



# Endoscopy Services In A Rural Environment

## AIM STATEMENT:

We aim to improve the clinical quality and the quality of the patient experience for all patients attending the Endoscopy Clinic at the St John hospital. By May 2019 we will maintain a comprehensive quality improvement program incorporating formal, regular, and scheduled review of performance reports. By working on the process, we expect to:

- Improve program efficiency
- Improve access
- Improve patient satisfaction
- Improve provider skills

## ➤ BACKGROUND:

The St John Hospital Endoscopy program, in the rural community of Vanderhoof set out to develop and implement a comprehensive quality endoscopy program within existing structures. The team had limited resources as well as a unique set of challenges that come with rural practice.

## ➤ PROBLEM STATEMENT:

The need for endoscopy services is growing. Screening and diagnostic endoscopies can be safely performed in rural facilities and serve to stabilize operative services. Endoscopy quality outcome and process indicators are well established; however, currently our system cannot consistently provide timely data. Rural patients have increased challenges with transportation and supports and this is particularly evident in our marginalized population. Virtual technologies are being employed, however, it is limited by patient access to reliable internet.

## ➤ CHANGE IDEAS:

### Quality of Program

- Establish Collaborative Quality Committee
- Implement processes to monitor and improve patient safety, comfort, privacy and dignity
- Explore methods to increase capacity of the program - meet benchmarks
- Utilize technology to increase access
- Quarterly review of relevant indicators to monitor access, capacity and efficiency of endoscopy service

