

Use of the C-GRS[®] in Endoscopy

**Advice to help save time and
do it right from the start**

**Webinars Spring 2016
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Canadian Association
of Gastroenterology



L'Association Canadienne
de Gastroentérologie

Objectives of the Webinar

- To review the Canada-Global Rating Scale[©] (C-GRS[©])
 - To explain what it's about
 - To suggest how to proceed with the C-GRS[©]
 - To demonstrate how to interpret the items of C-GRS[©]
- To outline how to get a quality improvement team going in your unit

Background: History of the Endoscopy Global Rating Scale

- Challenges faced by NHS endoscopy services in 2004:
 - Reduce wait times
 - Ensure high quality, patient centered care
- The GRS evolved from a simple question:

***How do we know we are providing
a patient-centered service?***

What Matters to a Patient Undergoing Endoscopy?

- At a series of meetings held throughout England endoscopy staff were asked what they thought was important for a patient having an endoscopy
- From their responses the 12 items of the Endoscopy Global Rating Scale were created

Effectiveness of the GRS in the UK

- Provided a focus
- Raised the profile of endoscopy
- Improved teamwork
- Raised standards
- Identified service gaps
- Provided evidence for investment
- Supported accreditation

It has improved the patients experience of endoscopy

Getting to know the C-GRS®

- Primary goals
 - To assess the quality of the services provided within the unit
 - To support quality and service improvement by helping endoscopy staff identify areas in need of attention
- The construct of quality is based on a patient-centered approach
- Structure
 - 2 domains: Clinical quality, quality of patient experience
 - 12 dimensions
 - 128 items

CAG Quality Program - Endoscopy (QP-E)



or email QP-E@cag-acg.org

Domains of the GRS

- Quality of the procedure
 - Quality of the patient's 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

