

Unit Name: St. John Hospital
Endoscopy Program

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QUALITY IMPROVEMENT STORY BOARD

St. John Hospital Endoscopy Clinic Quality Improvement Project



Objective:

We aim to improve the clinical quality and the quality of the patient and provider experience of the St. John Hospital Endoscopy Service.

By working on the process, we expect to:

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

Background:

The Endoscopy service at St. John Hospital supports patients from Vanderhoof, Fraser Lake, Fort St. James and surrounding Indigenous communities. Two physicians perform diagnostic colonoscopies and gastroscopies and are continually looking to improve services and patient care within the facility. Based on an initial data review they have chosen to focus on process efficiency and outcome measurements to optimize service capacity, develop patient-centred processes and enhance their endoscopy skills.

Current State:

The demand for endoscopy services is growing, particularly for screening colonoscopy. Currently the demand from our referral area outweighs our capacity which significantly affects patient access and adds to the burden for patients requiring the service. Our resource limited rural setting compounds the situation.

Rural patients have increased challenges with transportation and supports and this is particularly evident in our marginalized population.

The current hybrid paper and electronic environment makes tracking and using meaningful data problematic. The referral process between the endoscopists office and hospital requires significant manual work and strains our administrative capacity.

Virtual technologies are being employed, however, it is limited by patient access to reliable internet.

We have a part time Quality Improvement Coach whose essential facilitation and leadership is time limited.

Activities:

Improve Program Efficiency

- Working group meets quarterly to review and create action plans for implementation of the Canadian Association of Gastroenterology Global Rating Scale (C-GRS) recommendations:
 - Currently 6 of the 12 identified action plans are complete and implemented or are in progress

Improve Data Analysis

- Developing processes to measure and review quality outcomes

Improve Access

- Implemented processes to measure and review wait times, access equity, and appropriateness
- Implemented a standard ‘direct-to-procedure’ process
- Implemented a Virtual Consultation Process to improve access to consultation
- Continuing use of Group Medical Appointments for consultation to increase capacity and efficiency

Improve Patient Satisfaction

- Completed series of patient satisfaction and feedback surveys used to inform the development of virtual consultations
- Use Northern Health regional Patient Satisfaction Survey to inform ongoing program improvement
- Developing processes to monitor and improve patient safety, comfort, privacy and dignity

Patient/Customer:

We have focused on endoscopy patients and in particular those needing urgent procedures.

Patient feedback was used to inform process development, through direct interviews.

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).

