

**FORZANI &  
MACPHAIL** | **COLON CANCER  
SCREENING CENTRE**

**Continuous Quality Improvement Report  
June 2013**

**Quality of the Client Experience**



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## FORZANI & MACPHAIL | COLON CANCER SCREENING CENTRE

***“The staff were all awesome! Amazing Job!”***

***“This was the best care I’ve ever had.”***

***“I wish the rest of our medical system was as fast, efficient, thorough and professional as my experience was at the CCSC.”***

***“I commend and thank all staff at the Forzani & MacPhail Colon Cancer Screening Centre on a job well done!!!”***

***“Well run, like a business. Nurses were very professional. Good care. We need all of AHS to run this way.”***

***“How very fortunate we are to have such a facility!!!”***

***“The operation of the Colon Cancer Screening Centre should be a standard all aspects of the hospital groups should aspire to.”***



## 1. Introduction

The doctors, nurses and administrative staff of the Forzani & MacPhail Colon Cancer Screening Centre (CCSC) are dedicated to providing high quality colon cancer screening services. A comprehensive continuous quality improvement (CQI) program is used to ensure that the services provided at the CCSC are of the highest quality and that clients have the best possible experience.

The CCSC's Quality Assurance Committee uses the UK Endoscopy Global Rating Scale ([globalratingscale.com](http://globalratingscale.com)) as a framework to guide its quality improvement activities.

Several methods are used to measure and improve the quality of the services provided at the CCSC:

1. Biannual reporting to Canadian Global Rating Scale database
2. Client experience questionnaires
3. Measurement of quality indicators of colonoscopy process and outcomes
4. Physician performance benchmarking and report cards
5. Adverse event monitoring and reporting
6. Tracking of wait times

The CCSC uses two questionnaires to comprehensively assess the quality of care provided at various steps of the colonoscopy experience, including the pre-assessment visit, the colonoscopy and post-colonoscopy care. In this report, we present the results of the questionnaire on the colonoscopy and post-colonoscopy care. The questionnaire was given to 1,000 individuals undergoing colonoscopy from March to May 2013. The questionnaire was given out at discharge from the unit along with a business reply envelope. Clients completed the questionnaire at home and were asked not to provide any identifiable information; therefore, the results of individual questionnaires are anonymous. The questionnaires allow clients to write additional comments about their experience to expand upon the areas they were questioned about or to address areas that were not covered by the questionnaire.

In December of 2012, the CCSC became the focus of the provincial Health Services Preferential Access Inquiry investigating allegations of queue-jumping within Alberta's publicly funded health care system. Several members of the management team and staff were called to testify before the inquiry, and stories about queue-jumping at the CCSC were frequently reported on television and in newspapers. This was a tremendously stressful time for all CCSC staff. As of the writing of this report, the final report of the Inquiry has not been completed and, therefore, the final fallout of the inquiry on the CCSC and its staff remains unknown.

Distribution of the Colonoscopy Experience Questionnaire began shortly after the conclusion of the public testimony. We were uncertain if we would see any deterioration in the usually very positive ratings given by CCSC patients due to any deterioration in staff performance or public perceptions resulting from the Inquiry.

### **CSC Quality Assurance Committee:**

Alaa Rostom, Medical Director

Darlene Pontifex, Clinical Operations Manager

Robert Hilsden, Director of Research

Catherine Dubé, Medical Lead, Alberta Colorectal Cancer Screening Program

## 2. CCSC Clinical Services

The Colon Cancer Screening Centre provides colon cancer screening-related colonoscopies to generally healthy, asymptomatic individuals age 74 or younger who meet one of the following criteria:

- Average risk for colorectal cancer, age 50 – 74.
- Family history of colorectal cancer.
- Personal history of colorectal cancer or polyps.
- Positive fecal occult blood test done for colorectal cancer screening.

The total number of procedures performed at the CCSC was 11,317 in 2011, 16,636 in 2012 and 8,387 in the first five months of 2013. Since opening in 2008, over 58,000 colonoscopies have been performed. These procedures represent additional colonoscopy capacity over that in existence in Calgary prior to 2008.

## 3. Characteristics of Those Completing the Colonoscopy Experience Questionnaire

The following tables show the characteristics of the 477 individuals who completed the survey in 2013 and the 495 individuals who completed the questionnaire in 2012.

