




**EndoSkills 2023**



# Provincial Endoscopy Update

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University of Alberta

Nov 16, 2022



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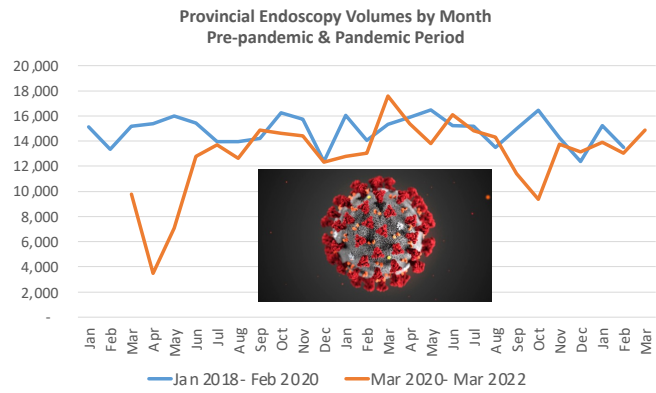
## Faculty/Presenter Disclosure

- Faculty: Clarence Wong
- Financial affiliations:
  - Speakers' Bureau, advisory boards, consultant:
    - Allergan, Pendopharm, Olympus, Pentax
  - Grants, clinical trials:
    - Canadian Association of Gastroenterology
  - Other influential affiliations:
    - University of Alberta, Alberta Health Services (employee)

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What happened here....



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### Outpatient Endoscopy Volumes

	Calgary	Central	Edmonton	North	South	Total
Monthly average (Jan 2018-Feb 2020)	5,280	1,716	5,372	1,271	1,187	<b>14,825</b>
Monthly average (Mar 2020-Mar 2022)	4,575	1,595	4,596	1,106	1,052	<b>12,924</b>
Monthly deficit	704	121	775	165	135	<b>1,901</b>
% Reduction in monthly volumes	13.34%	7.07%	14.43%	13.00%	11.38%	<b>12.82%</b>
ADULT 25-mo deficit (Mar 2020-Mar 2022)	17,610	3,035	19,379	4,132	3,377	<b>47,533</b>
PEDIATRIC Endo Deficit						<b>574</b>
<b>TOTAL 25-mo Endo Deficit</b>						<b>48,107</b>



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Objectives

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1. Improve Endoscopic Appropriateness
  - Reducing Low Yield Endoscopy
  - Applying Indication Codes
2. Strategies to Decrease Wait Times
  - Using Clinical Pathways
3. Apply Governance Strategies to Improve Quality and Patient Experience
  - Organizational Governance (PEOC)
  - Local Governance (Quality Committees)

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# Endoscopic Appropriateness

- Choice
- Guidelines

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# Appropriateness?

The diagram consists of three colored boxes: orange, teal, and dark blue. Each box contains an icon and text. The orange box has a book icon and 'Evidence Based Indications'. The teal box has a refresh icon and 'High vs Low Yield'. The dark blue box has a checklist icon and 'Change Management'. A large, light-colored double-headed arrow spans across the bottom of these three boxes.

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## Choosing Wisely & ASGE Guidelines

GUIDELINE

Appropriate use of GI endoscopy

Volume 75, No. 6 : 2012 GASTROINTESTINAL ENDOSCOPY

Persistent dyspepsia despite adequate PPI therapy
Age >50 years with new onset upper abdominal symptoms and signs
GI bleeding or anemia
Progressive dysphagia & odynophagia
Persistent vomiting
Unintended weight loss
Family history of upper GI malignancy

**Choosing Wisely Canada**  
Resources for clinicians by health specialty


**Recommendations**

**Gastroenterology**

3 Avoid performing an endoscopy for dyspepsia without alarm symptoms for patients under the age of 60 years.

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# Are we performing too many gastroscopies for dyspepsia?

- What practice is in the Edmonton Zone
- How it compares to practice goals and guidelines
- Edmonton Zone initiatives

• Dan Sadowski, S. van Zanten, K. Novak

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## Endoscopy in Endoscopy

### Background/Evidence

Did you know that gastroscopy for dyspepsia is **only recommended** if the patient\*:

- is >60 years
- has alarm symptoms
- or has not responded to treatment with a PPI?