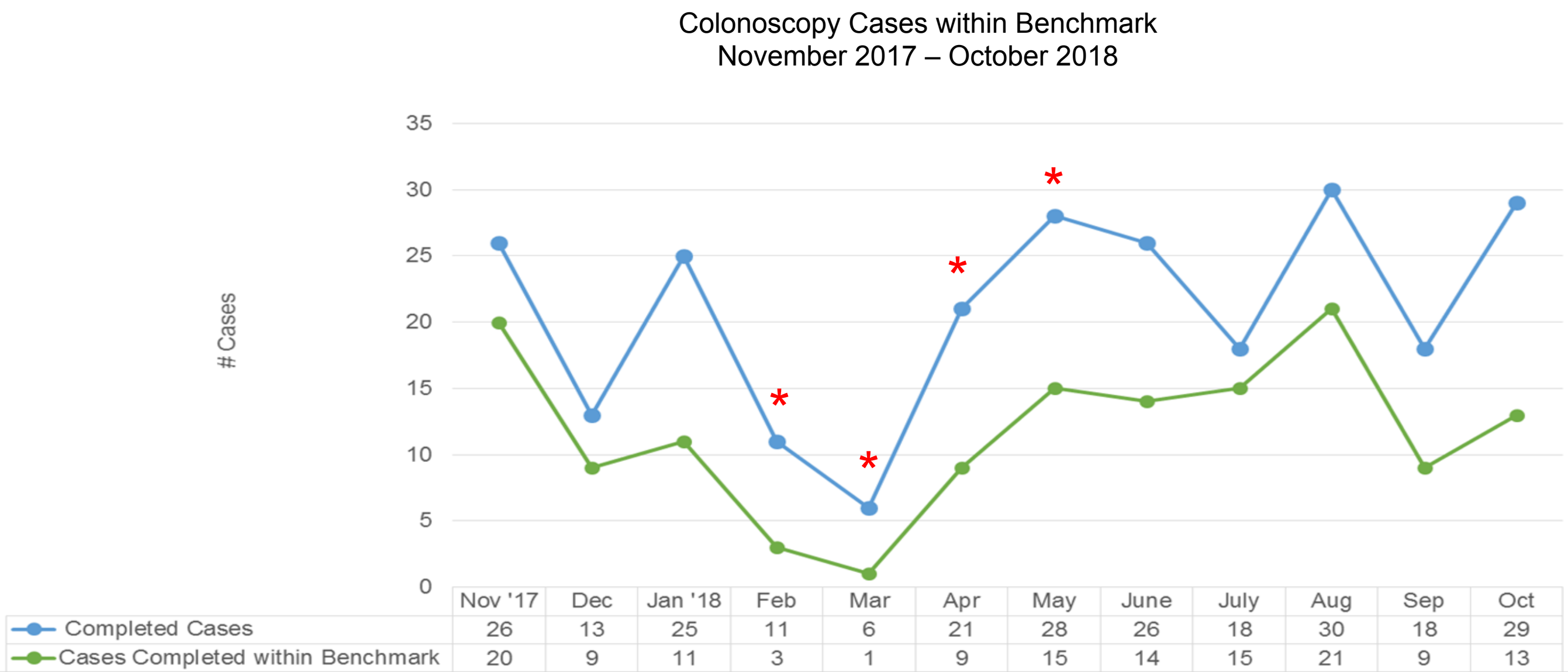
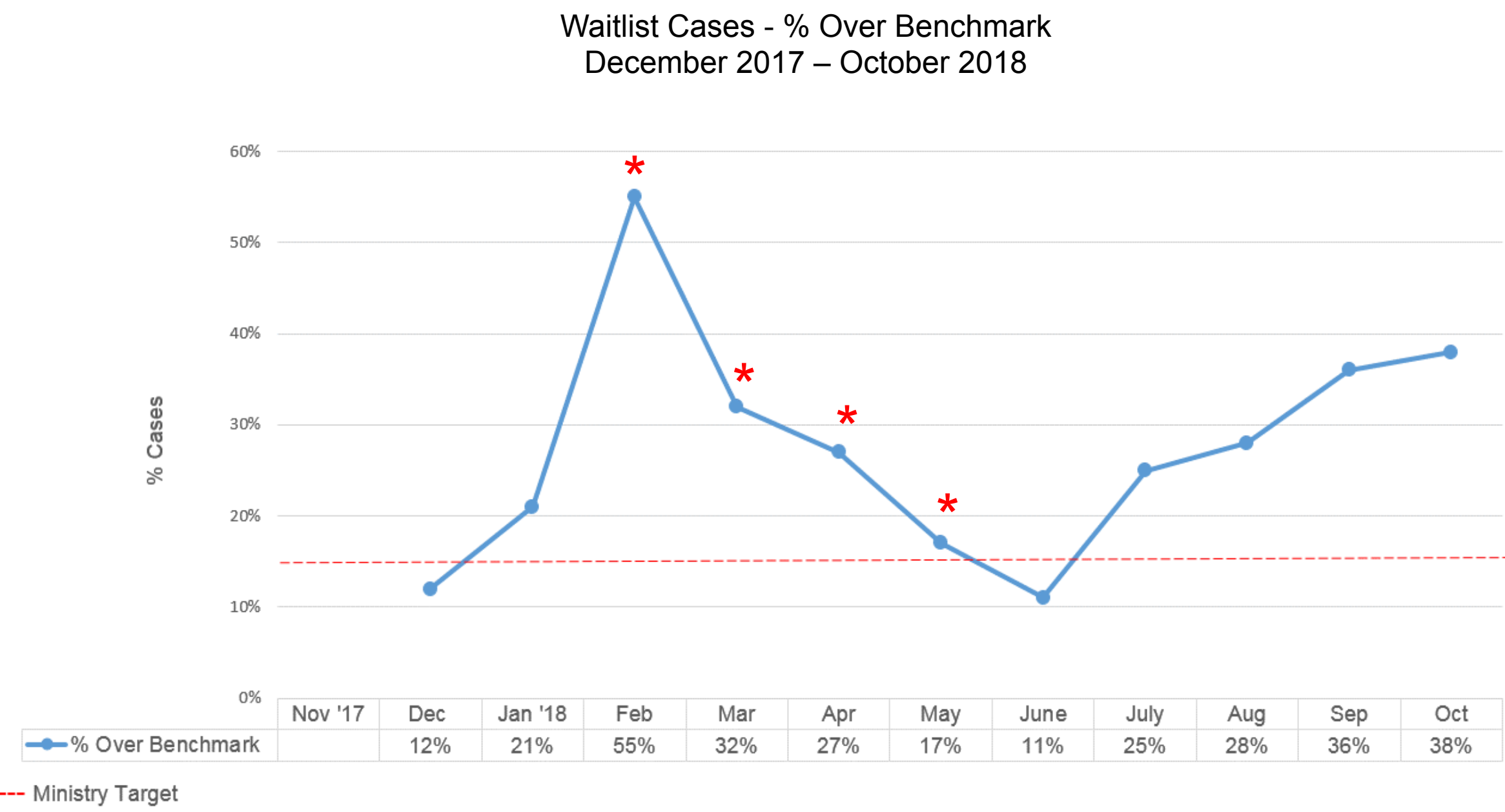
This work will allow patients to access this care close to home in a timely manner.

Results:

Results from interviews regarding the Virtual Consultation Process, showed that 100% of patients who used it were satisfied with the process and time to appointment. Patient uptake of virtual consultations however remains low.

Results related to wait times for consultation to procedure shows that in all but two months from January to October 2018*, colonoscopy case wait times were above the benchmark target of 15%.

**Data presented here captures colonoscopies only. Baseline data only commenced in December 2017 and in February 10, 2018 the OR flooded and the OR was closed to April 16, 2018. The results from February-April reflect times when the OR was open. December 2017 data is considered the baseline for comparison.*



Next steps / Sustaining the Gains:

Explore methods to increase capacity of the program to improve our wait times and meet the benchmark.

- Process mapping and use of LEAN Tools
- Explore risk management of performing endoscopies in OR verses endoscopy suite

Explore methods to increase access.

- Collaborate with regional, community and clinic partners with focus on marginalized populations
- Electronic bookings
- C-GRS completion

Data collection and analysis.

- Track quality indicators related to technical performance of the procedure and appropriateness
- Use of real time dashboard and trends of relevant indicators to monitor access, capacity and efficiency of endoscopy service

Provider skills development.

- DOPs assessment
- Establish formal mentorships

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