NHS Awards 2013 Endoscopy Unit

1. Storyboard Title

Improving the quality of the patients’ experience of the endoscopy service: achieving full JAG accreditation in Bronglais District General Hospital utilising the Global Rating Scale framework.

2. Brief Outline of Context

Bronglais Hospital provides services to a large rural area covering Mid-Wales.

The project was undertaken in the endoscopy department which performs approximately 2000 endoscopic procedures per year.

The project was supported by all staff working in the department; medical and nursing staff, senior nurse management, scheduled care manager and endoscopy co-ordinator. Additional support was provided by the estates department who helped progress the project facilitating liaison with NHS Wales Shared Services Partnership - Facilities Services (NWSSP-FS).

3. Brief Outline of Problem

There was concern over the standard of endoscopic services across the UK indentified by the Joint Advisory Group (JAG) for endoscopy. The Global Rating Scale (GRS) framework is a tool to facilitate measurement of a service performance. At the same time the unit was exploring the possibility of becoming a centre for Bowel Screening Wales who required the department to meet a number of standards for accreditation.

The GRS framework highlighted that the unit was not achieving an acceptable level of patient centred care within the existing service provision.

Issues identified

Clinical Quality
Patient’s privacy/dignity was compromised with no private interview rooms for admission and discharge, patient consent or breaking bad news. There were no changing or patient preparation rooms. Staffing levels were inadequate to ensure a safe environment for the patients.

**Patient Journey**
Patient booking system gave the patients no choice in appointment scheduling. The Did Not Attend (DNA) rates were high resulting in a waste of resources with lost endoscopy time. The patient’s journey through the unit involved pre and post procedure patients in the same area, with patients waiting in a corridor for their procedure. Patient information needed updating.

**Training and Workforce**
Policies and procedures needed updating.

**Decontamination**
Decontamination area was not acceptable with no separation of clean and dirty areas. The endoscope washer disinfector was non-compliant.

**4. Assessment of the Problem and Analysis of its Causes**

**The environment**
The problem was predominantly due to where endoscopy was located. A lack of space compromised the patient experience and safety. The procedure and patient areas were fragmented, spread across a public corridor.

**Quality of care**
Quality was compromised by the layout of the department with inadequate patient preparation and recovery areas. The procedures were performed in a small clinical room.

**Failure to Attend for Appointment**
The booking process followed a traditional process of sending out appointments for procedures resulting in a high failure to attend rate. The booking co-ordinator based away from the unit compromising communication.

**Decontamination**
The equipment and environment did not meet standards.

**5. Strategy for Change**
The process leading up to Joint Advisory Group (JAG) involved implementing the domains of the GRS. Staff groups worked to implement changes and
progress was monitored by monthly meetings using a traffic light system and co-ordinated by nurse management.

Management and Estates
A new self contained unit was planned in the site of an old ward allowing the patient journey to flow through unit from admission to discharge. Rooms dedicated for admission, consent, private changing and toilet facilities promoted privacy and dignity. Decontamination area was designed to isolate clean from dirty endoscopes and a new washer disinfecter and drying cabinet for the storage of endoscopes installed.

Endoscopy Unit Staff and Management
Staff were divided into groups and worked to improve the measures and levels responsible for domains of the GRS
- Clinical Quality
- Patient Journey
- Training and Workforce
- Decontamination

Patient surveys and audits were undertaken.
New patient information was developed in liaison with the Clinical Effectiveness team to improve informed patient consent.
Patients now receive information about their procedure in the post prior to booking their appointment. A telephone pre-assessment is completed and an appointment is made at the patients’ convenience.
Patient waiting areas were enhanced with pictures and television to provide a relaxed and calm environment.
Curtains and dignity shorts, changing and waiting facilities maintain patient privacy and dignity.
Operational policy was updated.
Nurses gained competencies in new skills e.g. cannulation.
Nursing staff were recruited and trained in endoscopy and decontamination.
A new reporting system was launched to allow compiling of data for audit.

6. Measurement of Improvement

Patient satisfaction surveys
Patient surveys have highlighted the improvement of privacy and dignity. Patients have commented positively on the booking process, information provided and the endoscopic event.

GRS/JAG
All scores for the GRS domains are at ‘A’ level.
Gained full accreditation in January 2012.
7. Effects of Changes

Feedback from JAG accreditation visit
Unit congratulated on high standards of teamwork and facilities.
Highly experienced and committed workforce.
Patient centred service.
Excellent decontamination service.
Outstanding waiting list management and booking systems.

Local Observations
Positive feedback from patient satisfaction surveys.
Enhanced patient information has resulted in improved informed patient consent.
DNA rates have dropped reducing wasted appointments. (Figure 1)
Reduction of risk in delivery of service due to a safer environment.
Improved staff morale.

![Endoscopy DNA's on a monthly basis](image)

Figure 1

Feed back from privacy and dignity patient survey and letters of thanks

..“I was treated with the best possible care and dignity that any patient could wish to receive"

..”treated with care and consideration…..concern was given to my comfort and well being”

“Treated with the upmost respect”

8. Lessons learnt
Time consuming process whilst still providing an acute service.
Identify key members of staff who will deliver outcomes within the agreed
timescale.
Implementing change is difficult, staff initially found the size of the task
daunting.
Earlier implementation of clear action plans would have smoothed the
accreditation process.
Designated administrative support facilitated the collation of required
information.

9. Message for Others

The use of the GRS framework and achieving JAG accreditation has enabled
us to quality assure the endoscopic service to the benefit of patients.
We are now in a position to share our experiences with other units seeking
JAG accreditation.