**This procedure:**

- rarely results in a finding that changes the medical management of these patients ← Patient consequences
- may delay beneficial treatment for the patient ← Patient consequences
- is over-utilized and costly \$800 ← System consequences
- increases wait-times and reduces access to GI services for other patients ← System consequences

**Target:** >80% of endoscopies have an appropriate indication†

\* Choosing Wisely Canada, American College of Gastroenterology, and Canadian Association of Gastroenterology  
 † American Society for Gastrointestinal Endoscopy /American College of Gastroenterology

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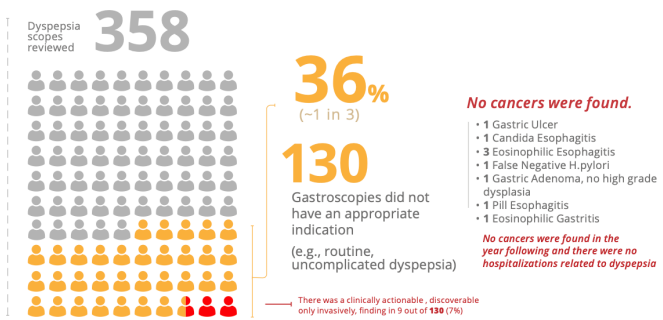
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### EZ EGDs for dyspepsia

#### Edmonton Zone Practice

How often are we performing gastroscopies for dyspepsia in the Edmonton Zone **without alarm symptoms** or other appropriate indications?

Methods: 1239 operative reports were sampled and reviewed to identify gastroscopies performed for the indication of dyspepsia.

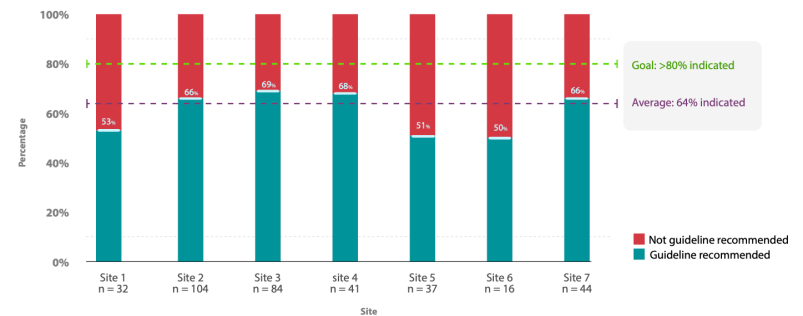


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### Low Yield EGDs by Site

#### Variation in dyspepsia gastroscopies by site



**Range: 31% to 50%** potentially low-yield /not indicated  
\*not statistically significant (p = 0.31)

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## Health Evidence Review: Building Capacity for High Quality Gastrointestinal Endoscopy in Alberta

September 27, 2022  
Provincial Endoscopy Operations  
Committee Meeting

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## Dyspepsia/GERD

### Epidemiology of Endoscopy Use (Overall, 2010 to 2019)

~100,000 procedures were provided to young dyspeptic/GERD patients without diagnosis of Barrett esophagus or esophageal adenocarcinoma

### Systematic Review of Interventions for Reducing Endoscopy Overuse

- **New clinical pathway (Nurse-led shared medical pathway)**
  - EGDs performed ↓ 25%
  - No difference in the risk of adverse events or re-referral

### Economic Analyses

Overuse was found in 100,000 procedures

- 12.2M billings
- 94M in outpatient costs

Adopting the nurse-led shared medical pathway: \$2.52 million annual cost avoidance

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IHE (Health Evidence & Policy Unit, AH)

• Usage:

- Calgary (35%) or Edmonton zones (32.2%)
- Calgary 6711 per 100000 (lowest)
- 100,000 unnecessary EGDs – 12.2M claims, 94M OP cost over 8 years
- 18,000 surv colonoscopies earlier than guidelines

