

Define Opportunity

Problem:

The gastroenterology (GI) program in the Edmonton Zone (EZ) did not have a coordinated approach to quality improvement activities. It had neither clear program priorities nor an integrated approach to quality planning monitoring and improvement. As a result, GI improvements occurred in isolation, lessons were rarely shared in the zone and individual units struggled with sustaining improvements.

Goal Statements: By September 2016:

1. A robust framework for quality will be developed and implemented for EZ Endoscopy Program. This framework will include an overarching EZ Endoscopy Program Quality Council as well as site-specific program councils.
2. Phase 1 site endoscopy programs in the Edmonton zone, including Covenant Health sites, will have implemented regular quality audits of their services using the Canada Global Rating Scale (C-GRS). Phase 1 will include Royal Alexandra Hospital, University of Alberta Hospital, Sturgeon Community Hospital, Misericordia Community Hospital and Grey Nuns Community Hospital
 - a. Progression to involve Phase 2 after September 2016 will include Fort Saskatchewan Community Centre, Westview Community Centre and Leduc Community Hospital
3. Terms and operational data definitions within the C-GRS will be standardized for EZ
4. Data collection methodology will be consistent across EZ
5. Phase 1 sites will have achieved a minimum score of "C" in all domains

Patient voice:
"My symptoms worsened as I waited one year for my first appointment"

Implementation Plan:

- Collaboration between AHS and Covenant Health
- Appointment of Clinical Quality Consultant as project leader
- Develop program standardized data definitions for elements within C-GRS
- Identify Physician Quality Leads
- Obtain patient voice through patient satisfaction surveys
 - Create processes to ensure patient surveys are conducted and reviewed biannually
- Access support from Quality & Healthcare Improvement departments:
 - (Primary Data Support, DIMR, Clinical Quality Metrics, Patient Engagement, Knowledge Resources, Patient Safety, Policy & Forms)
- Share role of Working Group Leads across the zone
- Develop Quality Councils for Endoscopy units at each Phase 1 site, and provide monthly quality education sessions to council members

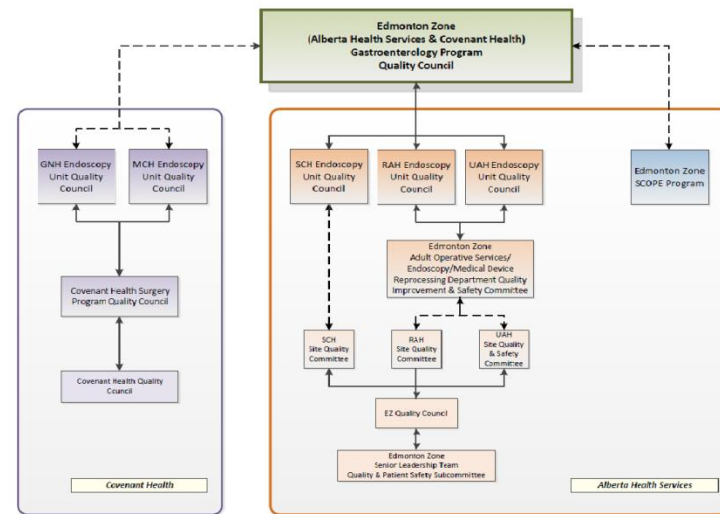
Patient voice:
"I hope they will make changes to their processes based on the patient comments"

Act to Improve

Build Understanding

Build understanding by:

- Complete first cycle of C-GRS with phase 1 sites in order to obtain baseline data
- Use interview to obtain patient experience
- Develop and administer online physician questionnaire to obtain information on wait time management, booking, communication
- Develop working groups
- Assign leads from different sites to promote shared efforts
- Zone Quality Council to drive improvement efforts



Edmonton Zone Gastroenterology Program Council Structure

Patient voice:
"I am told that the physician came to tell me my results after my gastroscopy, but I do not remember it because of the sedative. Having my husband nearby would have made me feel supported, but he was not allowed in"

Results:

GRS Item	Consent Process	Safety	Comfort	Quality of Procedure	Appropriateness	Communicating Results
Baseline Data (Fall 2015)	D	D	D	D	D	D
Follow up Data (Spring 2016)	C	D	C	D	D	D

GRS Item	Equality Of Access	Timeliness	Booking & Choice	Privacy & Dignity	Aftercare	Ability to Provide Feedback
Baseline Data (Fall 2015)	D	D	D	D	D	D
Follow up Data (Spring 2016)	D	D	D	C	C	B

Levels and Corresponding Activities:

Level	Activity
D	Basic Data Gathering
C	Periodic review of data gathered, including patient satisfaction surveys
B	Response to opportunities for improvement identified
A	Assess response to changes made

1. Framework for Quality has been implemented at zone and program levels
2. GRS scores have increased to "C" in four areas and to "B" in one area
3. Audit strategy for patient satisfaction developed
4. Process in place for biannual C-GRS survey
5. Terms & operational data definitions within the C-GRS clarified and finalized
6. Use of C-GRS to identify areas of deficiencies and identify improvement work
7. Decision of executive sponsors to proceed with Zone Quality Council as driver of QI activities
8. Use feedback from patient satisfaction survey to identify further improvement activities
9. Use results from physician surveys to identify further improvement activities
10. Progress to involve rural sites in phase 2 (Fall 2016)
11. Build capacity and capability within program by assigning and training a frontline staff member to lead project once consultant term ends

Results

Manage Change

Communication Strategies:

- Operational and medical leads at all sites were given regular progress updates
- Project momentum was facilitated through continuous face to face communication to impacted stakeholders
- Zone leadership identified initial opportunities for quality improvement
- Leads for working groups were shared amongst the sites
- Biweekly meetings with medical and operational sponsors
- Zone Quality Council meetings held every 6 weeks
- Site program councils
- Progress reports
- Newsletters
- Quality Councils

Patient voice: "a manager called to address my concerns. I was happy to hear that my concerns were treated seriously. I was told that there is work going on to improve the experience patients have. I appreciate this."

Lessons Learned:

- Require dedicated Quality Consultant to manage the project
- Acceptance of process by the Gastroenterologists is critical to continued improvement
- Maintaining project momentum, change willingness and readiness are very difficult but key to continuous improvement
- Ensure that all key stakeholders agree upon operational definitions
- Executive Sponsors are invaluable when help is needed to remove barriers
- Do not waste efforts to create something that already exists- seek and adopt tools from across AHS and share freely
- Encourage representation from all team members to develop a common understanding of current and desired processes

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Share Learning