

Engaging Physicians in a Quality Initiative: *The ASGE Unit Recognition Program*

Jonathan Cohen, MD
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Attention to Quality in Endoscopy: *Where did this come from?*

Glass is half empty & half full

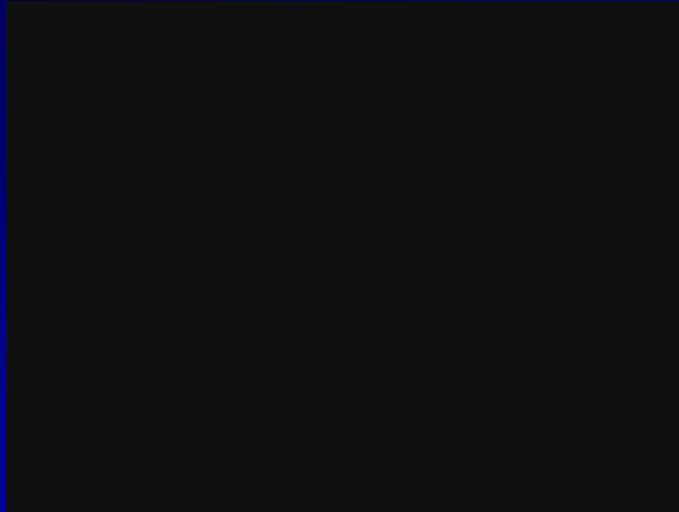
- Colonoscopic screening saves lives
 - . . . **But many individuals are not getting screened**
- Excellent results are possible
 - Cecal intubation rates > 95%
 - High adenoma detection rates now well above 25%
 - . . . **But not everyone is achieving this**

Increasingly, everyone is focused on quality

- Doctors, payers, and most importantly patients
- Facilities



Why Quality Matters!

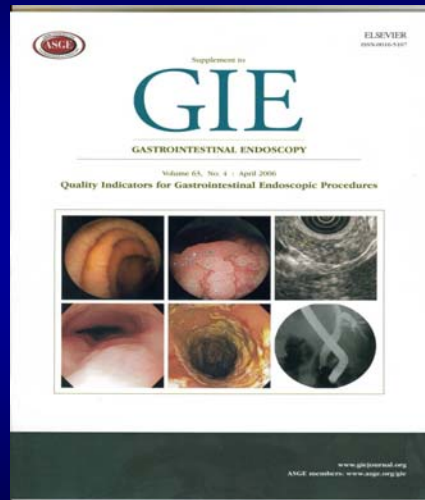


Gastroenterology: *What have we been doing about quality?*

- Efforts to define what constitutes quality
 - ASGE / ACG task force
 - Publication 4/06
 - ◆ Quality Indicators for each major type of endoscopy
- Efforts to begin to measure some of these quality indicators in real practice settings
 - I. Pike
- Research and scientific focus on these sorts of issues



Measuring Quality in Gastrointestinal Endoscopy



Advancing Gastroenterology Practice Through Endoscopic Excellence

High Quality Endoscopic Facility: *A Place to Go for Optimal Procedural Outcomes and Patient Satisfaction*

- What are the elements of quality?
- How can the consumer make an informed choice?



Choosing a Restaurant or a Hotel?

- Convenience, accessibility
- Facilities, services
- Civility (staff)
- Safety
- Cost/value
- Reputation
 - Individual feedback, brand, or some ranking



Rankings for Restaurants and Hotels

- Zagat, AAA and Mobil
 - Rank 1-5
- Mobil rankings
 - 850 items for hotels
 - 270 items for restaurants
- What items are important for endoscopy units?



Good Endoscopy Experiences Need...

- Skilled endoscopists
- Good facilities
- Optimum equipment
- Trained motivated staff
- Policies and guidelines
- Quality improvement process



Metrics: *Demographics*

- Nature of facility
 - Hospital, office, ASC, etc
- Years in use
- Accreditation agency
 - Recent rating
- Names of director and nurse manager
- Procedure volumes in last year, by type
- Number of procedure rooms and bays
- Number of trained staff (and grades)



Metrics: *Written Policies...*

- **Credentialing endoscopists**
- **Sedation and monitoring**
- **Cleaning and disinfection**
- **Risk reduction strategies**
 - e.g., anticoagulant management
- **Practice guidelines**
 - e.g., surveillance intervals
- **Communications with patients and referrers**
 - Recall for surveillance, pathology results



Metrics: *Quality monitoring*

- **Process outcomes**
 - ASGE metrics (cecal intubation, adenomas)
 - Patient satisfaction data (ASGE tool)
 - No show rates
- **Safety data**
 - Infection rates
 - Unplanned intubations and admissions
- **Systems for data review/ improvement**