Gender	2012	2013	Age	2012	2013
Male	44%	44%	Under 50 years	4%	8%
Female	56%	56%	50 – 65 years	71%	74%
			Over 65 years	25%	18%

First Colonoscopy	2012	2013
Yes	84%	74%
No	16%	27%

Why did you have this colonoscopy?	2012	2013
Routine exam (screening)	65%	59%
Because I have a family history of colorectal cancer or polyps	17%	25%
Because I had polyps or colorectal cancer in the past (surveillance)	5%	9%
Because I had a positive fecal occult blood test (diagnostic)	2%	2%
For another reason	8%	3%
No response	3%	1%

## 4. Contacting the Centre

Historically, inadequate clerical staffing has been a challenge for many aspects of CCSC operations. Phone communications is an area that is readily apparent to clients and has generated a number of complaints. The CCSC has implemented a number of strategies to improve communications, including hiring additional clerical staff, adding phone numbers for specific services and the use of automated call answering and recorded menu options. Questions around ease of phone communication with the CCSC were added to the 2011 Patient Satisfaction Questionnaire. In 2011, 25% of those who had phoned the CCSC experienced difficulty in reaching a staff member.

<b>Did you phone the Colon Cancer Screening Centre for any reason?</b>	<b>2012</b>	<b>2013</b>
Yes	40%	41%
No	60%	59%

<b>What was the purpose of the phone call?</b>		
To confirm an appointment	29%	19%
To change an appointment	35%	48%
To get directions to the Colon Cancer Screening Centre	7%	6%
To get further information about the bowel preparation	26%	24%
To get further information about the colonoscopy	4%	3%
To seek help with problems regarding the bowel preparation	5%	5%
Other	17%	13%

<b>If you phoned the Colon Cancer Screening Centre about a question or inquiry, did you have difficulty reaching a staff member?</b>		
Yes	12%	10%
No	88%	90%

<b>If you phoned the Colon Cancer Screening Centre about a question or inquiry, was it answered to your satisfaction?</b>		
Yes	95%	96%
No	5%	4%

*“My questions were answered satisfactory and the response was quick.”*

## 5. The Day of Your Colonoscopy

On the day of their colonoscopy, all clients first check in with the reception desk. They then are taken into the recovery room by a nurse where they are prepared for their colonoscopy. They are next taken to the endoscopy room for the procedure. Once the procedure is complete, they go back to the recovery room where they stay until they are ready for discharge. The following items address clients' experiences on the day of colonoscopy.

Were you treated courteously and with respect by the reception staff?	2012	2013
Yes	100%	100%
No	0%	0%

Was your journey through the unit well co-ordinated?	2012	2013
Yes	100%	100%
No	0%	0%

Did you feel adequately informed about what was happening to you and when?	2012	2013
Yes	99%	99%
No	1%	1%

Was there an excessive delay in waiting for your test?	2012	2013
Yes	7%	5%
No	93%	95%

*"I was very impressed with the initial greeting when I arrived into the unit for testing. The young lady was very friendly and cheerful."*

*"The level of "customer care" was very good, greatly appreciated and very unusual to see within our medical system."*

*"The staff, nurses and doctors at the clinic were very prompt, courteous, professional and helpful during my visit."*

*"I was extremely impressed with the attentiveness and gentleness of the extremely friendly staff, doctors and nurses!"*

*"I was very anxious coming in for the test. I found that everyone from the front desk to the nurses to Dr. Datta were fantastic, available for any questions. Very-very professional. It was a very good day."*

*"I found your reception very welcoming. Your staff is friendly and seems relaxed, it shows they enjoy their work. They are very attentive and smile a lot. That makes people relax."*



**In the Endoscopy Room**

Before going into the endoscopy room, did you feel that you had an opportunity to ask the nurses any further questions you may have had?	2012	2013
Yes	99%	98%
No	1%	2%
<b>Was the doctor doing the test courteous and considerate?</b>		
Yes	100%	100%
No	0%	0%
<b>Were the nurses assisting with the test courteous and considerate?</b>		
Yes	100%	100%
No	0%	0%
<b>Did you feel that your privacy was respected as best it could be?</b>		
Yes	100%	99%
No	0%	1%
<b>Do you feel that you had adequate time in the endoscopy room and that you and the doctor doing the test were not rushed?</b>		
Yes	99%	98%
No	1%	2%
<b>Did you feel the doctor and nurse were attentive to your comfort during the colonoscopy?</b>		
Yes	99%	97%
No	1%	3%

