

TITLE

CANADA-GLOBAL RATING SCALE FOR ENDOSCOPY**SCOPE**

Provincial

DOCUMENT

HCS-271

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

August 28, 2020

SPONSOR

Digestive Health Strategic Clinical Network

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

August 28, 2023

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To provide Alberta Health Services (AHS) **health care providers** with a standard approach for assessing endoscopic services for adult **patients** using the **Canada-Global Rating Scale (C-GRS)**.
- To provide direction on the appropriate use and semi-annual completion of the C-GRS assessment.
- To assess and improve the quality, safety, and patient outcomes of endoscopy procedures conducted at AHS Acute Care sites and facilities contracted to provide AHS services (hereinafter referred to as “sites”).
- To provide a process through the completion of a site’s **action plan** where health care providers can see the linkage between evaluating, reporting, and managing endoscopy quality, culminating in the sharing of recommendations with the site’s **endoscopy team** for improvement in a supportive and collaborative learning environment.

PRINCIPLES

Patients: AHS is committed to quality patient care and shall ensure that a consistent and patient-centered care approach is provided during the endoscopic procedure.

Our People: The C-GRS self-assessments will serve as learning opportunities and will be used by endoscopy teams to guide initiatives that support quality improvement processes.

Just Culture: AHS strives to create an environment where everyone feels safe, encouraged, and supported to discuss quality and safety concerns. The C-GRS is not measured as pass or fail and does not assess individual performance. It provides endoscopy teams a framework for

identifying opportunities for improving the quality and safety of their endoscopy services. Individuals will be empowered and supported to openly discuss, plan and implement improvement strategies.

Learning: AHS recognizes that understanding and learning from C-GRS is essential to improving skills, performance and patient-centered care outcomes. This is accomplished collaboratively, respectfully, and with the intent to improve quality of endoscopic procedures and create a standardized approach for endoscopic procedures.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Completion of the Canada-Global Rating Scale

- 1.1 All sites that are performing endoscopies shall complete an assessment of the quality of endoscopic services using the C-GRS, and submit the assessment semi-annually in accordance with the C-GRS spring and fall data entry cycles on the Canadian Association of Gastroenterology (CAG) C-GRS website.
- 1.2 All sites shall provide CAG with authorization to share semi-annual C-GRS assessment survey results with AHS through the Digestive Health Strategic Clinical Network (DHSCN) and the Alberta Colorectal Cancer Screening Program (ACRCSP) teams.
- 1.3 Endoscopy teams shall undertake a process to assess, report and manage endoscopy quality. The C-GRS is to be completed semi-annually.
- 1.4 At minimum, the working group for the assessment process should involve an **Endoscopy Manager** or designate, Endoscopist, and Unit Clerk or Booking Clerk.
- 1.5 The designated endoscopy **Team Lead** for the assessment process registers their respective site on the CAG C-GRS website.
 - a) The designated endoscopy Team Lead, and an alternate, are the primary contact(s) for communication with CAG.
- 1.6 Completion of the C-GRS survey requires the participation of the entire C-GRS endoscopy working group to ensure accurate assessment of endoscopy processes and subsequent identification of opportunities for improvement.

2. Compliance

- 2.1 Compliance is measured by completion of each of the 12 **C-GRS items** as entered on the CAG C-GRS website.

3. Quality Improvement

- 3.1 Based on a site's assessment of the quality of the endoscopy service they provide, sites shall identify opportunities to improve the clinical endoscopy quality and quality of the **patient experience**, in accordance with Section 3 of this Policy.
- 3.2 Semi-annually, all sites shall identify at minimum one **descriptor** that has received less than an 'A' rating, and develop an action plan to address quality improvement related to this descriptor.
- 3.3 Each site shall document the following information on the action plan for all quality improvement initiatives:
- a) C-GRS item/descriptor addressed;
 - b) actions or changes that will occur;
 - c) responsibility: who will carry out the action or the change;
 - d) timeline/frequency: when will the action take place, for how long or how often;
 - e) resources needed to achieve the C-GRS descriptor;
 - f) communication: who should know what; and
 - g) status: how are things progressing with the action or change.

4. Compliance Requirements

- 4.1 Zone **accountable leaders** shall ensure that Zones have achieved full compliance as per Section 2.
- 4.2 Semi-annual compliance reporting shall be conducted by the DHSCN and ACRCSP. Following review at the site level, semi-annual reports shall be sent by the DHSCN to the Clinical Operations Executive Committee. In addition, the Quality, Safety & Outcomes Improvement Executive Committee shall receive an annual report.
- 4.3 To support full compliance at all endoscopy sites, the following items are recommended to be actioned by the Zone accountable leaders:
- a) review and circulate semi-annual compliance reports and C-GRS assessment results to appropriate AHS leaders as required; and

- b) review and support identified quality improvement initiatives;
- 4.4 When full compliance is not achieved, the accountable leader(s) from the DHSCN and ACR CSP shall engage in discussion with the site Endoscopy Manager and lead Endoscopist at the site to understand the barriers, mechanisms to address the barriers, and establish a commitment to improved patient outcomes and quality initiatives.
- 4.5 The **administrative lead for endoscopy** for each site is responsible for ensuring accurate C-GRS assessment and for monitoring compliance to this Policy.