Key Issues

- How to collect the data?
 - Thanks to Drs Tom Deas, Irving Pike, and others, who have tried
- How to compare your data with others?
 - Benchmarking



Quality in Endoscopy: *Global Rating Scale in UK*

- A system assessing quality in **ALL** of the endoscopy units in Britain since 2004
- Spearheaded by Dr. Roland Valori
 - “Clinical lead for endoscopy in UK”

www.grs.nhs.uk



Patient Centered Standards

Quality and safety

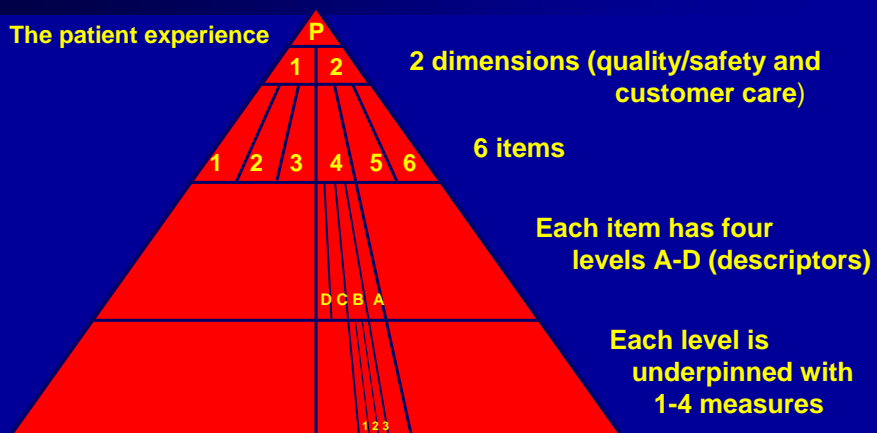
- Appropriateness
- Information/consent
- Safety
- Comfort
- Quality
- Timely results

Customer care

- Equality
- Timeliness
- Choose and book
- Privacy and dignity
- Aftercare
- Ability to provide feedback



Quality in Endoscopy: *Endoscopy Global Rating Scale*

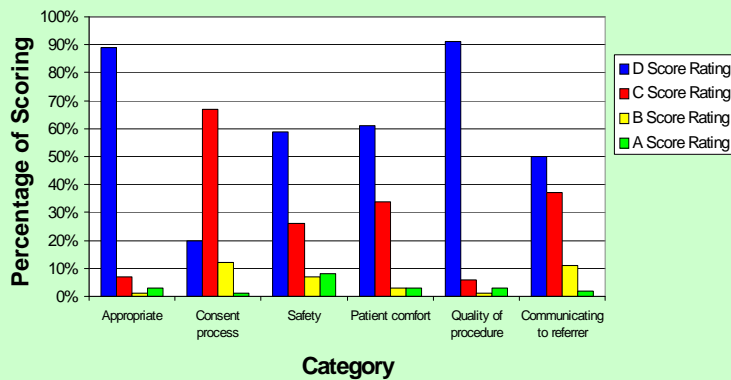


Quality in Endoscopy: Item--Aftercare, Levels C and B

There are procedure specific aftercare patient information sheets for all procedures performed in the department	<input type="radio"/> Yes <input type="radio"/> No	C
There is a 24 hour contact number for patients who have questions and experience problems	<input type="radio"/> Yes <input type="radio"/> No	
All patients are told if they are suspected of having a malignancy on the same day as the procedure	<input type="radio"/> Yes <input type="radio"/> No	
If it is considered inappropriate to tell the patient malignancy is suspected, a note is made in the file of the reason	<input type="radio"/> Yes <input type="radio"/> No	
All patients are discharged with verbal and written information about next steps appropriate for their care	<input type="radio"/> Yes <input type="radio"/> No	B
All patients are told the outcome of the endoscopic procedure prior to discharge	<input type="radio"/> Yes <input type="radio"/> No	
All patients are told if further information from pathological specimens will be available, from whom and when	<input type="radio"/> Yes <input type="radio"/> No	
Patients' views on aftercare processes are sought at least annually	<input type="radio"/> Yes <input type="radio"/> No	