***“A big thank you to the nurses & Dr. in the procedure room. It is very evident that the staff all seem to like their jobs and I noticed how well they got along.”***

***“Awesome experience. Nurses were friendly, attentive & willing to provide what ever was requested. Dr. took time to explain as he went along. Great to see it on TV & get immediate report.”***

***“The nurse in the procedure rooms and the doctor were not the usual “pushy” kind I have experienced in Emergency Wards. They were informative and timely. In fact, I couldn’t believe how quickly things moved.”***

***A fabulous experience! Educational, informative and super interesting”***

***“Everyone was very considerate and Dr. Bridges was calm and not rushed and answered all my questions. Great!!”***

## 6. Colonoscopy Sedation and Tolerance

The majority of colonoscopies are done with conscious sedation. Usually a combination of a narcotic (fentanyl) and a sedative (midazolam) is used. Some clients choose to undergo colonoscopy without sedation, and this is usually well tolerated. The following items address clients' comfort during colonoscopy.

Do you think you received the right amount of sedation?	2012	2013
Yes	86%	81%
No, I would have tolerated the procedure better if I received more sedation	6%	7%
No, I think I would have tolerated the procedure just as well with less sedation	2%	2%
I requested no sedation	5%	9%

On the scale below, please mark your overall assessment of the level of discomfort you experienced during your colonoscopy.

No discomfort	47%	49%
Mild discomfort	33%	34%
Moderate discomfort	15%	14%
Severe discomfort	4%	3%

On the scale below, please mark if the colonoscopy experience was worse, better or as you had expected.

Worse than expected	7%	6%
As expected	29%	34%
Better than expected	64%	60%

If you have been recommended to undergo another colonoscopy within the next 5 years, how likely is it that you will undergo the colonoscopy?

Will definitely undergo	81%	79%
Will likely undergo	14%	17%
Uncertain if I will undergo	4%	4%
Will not undergo	1%	<1%

*"Dr. listened & prescribed more sedation so my experience was painless. All together great."*

*"I definitely would recommend that anyone fearful of having a colonoscopy go ahead and visit your clinic as the procedure was nothing like the horror stories other people told me."*

*"I was so pleasantly surprised to realize the whole thing was over when I work up. No pain or stress at all."*

*"No meds ...watched the whole 9 years... and then some!"*

*"I did not feel uncomfortable at any time."*

## 7. Aftercare

Prior to discharge, clients are provided with the results of their colonoscopy usually both verbally by the nurse or doctor and as a written report. The written report includes both the official colonoscopy report, which is also sent to the referring physician, and a lay summary (shown below).

Were you given information on what reactions to expect after your procedure?	2012	2013
Yes	97%	97%
No	3%	3%


Have you been told the results of your test?	2012	2013
Yes	99%	96%
No	1%	4%

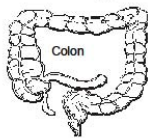
Were you told if you should have another colonoscopy in the future, and if so, when the colonoscopy should take place?	2012	2013
Yes	99%	83%
No	1%	17%*

Did you receive a written copy of your test results?	2012	2013
Yes	99%	98%
No	1%	2%



**FORZANI & MACPHAIL COLON CANCER SCREENING CENTRE**



### Colonoscopy for Colon Cancer Screening

Today's Date \_\_\_\_\_

Results

The test was complete with adequate visualization of the entire colon.

The test was incomplete. Not all areas of the colon were visualized.

Findings:

No polyps

Polyps

Other findings: \_\_\_\_\_

Further Testing Required

CT Colonography (virtual colonoscopy) \* ccsc will arrange

Repeat colonoscopy within 3 – 6 months \* ccsc will arrange

Recommendations for Future Colon Cancer Screening

Resume screening in 10 years \* discuss screening options with your family doctor at that time

Repeat Colonoscopy in

In 3 - 5 years \* the exact timing will be determined after pathological review of the polyps. A final recommendation will be provided to your family doctor. We recommend that you review this with your family doctor at the time of your next annual exam. A new referral to the CCSC will be required at that time.