5. Monitoring the Use of the Canada-Global Rating Scale

- 5.1 The designated endoscopy C-GRS Team Lead shall provide approval for the DHSCN and ACR CSP to access the site's assessment on the CAG website for the purposes of monitoring and tracking use of C-GRS provincially and changes in **level** of endoscopy quality over time.
- 5.2 The designated endoscopy C-GRS Team Lead shall provide the DHSCN with documentation on quality improvement initiatives and their outcome that arose from the site's C-GRS assessment.
- 5.3 The DHSCN shall provide, on a semi-annual basis, reports to Zone leadership, Zone Endoscopy Quality Councils, Zone Quality Councils and the ACR CSP, regarding registration and completion of C-GRS, an inventory of quality improvement activities, and trends in changes in C-GRS scores over time, by site, by Zone, and for the province.
- 5.4 All Endoscopists performing endoscopy procedures shall be involved in endoscopy quality monitoring and improvement activities that address the quality **C-GRS dimensions** and items outlined in the C-GRS.

DEFINITIONS

Accountable Leader means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the *Canada-Global Rating Scale For Endoscopy Policy*. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

Action plan means the document that lists what steps must be taken in order to achieve a specific goal. Semi-annually, when a site chooses which C-GRS descriptors they want to work on, a C-GRS action plan is completed outlining the steps necessary to achieve that specific descriptor.

Administrative lead for endoscopy means the most senior administrator (e.g., Executive Director, Director) of the endoscopy unit or operating room, or designate.

Canada-Global Rating Scale (C-GRS) means a web-based survey tool that offers a comprehensive, systematic approach to the measurement of endoscopy quality to assess the quality of the service and patient experience. This assessment tool can be used to help teams in endoscopy units to prioritize and create action plans targeting specific quality improvement initiatives.

Canada-Global Rating Scale (C-GRS) dimensions means the two dimensions which represent the overarching endoscopy quality headings or categories of the C-GRS survey. They are clinical quality and quality of the patient experience. They represent the two desired outcomes of C-GRS implementation. Each dimension is broken down into six C-GRS items.

Canada-Global Rating Scale (C-GRS) items means the twelve (12) areas of endoscopy quality that are considered important to a patient undergoing an endoscopic procedure.

The 12 items of the C-GRS are:

1. Consent process including patient information;
2. Safety;
3. Comfort;
4. Quality of the procedure;
5. Appropriateness;
6. Communicating results;
7. Equality of access;
8. Timeliness;
9. Booking and choice;
10. Privacy and dignity;
11. Aftercare; and
12. Ability to provide feedback.

Descriptor means statements which are listed under each of the 12 C-GRS items. They outline the endoscopy quality requirements that need to be achieved in order to advance through the four grade levels. Achievement is acknowledged by giving a 'yes' or 'no' answer to the descriptor statement. Each item includes a series of eight (8) to 12 descriptors. There are 128 descriptors in total. They are grouped into levels of achievement from D to A.

Endoscopy means examination of the inside of the body by using a lighted, flexible instrument called an endoscope. Although endoscopy can include examination of other organs, the most common endoscopic procedures evaluate the esophagus, stomach, and portions of the intestine. An endoscopy of the colon, or large intestine, is called a colonoscopy.

Endoscopy Manager means the manager responsible for supervising and directing nursing care and all related clinical activities of the endoscopy unit or service.

Endoscopy team means AHS employees, and other persons working on behalf or in conjunction with AHS, including gastroenterologists, surgeons, anaesthesiologists, nurse practitioners, nurses, technicians, and other support staff involved in endoscopic procedures.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Level means the measured achievements of the descriptor statements. 'D' indicates that basic quality criteria are met and 'A' the highest quality criteria for that item are met. In order to move up to the next C-GRS level, all of the descriptors must be achieved in the lower grade level.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Patient experience means what the process of receiving care feels like for the patient, their family and carers.

Team Lead means the person who provides guidance, instruction, direction and leadership to the C-GRS working group. This may include an endoscopy manager, physician, clinical nurse educator, and/or nurse. The team leader will ensure that the C-GRS working group meets regularly, that action plans are completed and that C-GRS results are entered via the Canadian Association of Gastroenterology (CAG) website semi-annually.

REFERENCES

- Non-Alberta Health Services Documents:
 - Canadian Association of Gastroenterology (CAG) C-GRS website

© 2020, Alberta Health Services, Policy Services



This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner. This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.