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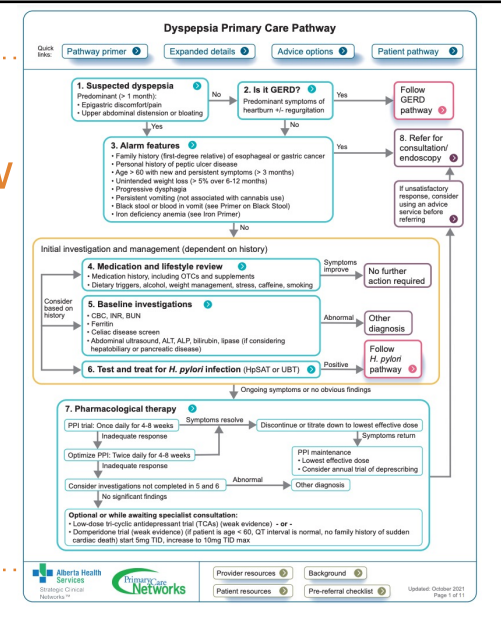
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How to Reduce Low Yield EGD?

- Google “AHS Dyspepsia Pathway”

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# Strategies to Reduce Wait Times

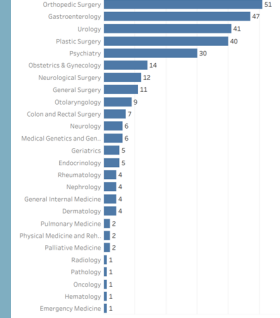
- Apply Pathways
- Triage
- Wait Time Management

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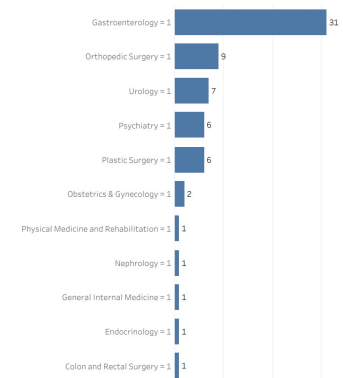
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## Difficult to Access Specialties, EZ.....

Q6. Identify the top five (5) specialties you are having problems sending your referrals to?



Q6. Identify the top five (5) specialties you are having problems sending your referrals to? Which specialties were ranked #1?



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### Edmonton Zone Gastroenterology Referral Pathway

**REVIEW PRIMARY CARE PATHWAY**  
*(If available)*

If a Primary Care Pathway is available for your patient's condition, review the pathway first and determine if this information can assist you. If you have any questions while using or after completing a Primary Care Pathway, obtain specialist advice through ConnectMD or eReferral Advice Request.

To view the pathways, click on the links within this document. You can also find the pathways through the Digestive Health SCN website: <https://www.ahs.ca/scn/Page13909.aspx>

If a Primary Care Pathway is not available, or if you need more specialty information, ASK FOR ADVICE.

**ASK FOR ADVICE**  
*(Specialists provide advice to physicians for non-urgent questions)*

**Want to connect with a specialist electronically and receive a response within five calendar days?** Use Alberta Netcare eReferral Advice Request and submit requests for:

- Adult Gastroenterology Issue
- Colon Cancer Screening
- Hepatology Issue

*eReferral*

For more information, go to: [www.albertanetcare.ca/eReferral.htm](http://www.albertanetcare.ca/eReferral.htm)

**Want to connect with a specialist by phone within two business days?** Call ConnectMD at 1-844-633-2263 or go online to [www.pcncnonsctmd.com](http://www.pcncnonsctmd.com) for more information. A one-page transcribed summary of the call will be sent to you afterwards for billing and record-keeping purposes.

*ConnectMD*

**NON-URGENT CONSULTATION**  
*(Patient does NOT need to be seen urgently)*

- Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral. Provide all required information and specific tests/investigations.
- See QuRE Referral/Consult Checklist ([www.ahs.ca/QuRE](http://www.ahs.ca/QuRE)) for high-quality referral guidelines.
- Visit the [www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca) for individual clinic contact information.
- Single Hub Access Referral Program for Gastroenterology (SHARPGI) is accepting referrals via eReferral Consult Request. To submit an eReferral Consult Request, go to [www.albertanetcare.ca/eReferral.htm](http://www.albertanetcare.ca/eReferral.htm) for training information. For SHARPGI referral information, go to: [www.ahs.ca/sharpgi](http://www.ahs.ca/sharpgi)

**NOTE:** If a patient was seen previously in the preceding five (5) years, consider sending a referral back to that same adult gastroenterologist.