UK Quality in Endoscopy: Quality and Safety Data

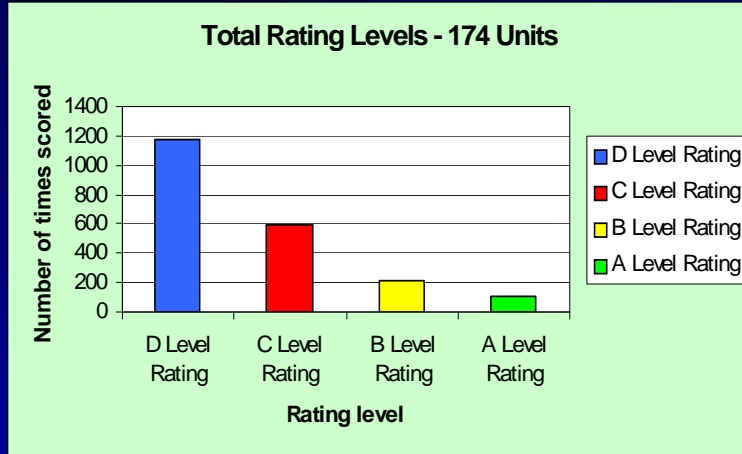
Quality and safety Acute Trusts (167/213 Units)



UK Quality in Endoscopy:

Distribution of GRS scores

May 2005



www.grs.nhs.uk

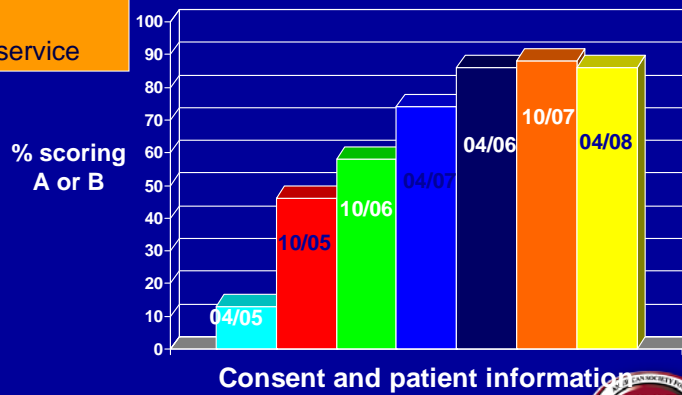


UK Quality in Endoscopy:

GRS---National results

One item--six censuses over 2.5 years (207 units)

Level B or better is our current standard for an acceptable service

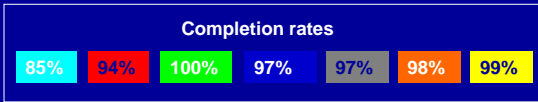
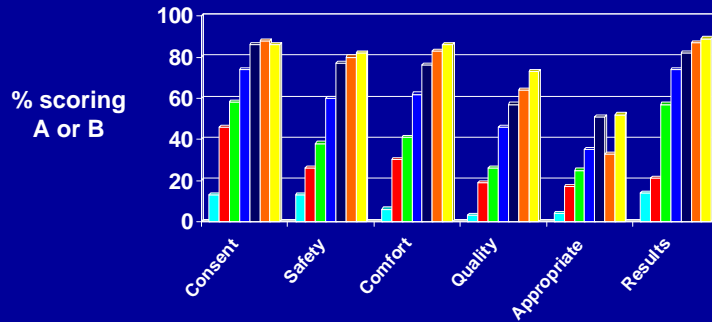


Consent and patient information



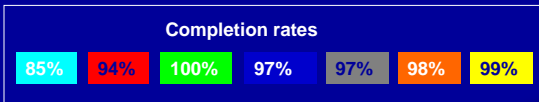
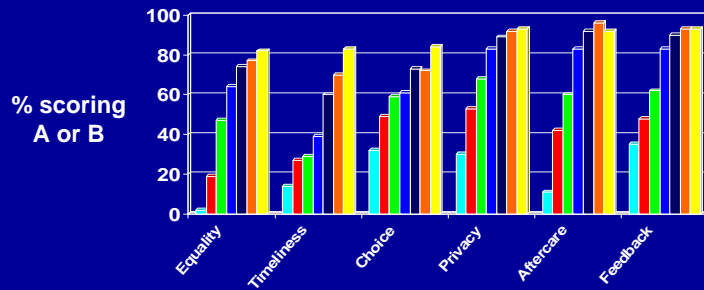
UK Quality In Endoscopy

GRS National Results (Quality and Safety Measures): April 2005 - April 2008



UK Quality In Endoscopy

GRS National Results (Customer Care Measures): April 2005 - April 2008



Bottom Line...