### Clinical Quality

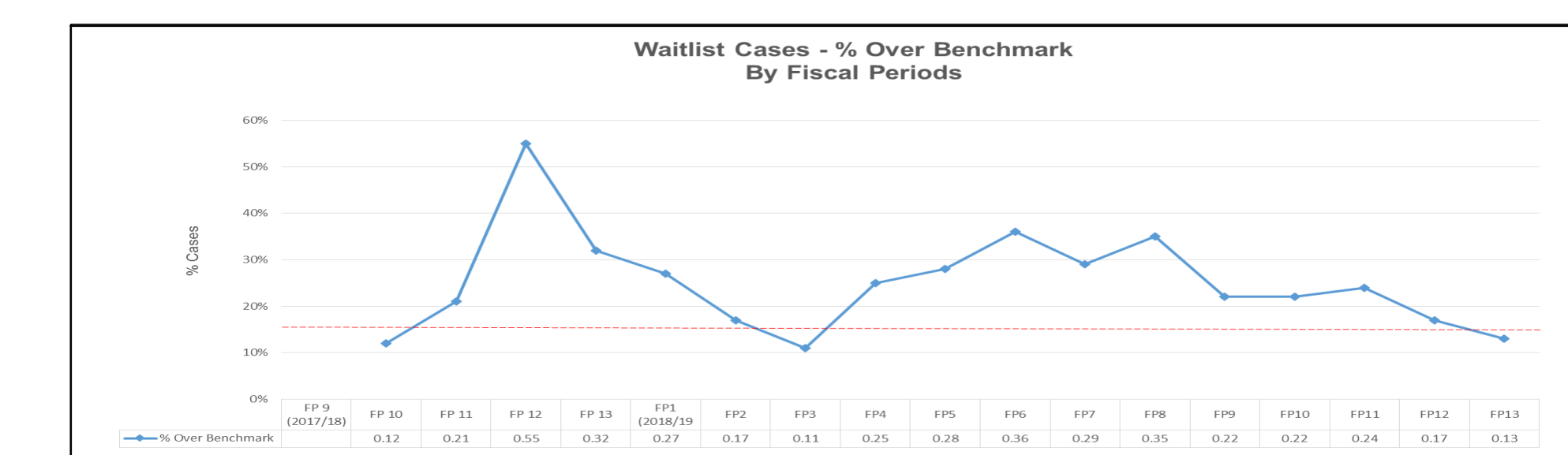
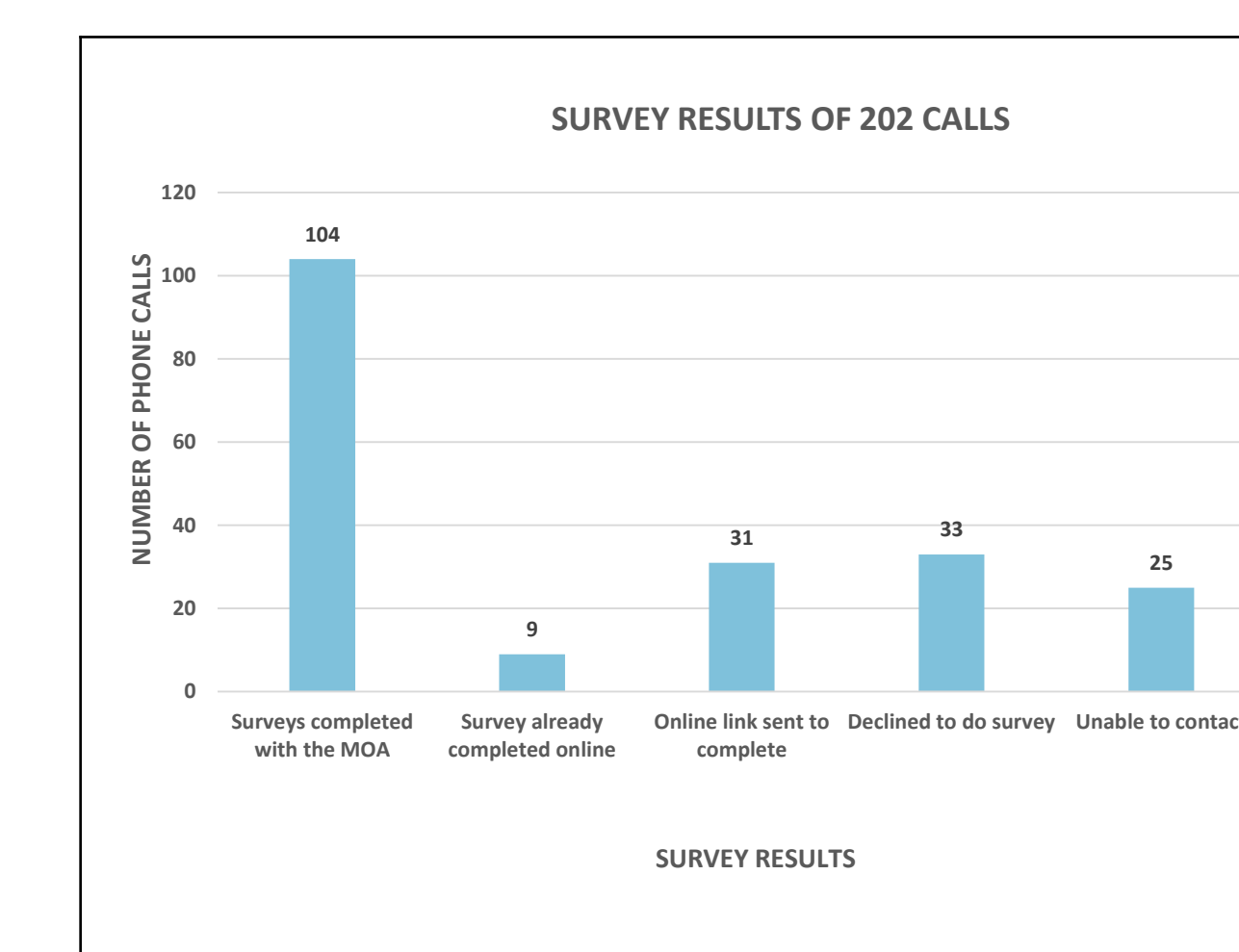
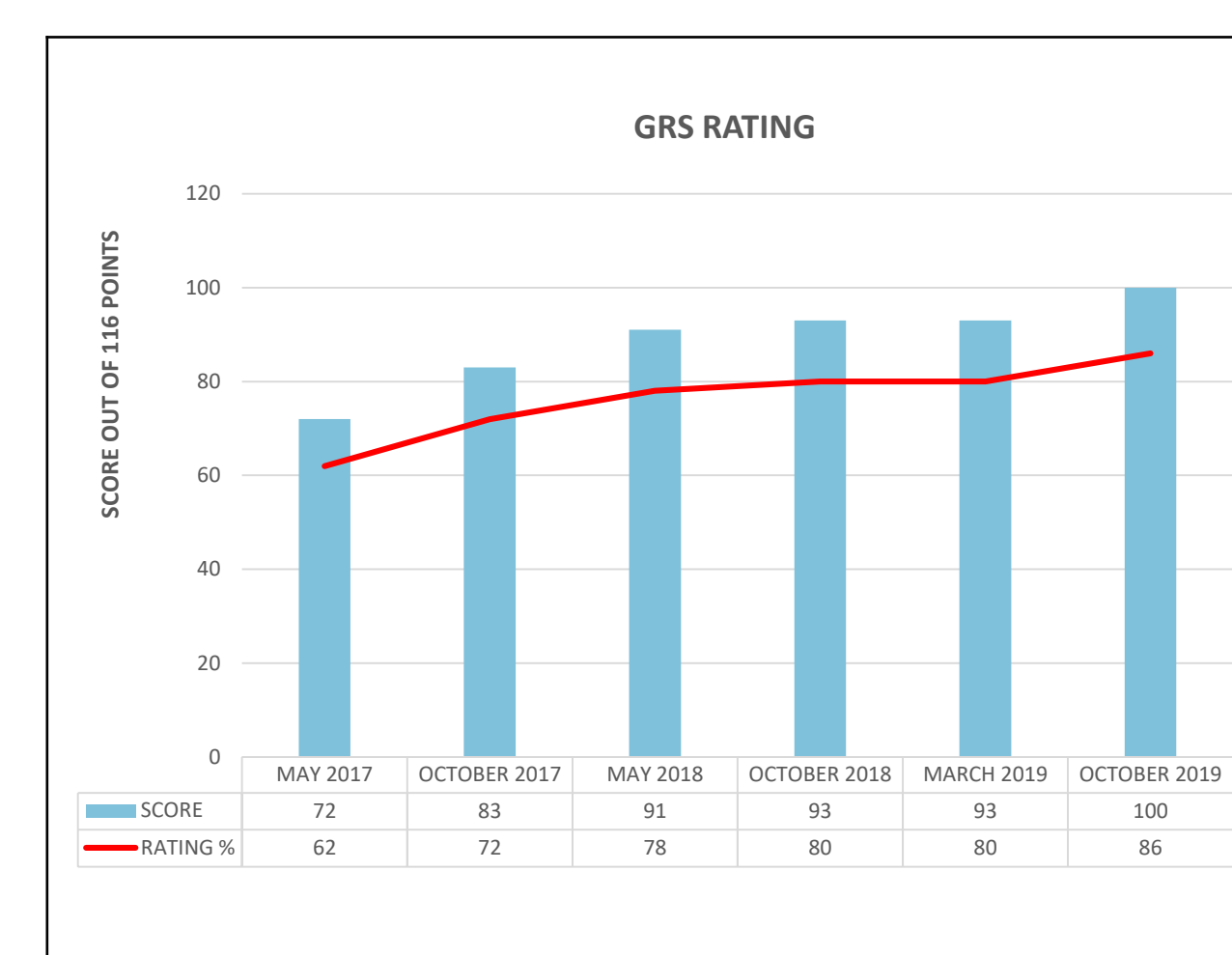
- Developing processes to measure /track quality indicators and outcomes
- Provider skills development – Direct Observation of Procedural Skills Assessment (DOPS) and formal mentorships