**URGENT ADVICE**  
*(Patient MAY need to be seen immediately)*

For the following, call RAAPID North: 1-800-282-9911

- Severe flare of Inflammatory Bowel Disease (IBD)
- Dysphagia
- Abnormal Imaging

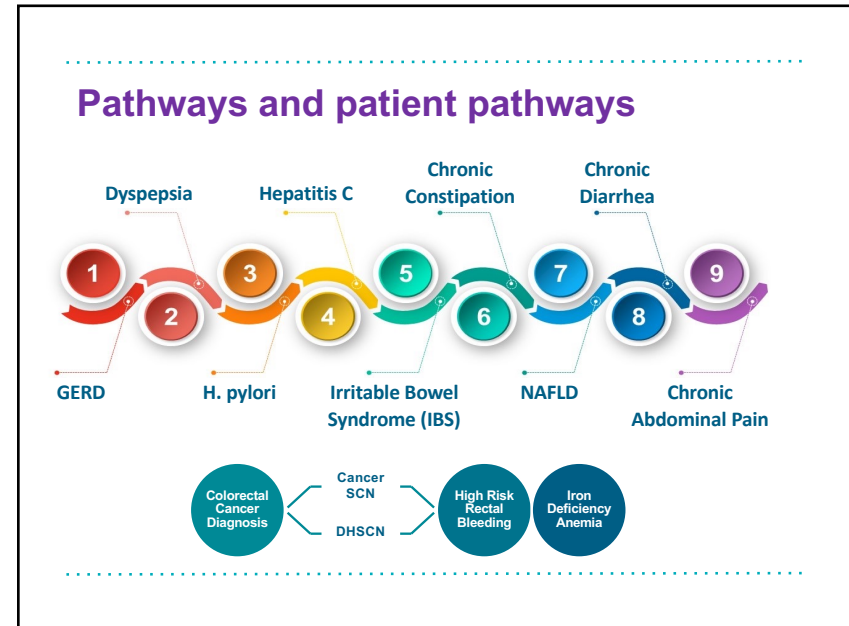
**EMERGENCY CONSULTATION**  
*(Patient NEEDS to be seen immediately)*

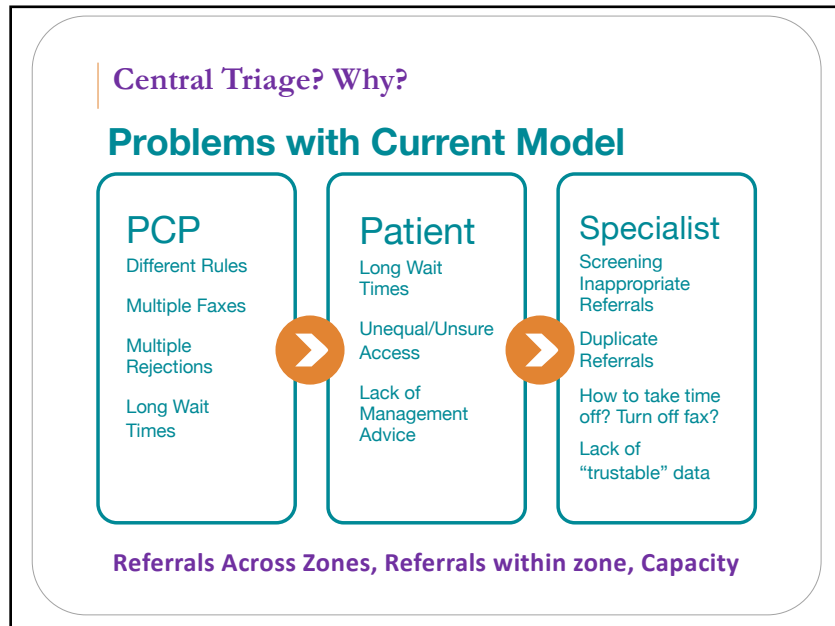
For the following, refer directly to the emergency department or call RAAPID North: 1-800-282-9911

- Severe gastroenterology (GI) bleeding symptoms
- Severe acute abdominal pain
- Severe symptoms of acute pancreatitis

