

Background and Resource Summary

The Early Quality Initiatives (EQIs) – Quality Improvement Resource Package for Endoscopy/ Colonoscopy



Quality Improvement Resource Package for Endoscopy/Colonoscopy

In March 2013, the Ministry announced a formal partnership between Cancer Care Ontario (CCO) and the College of Physicians and Surgeons of Ontario (CPSO) to develop provincial quality management programs (QMPs) for colonoscopy, mammography and pathology. This Quality Improvement Resource (QIR) package includes four QIRs for endoscopy/ colonoscopy providers that were developed by the Partnership as part of its early quality initiatives (EQI) work. These EQIs were based on recommendations from the colonoscopy Expert Advisory Panel, which were submitted to the Ministry in March 2014 in the Partnership's Phase 1 Report.

In fall 2014 and winter 2015, a Clinical Working Group (CWG) led by the Partnership's provincial lead for colonoscopy and supported by Partnership staff utilized a systematic evidence informed process to generate the QIRs included in this package.

This document provides an overview of the development process followed by a complete list of resources used to help develop each of the QIRs included in this package.

For more information about these resources or the Partnership visit the Partnership website at www.qmpontario.ca

What are the QIRs included in this package?

1. Bowel Preparation Selection Best Practice Guidelines

The Bowel Preparation Selection Best Practice Guidelines is an educational resource for colonoscopists and referring physicians. It includes two components:

- o A decision guide which visually depicts the logic of bowel preparation selection for different patient scenarios;
- o A table summarizing more comprehensive information on additional aspects of bowel preparation including dosing, diet and hydration recommendations for adequate bowel preparation prior to a colonoscopy.

The resource is intended to enable:

- o **Colonoscopy providers** to improve bowel preparation selection practice to enhance the quality of care, and
- o **Referring physicians** to better understand bowel preparation regimens that are selected for their patients; to communicate this information to their patient as needed; and, to deliberate with the colonoscopist on their patient's behalf in the event that the bowel preparation regimen prescribed is not suitable for their patient. This will enhance patient-centred care.

2. Standardized Endoscopy Reporting Guidelines

The endoscopist is responsible for reporting procedure details, key findings and the management plan to the physician who referred the patient for colonoscopy. These guidelines outline the minimum requirements for standardized endoscopy reporting by the endoscopist to the referring physician. The resource is intended to enable:

- o **Endoscopists** to enhance the quality of care by improving communication and strengthening the continuum of care. This includes reducing uncertainty about follow-up care and responsibilities, reducing repeat examinations due to the lack of appropriate information, reduce inappropriate decisions for the timing of surveillance colonoscopy and ensuring that referring physicians receive consistent and predictable information about the procedure findings, management plan, and follow-up, and
- o **Referring physicians** to form clear expectations about the information they can expect to receive from the endoscopist after their patient has undergone the procedure

3. Standardized Patient Discharge Guidelines for Endoscopy Facilities

The endoscopist is responsible for providing written post-discharge instructions to patients who have undergone colonoscopy. This guideline outlines the minimum requirements for the written post-discharge instructions that are provided to the patient, family member, and/or legal guardian at or before discharge following a colonoscopy procedure.

This resource is intended to enable **endoscopy facilities** to enhance patient-centred care by helping the patient better comply with the management plan, improve their recall of endoscopy findings and the management plan, decrease patient anxiety, increase patient knowledge about how to obtain final endoscopy results, improve patient understanding of what to do if complications arise after a colonoscopy and contribute to the provision of consistent discharge information to all patients. This will ensure that all patients receive key messages upon discharge.

4. Pre and Post Procedure Guidelines and Checklists for Endoscopy Facilities

This resource includes two components:

- o Guidelines outlining the minimum requirements for patient information that should be collected and activities that should be completed prior to and after a colonoscopy procedure
- o Three sample checklists including a Day-of Procedure Pre-Procedural Checklist, Procedure Room Pre-Procedural Checklists, and Post-Procedural Checklist

The guidelines are intended to enable **endoscopy facilities** to compare their current processes to those outlined in the guidelines to identify existing gaps and to ensure that the minimum requirements are integrated into the facility's provision of colonoscopy services. Where facilities are completing the activities recommended in the guidelines but may not be adequately documenting the completion of important pre-post procedure activities, the three checklists provided may be used to efficiently document the completion of these activities.

How were the QIRs designed and developed?

The QIRs included were drafted by a Clinical Working Group (CWG) led by the Partnership's Provincial Lead for colonoscopy, Dr. David Morgan. Membership included CPSO assessors Dr. Doug Hemphill, Dr. Hugh Kendall, Dr. Peter Rossos and CCO Clinical Leads Dr. Catherine Dubé and Dr. Jill Timmouth, as well as Nurse Representative Kay Rhodes.

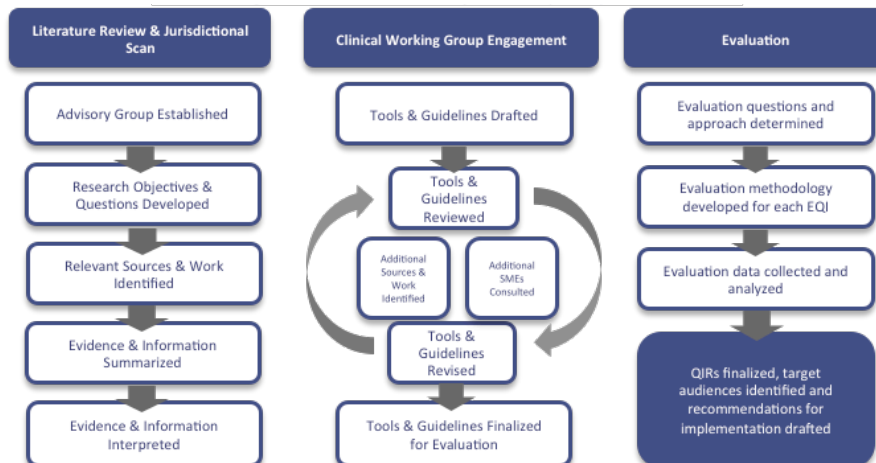
Figure 1 provides a visual overview of how the EQIs utilized a systematic evidence informed process to produce the resulting QIRs listed above. The process included comprehensive literature reviews and jurisdictional scans for each QIR, supplemented by CWG members' clinical expertise and consultation with additional subject matter experts (SMEs) as required (e.g. CPSO Out-of-Hospital Inspection Program.) Once drafted the QIRs were evaluated for their completeness, usefulness and usability. A more detailed overview of the QIR development process is provided in Figure 2, below.

The draft QIRs were evaluated for their completeness, usefulness and usability between September and December of 2015 utilizing a mixed methods approach. Ninety two healthcare providers from 25 Out-of-Hospital Premises (OHPs), 21 Hospitals and 10 Family Practices across twelve LHIN regions in Ontario provided feedback. During the evaluation, individual providers and facilities were asked to provide feedback after reviewing and/or using these resources in their clinical settings for a prescribed amount of uses. For example, providers who evaluated the bowel preparation selection best practice guidelines were asked to use the resource when selecting bowel preparation regimen for a minimum of ten patients prior to being asked to complete an evaluation survey. Evaluation findings were used by the CWG to refine and finalize the QIRs based on provider feedback, identify target audiences, and draft recommendations for dissemination and adoption of these resources.

Figure 1: Overview of QIR development



Figure 2: Detailed breakdown of EQI development process



Resource Summary – Bowel Preparation Selection Best Practice Guidelines

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