In 5 years \* referral from family physician required

In 3 years \* referral from family physician required

In 1 year \* ccsc will arrange

No further routine screening required

Other Recommendations for screening: \_\_\_\_\_

Development of New Bowel Symptoms

Although colonoscopy is very accurate, it is possible for polyps and even cancers to be missed. Therefore, it is important not to ignore new bowel symptoms (bleeding, change in bowel habits, abdominal pain). You should see your family doctor if you develop these or any other concerning symptoms.

\* In 2012, the CCSC revised its post-polypectomy surveillance guidelines based on newly released clinical practice guidelines. Because the time to next recommended colonoscopy is much more dependent on the final pathological interpretation of removed polyps, the CCSC is no longer able to provide to most patients on the day of the colonoscopy a firm follow-up recommendation.

***"A written report with pictures is a big plus for my records & future procedures."***

A FULL REPORT OF YOUR COLONOSCOPY WILL BE SENT TO YOUR FAMILY DOCTOR

## 8. The Day After Your Colonoscopy

In prior surveys, clients have requested more information on what to expect after their colonoscopy. In our past two surveys, we added three questions to determine how commonly individuals have significant symptoms after their colonoscopy and whether they missed any work due to these symptoms.

<b>Did you experience any problems the day after your colonoscopy</b>	<b>2012</b>	<b>2013</b>
None	66%	66%
Abdominal pain or cramps	23%	27%
Nausea	4%	4%
Vomiting	1%	<1%
Blood in bowel motions	4%	3%
Dizziness	11%	9%
Felt as though you might pass out or faint	4%	2%

<b>Severity of problem</b>	<b>Pain (2013)</b>	<b>Dizziness (2013)</b>
Mild	82%	93%
Moderate	17%	5%
Severe	2%	2%

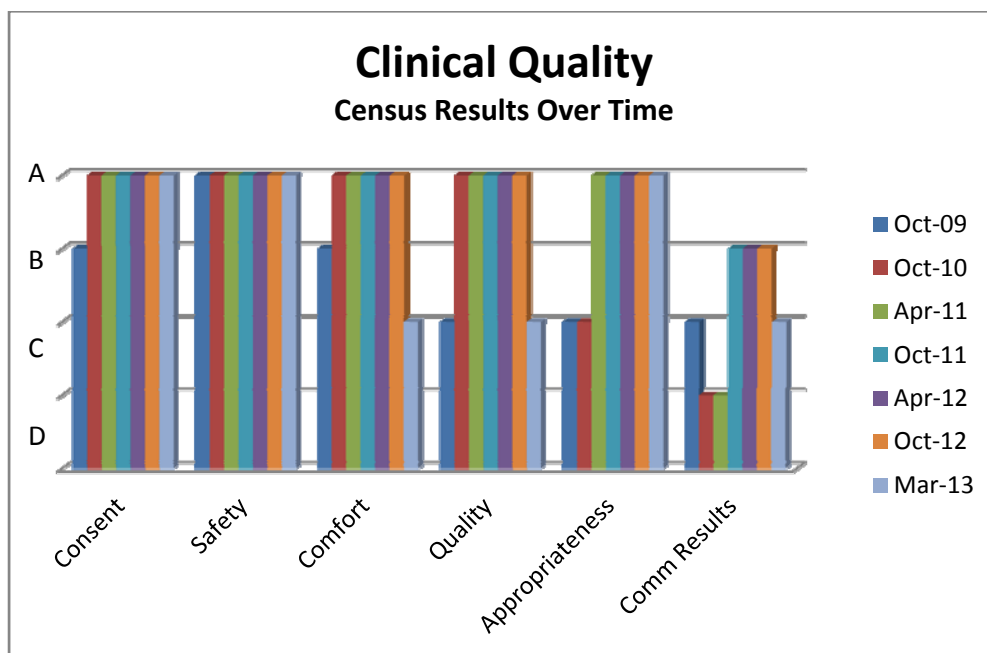
<b>Were you able to return to work the day after your colonoscopy?</b>	<b>2012</b>	<b>2013</b>
Yes or not scheduled to work	91%	90%
No, I took the day off because of how I felt after my colonoscopy	1%	<1%
No, I felt well but I took the day off because I received sedation for my colonoscopy	8%	10%

