provided, access
During: privacy, comfort, safety
After: communicating test results, FU plans
Patient-centred standards

Clinical quality
• appropriateness
• information/consent
• safety
• comfort
• quality
• timely results

Quality of patient experience
• equality
• timeliness
• choice
• privacy and dignity
• aftercare
• ability to provide feedback

www.grs.nhs.uk
KMS Library

Shared documents
FAQs
Helps units improve rapidly
Canadian GRS
Who Cares? That’s A Lot Of Work
Why A Screening Program Should Consider Using GRS

A mechanism for quality improvement
A means to increase access
Gets members of the unit involved
Facilitates communication between the different endoscopy services