Accreditation-Canada and the C-GRS®

Population focus

- Equality of access
- Appropriateness

Accessibility

- Timeliness,
- booking flexibility, equality of access

Safety

- Safety

Worklife

- Workforce, Training

Client-centered services

- Quality of the patient experience

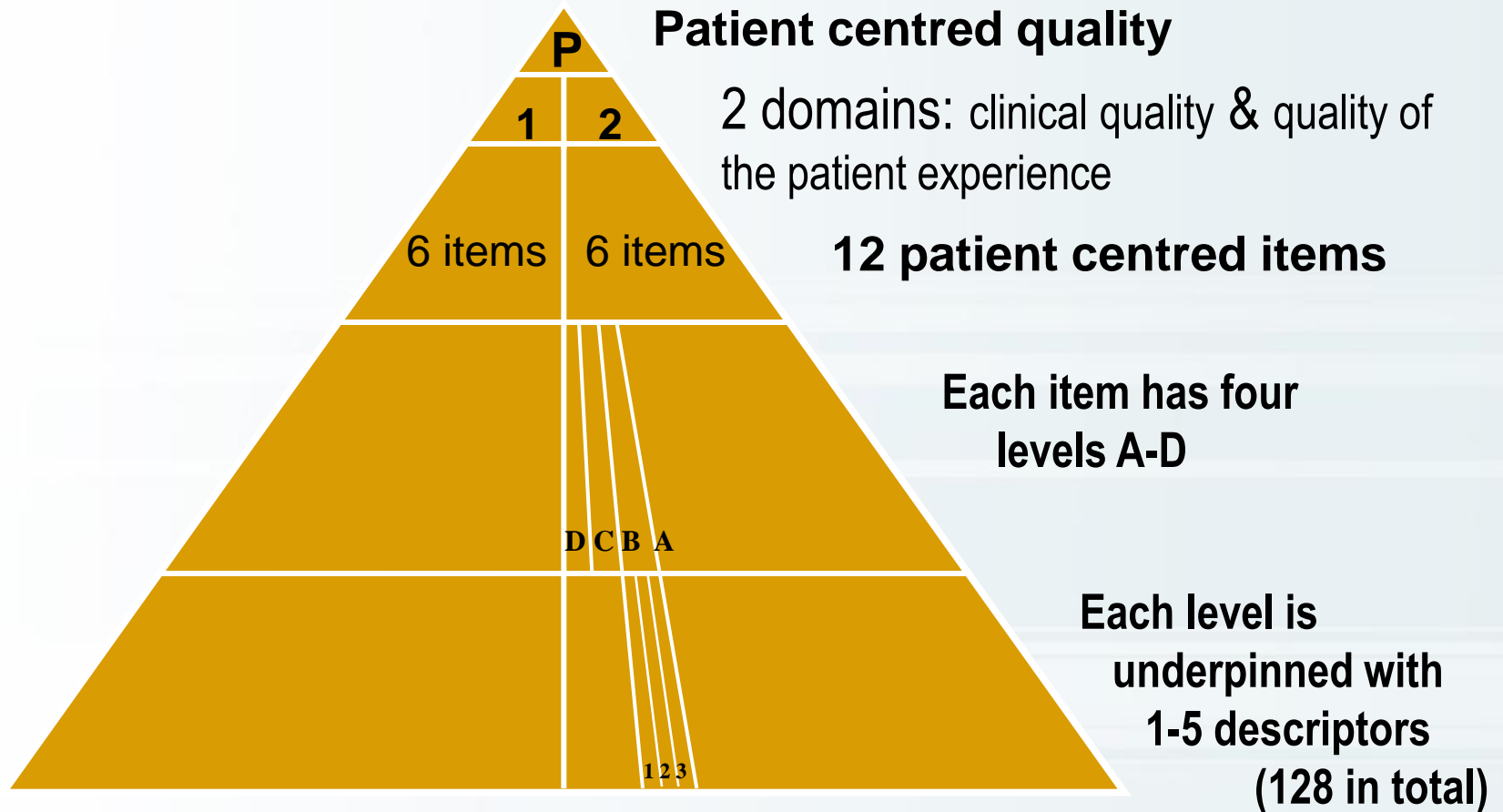
Continuity of services

- Communicating results to the referrer
- Aftercare

Efficiency, effectiveness

- Quality of the procedure, appropriateness, timeliness
- Productivity domain of the C-GRS®

The Canada-Global Rating Scale[®]

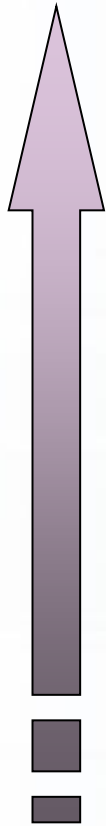


Structure of the C-GRS[®]

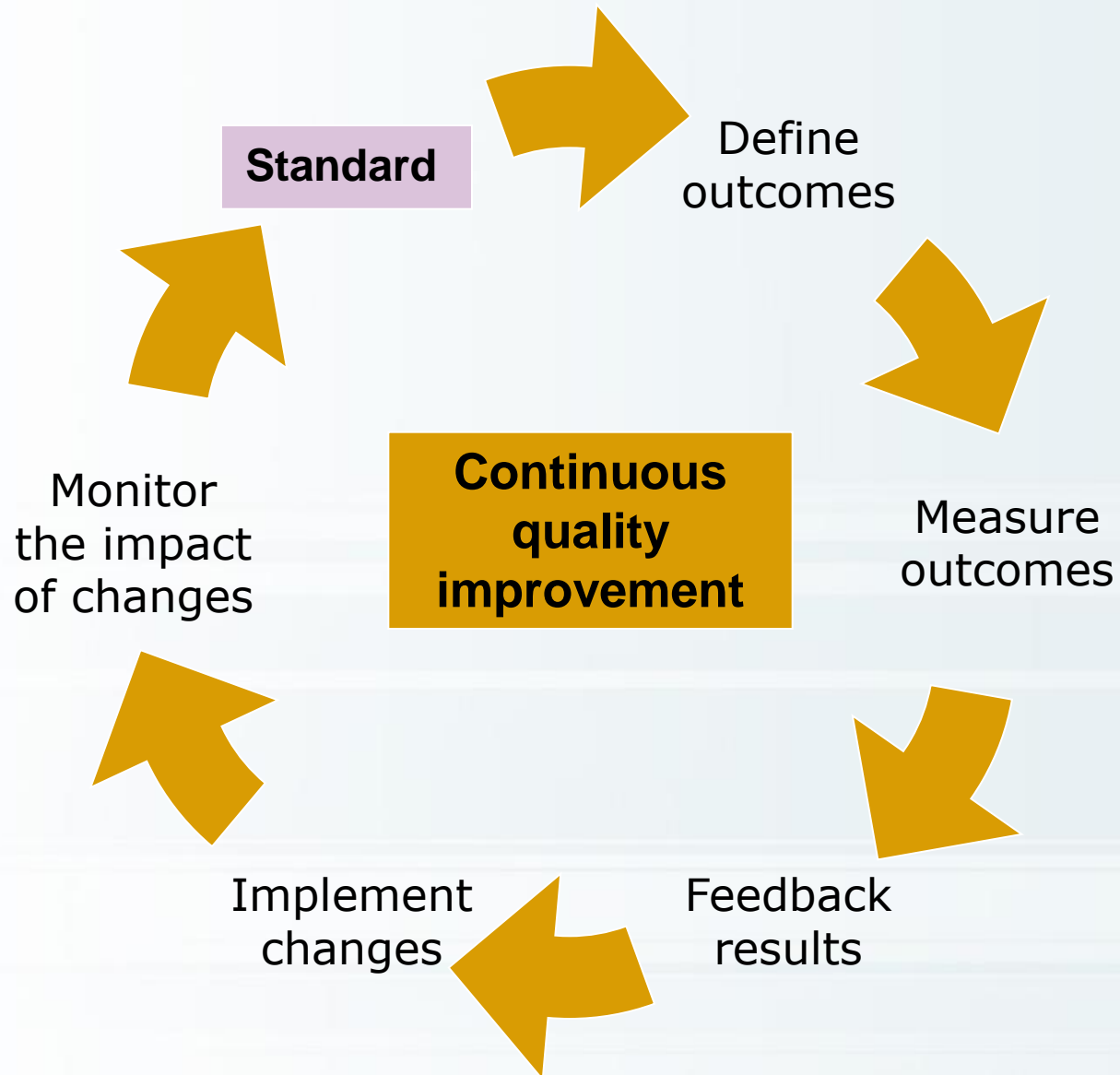
- Each item includes a series of 8-12 descriptors
- Descriptor = a statement regarding what has been achieved (yes/no answer)
- Descriptors are grouped into levels of achievement (D to A), where level D is basic and level A is excellent