## 9. Global Rating Scale Reporting

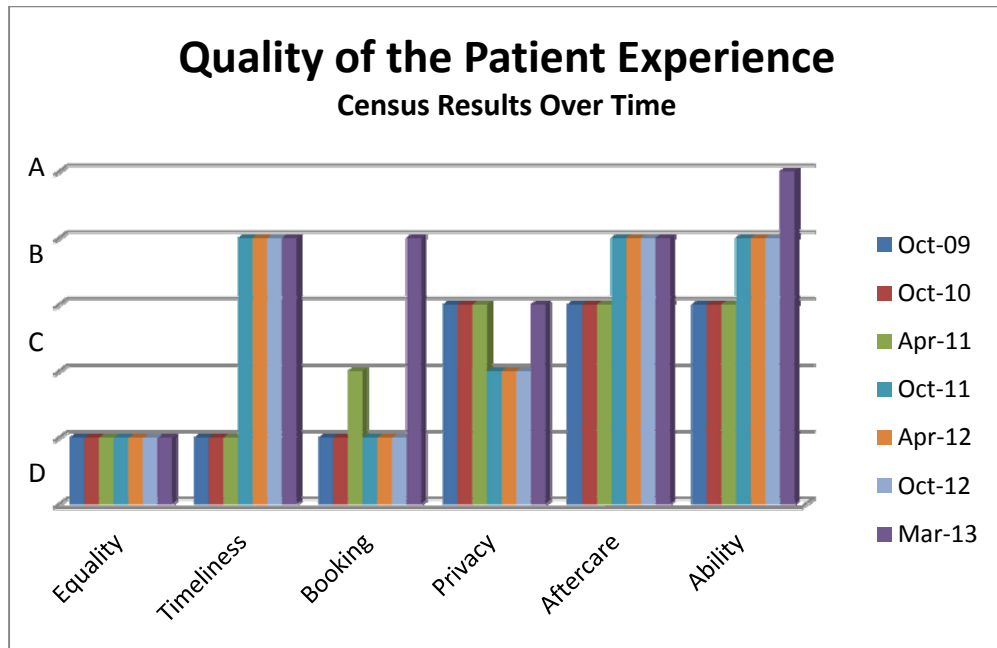
The Global Rating Scale (GRS) divides the patient experience into two dimensions: clinical quality and quality of the patient experience. The clinical quality domain includes six items: appropriateness, information/consent, safety, comfort, quality of the procedure and timely results. The quality of the patient experience also includes six items: equality, timeliness, choice, privacy and dignity, aftercare and ability to provide feedback. For each item, criteria indicate what is required for an endoscopy unit to achieve a rating from D (basic service) to A (excellent service with fully establish quality assurance processes).

The CCSC has reported to the Canadian GRS database seven times from October 2008 to March 2013. The CCSC has achieved A level ratings on the items for consent, comfort, safety, quality and appropriateness. In the past, the lowest ratings have been for three items in the quality of the patient experience: equality, timeliness and booking. The CCSC received a low rating for equality because it did not have a demographic/language profile of the local population, nor did it have written information available in languages other than English. The CCSC did not achieve the minimum standard for timeliness in the GRS: “Waits are <8 weeks for urgent procedures and <52 weeks for routines.” This was an example of where consistent inter-country definitions are lacking. It is unlikely that in the UK that “routine” refers to average risk screening colonoscopy, as that service is not provided by the NHS. The CCSC’s low rating on bookings also likely reflects wording that is specific to the UK. A revised Canadian version of the GRS was introduced in 2011.

After the introduction of the Canadian GRS survey, the CCSC achieved A level ratings in eight of the twelve domains, including timeliness, aftercare and ability to provide feedback. With the March 2013, the CCSC saw a decline in three areas: comfort, quality and communicating results. There was a decline in comfort and quality domains because the CCSC has not been able to provide feedback to endoscopists on levels of patient comfort and colonoscopy quality indicators in 2013. This is partly due to the lack of a data analyst to support the creation of physician report cards, but also a lack of clarity as to whether the quality assurance activities of the CCSC are protected under provincial quality assurance legislation – a key requirement to ensure the protection and cooperation of physicians participating in the quality assurance activities. The CCSC only gets a C for communicating results because endoscopy reports are not submitted to referring physicians within five days of the procedure. However, this will be rectified in the near future as CCSC colonoscopy reports will be uploaded automatically into Alberta Netcare, the provincial electronic medical record, and will be immediately available to the referring physician.