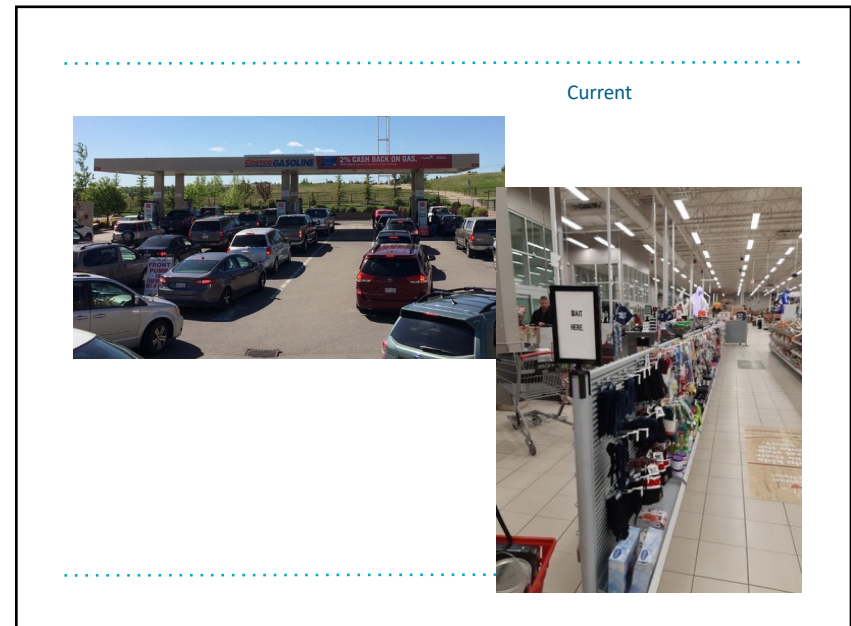
Edmonton Zone Gastroenterology Referral Pathway | Alberta Health Services | ALBERTA REFERRAL PATHWAYS | Updated: March 24, 2022 | [www.ahs.ca/pathways](http://www.ahs.ca/pathways)

NOV 10, 2022 | <https://www.albertahealthservices.ca/assets/info/hp/arp/if-hp-arp-ez-gastro-qr.pdf>

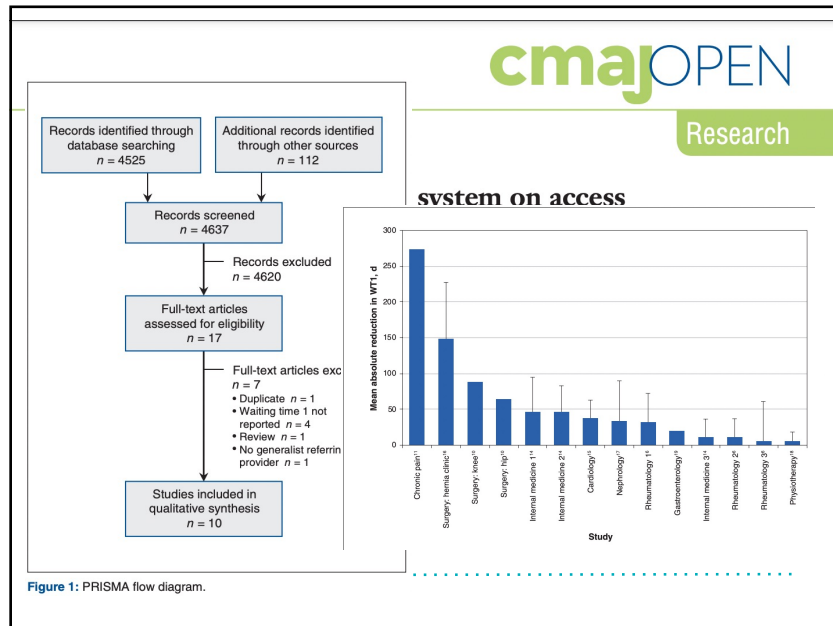




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Canadian Journal of Health Technologies  
May 2021 | Volume 1 | Issue 3  
CADTH