- We need “Report Cards”
 - Endoscopists
 - Endoscopy Units
- We need an infrastructure to analyze the data
 - Benchmarking



ASGE Endoscopy Unit Recognition Program

Advancing patient care and digestive health by promoting quality in gastrointestinal endoscopy



“ASGE members are among the most skilled endoscopists in the world. Through the Endoscopy Unit Recognition Program, ASGE is proud to acknowledge the high-quality units where our members practice. The ASGE Certificate of Recognition honors endoscopy units committed to the highest standards of safety and quality.”

— Douglas O. Faigel, MD, FASGE
Chair, ASGE Quality Assurance Task Force





ASGE Endoscopy Unit Recognition Program

*Advancing patient care and digestive health by
promoting quality in gastrointestinal endoscopy*

Purpose

- Promote patient care by recognizing the high-quality units where our members practice
- Key elements:
 - Promoting excellence in patient care
 - High-quality units
 - Where ASGE members practice



ASGE Endoscopy Unit Recognition Program

*Advancing patient care and digestive health by
promoting quality in gastrointestinal endoscopy*

Components

- Application agreeing to abide by a variety of standards and documents
- Participation in Quality in Endoscopy Course



ASGE Unit Recognition Program: *Requirements*

- **Current accreditation by a recognized accrediting organization**
 - e.g., JCAHO, AAAHC
- **Attestation that three guidelines are adopted as unit policy**



ASGE Unit Recognition Program: *Guidelines*

- ASGE Guideline on granting privileges***
- **GI Fellowship, surgery residency or equivalent**
 - **Threshold numbers during training**
 - ◆ Competency then can be assessed
 - **Privileges granted separately for each procedure**
 - ◆ “Specificity of Privileging”

*Gastrointest Endosc 2002;55:780-783.



ASGE Unit Recognition Program: *Guidelines*

- **Multisociety Guideline for Reprocessing Flexible Gastrointestinal Endoscopes**
 - Gastrointest Endosc 2003;58:1-8.
- **CDC Guideline for preventing transmission of infection**
 - www.cdc.gov/ncidod/gl_isolation.html



Recognition Course



Improving *Quality* and *Safety* in Your Endoscopy Unit

Part of the ASGE Endoscopy Unit Recognition Program
Promoting Excellence in Patient Care by Recognizing Quality in Endoscopy

Course Directors:

Jonathan Cohen, MD, FASGE
David A. Greenwald, MD, FASGE



ASGE Improving and Safety in your Endoscopy Unit Course: Topics Covered

- **ASGE Excellence in Endoscopy Unit Recognition Program: *The Basics***
- **What constitutes a high quality endoscopy unit?**
- **Benchmarking to Excellence: *Using Endoscopy Quality Indicator Measurement to Improve Performance***
- **Efficiency in Endoscopy**
- **Quality in Sedation and Monitoring**
- **Strategies for Unit Accreditation and Re-accreditation**
- **New Equipment and New Techniques in the Endoscopy Unit**



ASGE Improving and Safety in your Endoscopy Unit Course: Topics Covered

- **Infection Control in Endoscopy**
- **Reprocessing Flexible Endoscopes**
- **Infection Control in Endoscopy: *Safe Injection Practices and Contact Precautions***



Eligibility

- All settings in US where endoscopy is practiced
 - Office units
 - Hospital units
 - AEC/ASC
- 50% of endoscopists are ASGE members



Benefits

- ASGE Certificate of Recognition
- Rights to use "ASGE Recognized Unit" logo
 - Letterhead, websites, endoscopy reports etc...
- Public relations material and
 - Press release to announce your achievement
- Posting on the ASGE website
 - Recognized units



Benefits

- Patient brochures
 - *Ensuring the safety of your endoscopic procedure*
- Access to advice from reprocessing experts
- Complimentary AEC SIG membership
- 75% discount on future safety courses for additional staff to attend
- Renewable every 3 years



Application Process

- Complete application
- Attend a special course on Endoscopy Unit Quality & Safety
- Fee
 - \$600 (\$450 if 100% ASGE members)
- Materials reviewed by the QA Taskforce
- Approved by ASGE Governing Board
 - Award granted
 - Recognized at Crystal Awards Dinner, DDW



Upcoming Courses

- **Saturday, October 17, 2009**
 - Oak Brook, Ill
- **Wednesday, December 16, 2009**
 - New York, NY
 - In conjunction with NYSGE Annual Course



Conclusion

- **Focus on quality**
 - Build on the successes achieved and
 - Close the existing limitations on
 - Realizing the full potential benefits of what we do
- **Define quality and then measure ourselves**
 - Improve measurable parameters
- **Endoscopy units matter a good deal in this process of improving quality**

The ASGE and NYSGE are excited to work with the C5 coalition to achieve these goals in NYC!