The CCSC did not see any declines in the Quality of the Patient Experience domains in the most recent survey, and in a fact saw improvements in the booking and ability to provide feedback domains. The improvement in the booking domain is due to the CCSC instituting a patient appointment reminder phone call.



## 10. Looking Forward

The Forzani & MacPhail Colon Cancer Screening Centre incorporates a comprehensive quality monitoring and improvement program as part of its ongoing operations. These data have now been collected for over five years and not only guide improvements in clinical operations and care delivery, but also support extensive ongoing research which highlights the CCSC's leadership in the area of quality assurance. This leadership has been recognized locally and nationally and is used as an example for other local and national endoscopy units.

Over the first five years of operations, nearly 60,000 colonoscopies have been performed. Approximately, 45% of patients have had a polyp removed, and a cancer was identified in close to one in 240 colonoscopies. This represents a cancer being diagnosed in an otherwise asymptomatic individual every two and a half days. The operations at CCSC have resulted in the move of approximately 30% of screening related procedures, and nearly all of FOBT positive cases from the acute care hospitals to CCSC. This move has allowed gastroenterologists and surgeons to utilize the spots freed up in the hospital endoscopy units to improve endoscopy access for symptomatic patients. Furthermore, the CCSC management team continues to work with GI central triage to continue to move more patients to CCSC, such as those patients who historically have had their post-polypectomy surveillance at the acute care sites.

In past few years, the CCSC management team has introduced innovative technology to meet the clinical demands of our screening population. These innovations include the introduction of magnetic scope imaging and balloon colonoscopy such that even the most technically challenging colonoscopies can be performed safely at the centre. The Team also introduced an innovative large polyp and therapeutics committee to guide the management of these challenging cases. The advanced skills and experience of committee members supported by evidence-based approaches leads to the most appropriate and effective endoscopic or surgical management of these cases. The CCSC, in collaboration with the Alberta Colorectal Cancer Screening Program, also introduced a dedicated quality assurance nurse. In addition, the hiring of dedicated nurse educators and a nurse clinician ensure that all staff are trained and supported to function at the highest level.

Patient safety at CCSC remains paramount. Serious colonoscopy complications continue to occur at rates which are below those reported in the literature. Patient questionnaires continue to indicate that patients remain highly satisfied with the CCSC staff, operations, and outcomes.

Phase I of the Alberta Colorectal Cancer Screening Program (ACRCSP ) is now well underway. This first phase saw colonoscopy volumes increase across the province, with the CCSC doubling its volume to nearly 20,000 procedures per year. This has been welcome news to our management team and patients, particularly those individuals who remain on long wait lists for screening. This volume expansion has required a near doubling of the staff at the centre during 2012/13.

Fecal immunochemical testing (FIT) has now been approved by the Alberta Government and is underway for implementation by the end of 2013. This will have a profound effect on CCSC operations. It is expected that waitlisted average risk patients will remain, but will be offered yearly FIT to better stratify their risk with those with a positive test going to colonoscopy immediately. It is also likely that the Centre will be asked to no longer accept new average risk patients for primary colonoscopy screening. Therefore only FIT positive and 'at increased risk' individuals will be accepted. Operations will need to be adjusted to accommodate higher complexity and more challenging FIT positive patients.

Over the last year the CCSC has been part of the public inquiry into preferential health care access. While a small number of cases out of the 50,000 screened were identified, the CCSC has taken important steps to ensure that no future examples occur. The CCSC is also awaiting the recommendations of the provincial inquiry and AHS's internal review and will make changes as necessary. It is important to note that patient satisfaction has stayed high during this time of incredible stress for the staff showing the great dedication they have for the Centre and its patients. It is also important not to forget the incredible accomplishments of the Centre and its staff in all aspects of medical operations and quality.

The CCSC looks forward to close collaboration with the ACRCSP in implementing FIT screening for those at average risk of colorectal cancer and the Program's screening pathways, outcomes, and quality assurance programs to the betterment of the health of Albertans in our zone and overall in our province.

Alaa Rostom, MD FRCPC  
Medical Director, Forzani & MacPhail Colon Cancer Screening Centre

