

## C-GRS Policy FAQ

### 1. How many C-GRS descriptors does my site need to work on every 6 months?

Select one or two new descriptors with every biannual C-GRS cycle that are achievable and meaningful in regards to enhancing your facility's overall endoscopy quality. It is important to approach the C-GRS survey with the same mindset that you would use when looking at a menu at a restaurant. Just like you would not order everything off of a food menu for dinner, the same applies for the C-GRS. The C-GRS survey is comprised of 116 descriptors and it would be unrealistic to work on them all at the same time.

### 2. What if our site does not have the resources to do the C-GRS twice a year?

There are many existing resources available to help your site be successful. A C-GRS: Alberta Guidance and Resource document has been created to help support endoscopy sites with C-GRS implementation. In this document there are links to helpful resources, informative journal articles and guidance for understanding and interpreting certain C-GRS descriptors as they pertain to healthcare practices in Alberta.

Once your C-GRS working group is established your team will determine how often you will meet and you will choose the C-GRS descriptors that your site wants to work on. It is important to select descriptors that are feasible for your site to achieve.

The online CAG C-GRS survey takes 1-2 hours to complete. Sites who are currently doing the survey reported that the time required to input their results does not impact their desire to complete future surveys.

It is important to note that completing the C-GRS survey is only the first step in your quality journey. The survey identifies opportunities where improvements can occur. True endoscopy quality improvement is recognized when action is taken to advance current practices and patient care.

### 3. On the CAG website do I have to complete an action plan for every descriptor I respond to with a 'false' answer?

No. Only complete an action plan for the descriptors that your C-GRS working group has selected to work on for that cycle. On the CAG website, when entering your survey answers, it is not a requirement or an expectation that you provide action plans for every descriptor you answer 'false' to.

4. Does my action plan need to be different every 6 months if I have not achieved my previous action plan goals?

No. Some descriptors may take longer to achieve than others. If you have not met your action plan goals you may select the same descriptor for the next C-GRS cycle if you believe that you can be successful in achieving the desired outcome. If the chosen descriptor is something you can't foresee achieving, select an alternative descriptor to concentrate on for the next C-GRS cycle.

5. Why is a C-GRS working group needed and how do I get one started?

The purpose of the C-GRS working group is to assemble a group of staff and endoscopists who are interested in improving the quality of endoscopy at your site and who will champion and provide oversight for your quality initiatives. In the context of the C-GRS it is important to include team members who are involved in all aspects of the endoscopy pathway. It is helpful to include individuals who are familiar with the work and can make meaningful recommendations in regards to enhancing endoscopy quality.

This group may be comprised of a lead endoscopist, an endoscopy manager or designate, a nurse, a booking clerk or unit clerk, a nurse educator and a patient advisor. In smaller sites due to limited staffing the core team may only consist of a physician and a nurse manager. Once the working group is established regular meetings are scheduled to work on the quality improvement action plans and to evaluate progress.

6. Is physician performance going to be measured?

The C-GRS itself does not measure physician performance. There are select C-GRS descriptors that describe the best practice of physician report cards. It is up to the site to decide whether or not they choose to work on these specific descriptors and target developing audit and feedback mechanisms. We know based on evidence that giving feedback increases performance and that is the primary objective of these C-GRS descriptors. The C-GRS process is not intended to be punitive in any way.

7. Can other endoscopy quality initiatives be done instead of the C-GRS?

Other quality initiatives can be initiated, but in addition to not instead of the C-GRS. The 12 items of the C-GRS were carefully selected based on feedback from patients and healthcare

professionals. They were identified as the most important areas of quality to focus on for patients who are having an endoscopy procedure. They are in alignment with the AHS' Patient First Strategy and will help us provide our patients with the best possible healthcare experience.

8. What if there are things that our site cannot change like the physical floorplan of the unit?

There are some descriptors in the C-GRS that are not achievable for all sites. We recognize that this may cause frustration for some sites as this may impede them from advancing to the next grade level. We are in the process of analyzing the provincial C-GRS data and will work with CAG to see if any modifications to the C-GRS survey can be made to address these barriers.

9. What if I plateau, am I still in compliance if my grade levels don't change?

As long as your site completes the online C-GRS survey via CAG biannually you are in compliance. There are instances, especially when sites have been doing the C-GRS for an extended period of time, that they have achieved the maximum 'A' grade. In other scenarios there are descriptors that are unachievable because they require system changes in order for progress to occur. We encourage sites who have plateaued in either of these ways to continue to submit their results as regression can easily occur. In addition, quality never ends. There will always be opportunities to improve the quality of the services you provide.

10. Will this policy negatively impact morale in an already busy unit?

Quality endoscopy is achieved by high functioning teams in an environment that promotes a culture of quality. The C-GRS and the C-GRS policy are intended to support a culture of quality in endoscopy sites, through the systematic assessment of endoscopy services, identification of opportunities to improve quality, and accountability for ongoing improvement and monitoring. Staff and endoscopists should be engaged in all aspects of the quality improvement journey and empowered to improving endoscopy services at your site. Empowered employees working towards collaborative goals have greater morale.