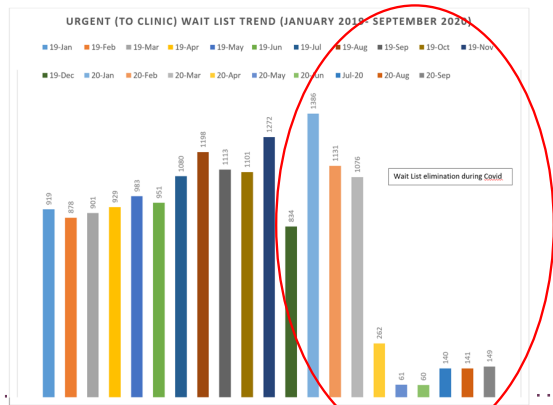
## Single Entry Model (SEM)

CADTH Health Technology Review  
**Single-Entry Models in Surgical Services**  
Policy Insight

- **Key Success Factors**
  1. Standardized Clinical Pathway/Triage
  2. Investment in health system for clearing backlog
  3. Leadership – Change management, setting targets, best practices
  4. Concurrent focus on QI and system integration
  5. Data collection and transparency
- **Challenges for SEMs**
  1. Managing change
  2. Pressures in other health areas
  3. Sustainable funding, strategic focus and momentum

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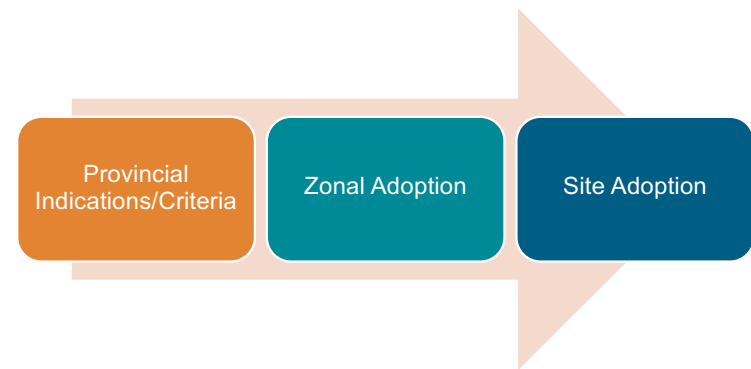
**CZ: Reduction in the urgent to clinic waitlist by >90% during Covid**



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Central Triage/Pooled Referrals

**How To?**



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### Action #3: Optimized referral process

<b>Why</b>	Variation in referral processes and booking prioritization Referrals for low yield indications - an opportunity to reduce demand
<b>Request</b>	Central Access and Triage (CAT) provincially Continued support for other primary care supports (pathways, specialist phone or e-advice)
<b>Plan</b>	Increase uptake of primary care pathways for low-risk conditions Consistent use of triage criteria to prioritize booking Expand/establish CAT
<b>Risks</b>	Provider resistance to CAT Funding not available to establish and sustain CAT

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### How will it affect you (your site?)

- Will the province take over?
- Will the zone take over?
- Do you have a plan?
- Do you just turn off the fax?

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<https://www.albertahealthservices.ca/scns/Page12961.aspx>

# ACATS?



**ACATS**
Contact [ACATS@AHS.ca](mailto:ACATS@AHS.ca) with questions or comments

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**Alberta Coding Access Targets for Surgery**

**Service Booklet:**

- GI Endo



Facing us: Dr. Wynn James, orthopedic surgeon, Edmonton.

**Go-live date:**  
**April 1, 2021**

ACATS Code Book Viewer – ACATS codes at your fingertips with smart-search capability.

To link to the viewer, please visit the ACATS website at <https://www.albertahealthservices.ca/scns/Page12961.aspx>

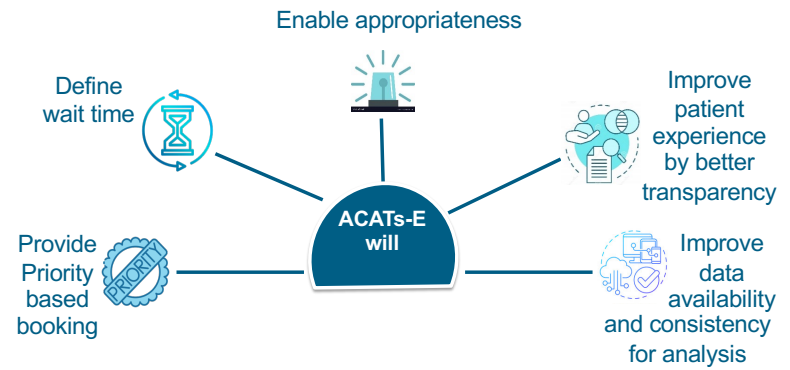
Next scheduled revision release April 1, 2023