C-GRS[®] and Quality Improvement: from a D level to an A level

Patient feedback



- **A** Observations are recorded, reviewed, acted upon and monitored for effectiveness
- **B** Observations are recorded, reviewed and acted upon
- **C** Observations are recorded and periodically reviewed
- **D** Observations are recorded



How it works (1)

- Create a C-GRS[©] team
 - Important to include an MD
 - Nurse
 - Endoscopy Unit Manager
 - Possibly involve a clerk
- Do the C-GRS[©] twice per year (lasts 1-2 hours)
 - fall (Sept. 1 – Nov. 30)
 - spring (March 1 – May 30)

How it works (2)

- Create action plans
 - Think of involving others; establish working groups if needed
 - Define timelines for each project
 - Plan periodic meetings and updates

C-GRS[®] website

- Data entry & reporting site

<http://mdpub.org/grs/index.php>

- Endopedia

- Electronic library of policies, forms, case studies

- Action Planning Tool

- Contacts, FAQ's, Newsletters

- **Contact Sandra Daniels (Sandra@cag-acg.org) to obtain access to the C-GRS[®] website**

Interpreting the Results

- Expect results at the D and/or C level: similar to UK units in 2005
- Results reflect the fact that we have been providing sound clinical services but in the absence of an iterative process of evaluation/modifications
- Results are not necessarily continuous
- Purpose of the first round
 - Get a snapshot picture
 - Establish priorities/plan of action

So You Did The Survey, Now What?

- Need to set objectives
- Map objectives to services
- Develop action plans around these objectives
- Plan long-term goals and short-term easy projects
- Communicate your results & develop priorities as a group
- Perform a patient satisfaction survey

Don't Get Overwhelmed!

- Tackle quick wins first
- Don't re-invent the wheel: use Endopedia
- Create teams and/or designate a specific person in charge of each project
- Define clear timelines
- Keep the momentum:
 - Repeat the C-GRS[®] every 6 months even if you feel nothing has happened
 - Plan periodic meetings and/or updates
- Keep in mind that changes don't happen overnight

Key ingredients

- Participation at all levels
 - the GRS promotes staff involvement
- Momentum: survey every 6 months
- Tackling quick fixes as much as bigger projects
- Feedback information and progress
 - Communication
 - Motivation
- Structure
 - Coordinators
 - Project-specific teams
- GRS[©] website

CAG's Endoscopy Quality Program: What it can do for you

- Canadian C-GRS[®] including website and Endopedia
- Colonoscopy Practice Audit in Gastroenterology (PAGE) for measurement of quality indicators
- Recognition Award
- Canadian Consensus on Quality & Safety Indicators in Endoscopy
- Newsletters

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