### Improve patient satisfaction

- Interviews and surveys

## ➤ RESULTS:

- Regularly scheduled quality committee meetings to review outcome data against established standards
- Provincial benchmarks for wait times
- Clinical quality indicators
- Tracking of program demand and capacity
- Global Rating Scale (C-GRS) improvement (↑ 24%)
- Patient survey feedback and completion rate (↑ 50%)



PHYSICIAN	CECAL INTUBATION	AVERAGE WITHDRAWAL TIME, MIN	PROPORTION OF MALE PATIENTS ≥50 WITH ≥ 1 ADENOMA OR SSA FINDING, %	PROPORTION OF FEMALE PATIENTS ≥50 WITH ≥ 1 ADENOMA OR SSA FINDING, %	ADENOMA FINDINGS ON SCREENING COLONOSCOPIES, %
A	96.9	16.47	43.1	61.3	49
B	95.9	19.44	53.4	53.5	54

## ➤ NEXT STEPS/SUSTAINING THE GAINS:

Use of real time dashboard and trends of relevant indicators to monitor technical performance and appropriateness of procedure

Next steps will be to invite patient partners to participate in program development including processes regarding access and also more robust use of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

## ➤ PATIENT ENGAGEMENT:

- Implement new 30-day follow-up Endoscopy Satisfaction Survey
- Review survey results
- Conducted patient interviews re: virtual consultation
- Collaborate with regional, community, primary care, and patient partners with focus on marginalized populations

## TEAM MEMBERS:

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## ACKNOWLEDGMENTS:

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