[www.albertahealthservices.ca](http://www.albertahealthservices.ca)

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## Provincial Endoscopy Operations Committee

### ACATs-E Benefits



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Provincial Endoscopy Operations Committee

**Action #2: Wait time management system (ACATs-E)**

- Why** No mechanism to assess appropriateness and measure wait times for endoscopy provincially  
No data to inform operational decisions  
Lack of urgency-based booking processes
- Request** Sustain ACATs-E (currently grant funded to June 2023)  
\$520K/year
- Plan** Complete implementation at 50 sites by Nov 2023  
Provincial wait time reporting by Dec 2023
- Risks** If no sustainable funds - staff attrition and data gaps

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# Governance

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C-GRS ILC 2022

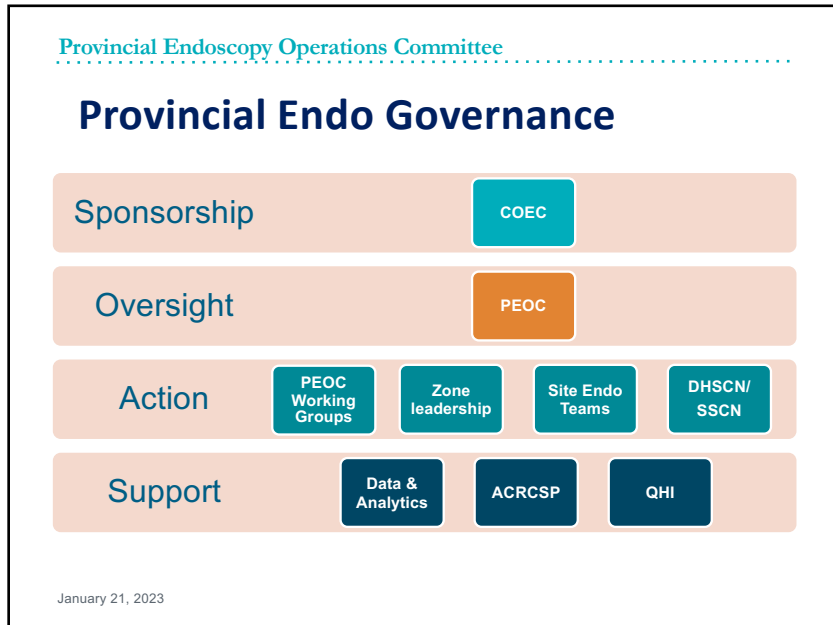
Patient information	Type of procedure	PPE requirement
No COVID-19 symptoms or risk factors	All endoscopy procedures	<ul style="list-style-type: none"> <li>All staff and physicians in the endoscopy suite are to follow <b>continuous masking and eye protection</b>.</li> <li>As per IPC Routine Practices, wear gown &amp; gloves.</li> <li><b>No N95 respirator required.</b></li> </ul> <p><i>*Change all PPE (including gown) for each new case</i></p>
COVID infection confirmed or suspected i.e. symptom(s) or risk factor(s) present	Most endoscopy procedures (unless in the context of an aerosol-generating medical procedure)	<p>Contact and Droplet precautions  <a href="https://www.albertahealthservices.ca/assets/healthinfo/IPC/hi-ipc-contact-and-droplet-precautions-info.pdf">https://www.albertahealthservices.ca/assets/healthinfo/IPC/hi-ipc-contact-and-droplet-precautions-info.pdf</a>:</p> <ul style="list-style-type: none"> <li>Proper single use PPE gown</li> <li>Surgical mask (with ties) with eye protection/visor/goggles/face shield (eye protection is very important for protection against splash back from large droplets during endoscopy)</li> <li>Single gloves worn over the gown that cover the wrist (double gloves are not necessary)</li> <li>A hairnet is <b>not</b> required</li> </ul> <p><i>*Change all PPE (including gown) for each new case</i></p>
COVID infection confirmed or suspected i.e. symptom(s) or risk factor(s) present	Endoscopy procedures in the context of aerosol-generating medical procedures (i.e. patient is intubated, mechanically ventilated, or has a high likelihood of requiring intubation during the procedure)	<p>Contact and Droplet precautions</p> <ul style="list-style-type: none"> <li><b>Substitute N95 respirator for surgical mask</b></li> <li>All other elements of PPE stay the same</li> </ul> <p><i>*Change all PPE (including gown) for each new case</i></p>

Adult endoscopic procedures

Priority 1 / Urgent <sup>1</sup>	Priority 2 / Semi-Urgent <sup>2</sup>			Priority 3 / Non-urgent <sup>3</sup>
FIT positive presenting with symptoms ( e.g. rectal bleeding, abdominal pain, unintentional severe weight loss, change in bowel habits like ribbon stools or new diarrhea)	<b>1<sup>st</sup> priority</b> FIT positive test date greater than <b>6 months</b>	<b>2<sup>nd</sup> priority</b> FIT positive test date between <b>4-6 months</b>	<b>3<sup>rd</sup> priority</b> FIT positive test date less than <b>4 months</b>  Polyp found on sigmoidoscopy or suspected polyp on CT colonography	Priority list for non-urgent cases: 1) Hereditary Nonpolyposis Colorectal Cancer or Familial Adenomatous Polyposis 2) Overdue for surveillance colonoscopy 3) Personal History of colorectal cancer and/or adenomatous polyps 4) Family history of colorectal cancer and/or high risk adenomatous polyp(s)
High suspicion of <i>gastrointestinal</i> cancer based on presence of symptoms, physical exam, abnormal imaging, and/or previous biopsy (example: setting of polyp/mass previously biopsied but not resected)	<p><b>Considerations - Endoscopy &amp; Screening Programs:</b>                      Asymptomatic FIT positive cases with evidence of a high quality colonoscopy occurring within the past 3 years may not require urgent or semi-urgent 2a or 2b prioritization.</p> 1) Previous FIT positive incomplete colonoscopy (e.g., due to poor prep) should be triaged as semi-urgent. 2) FIT positive cases > 6 months may need to be assessed on a case by case basis; those who are now symptomatic should be considered urgent priority.			

im

vincial Adult 1 indication, imaging, ectal cancer.



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C-GRS ILC 2022

## PEOC

**Provincial Endoscopy Operations Committee  
Terms of Reference**

**Purpose** The purpose of the Provincial Endoscopy Operations Committee (PEOC) is to support ongoing operational excellence for gastrointestinal endoscopy services throughout Alberta. Bringing together a provincial team of medical and operational endoscopy leaders from all AHS Zones and Covenant Health, the PEOC will provide oversight and guidance to ensure all Zones/sites have a common approach to the management of endoscopy resources for gastrointestinal concerns across the province, and develop and implement transformational practice change to improve system performance and patient outcomes.

### Who is Your Rep?

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## Canada-Global Rating Scale (C-GRS) Semiannual Zone Leadership Report

### Edmonton Zone

Digestive Health Strategic Clinical Network (DHSCN)  
&  
Alberta Colorectal Cancer Screening Program (ACRCSP)  
May 15, 2022

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 Digestive Health Strategic Clinical Network™

**Alberta Colorectal Cancer Screening Program**

January 21, 2023

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## Canada-Global Rating Scale (C-GRS) PROVINCIAL ENDOSCOPY PATIENT EXPERIENCE SURVEY (PEPES) RESULTS

### EDMONTON ZONE

September 2021 - December 2021

Number of respondents **368**

#### PROCEDURES

TYPES OF PROCEDURES

- ERCP 14 (4%)
- Gastroscopy 50 (14%)
- Gastroscopy & Colonoscopy 27 (7%)
- Colonoscopy 247 (67%)
- other 15 (4%)
- unsure 0 (0%)
- no answer 4 (1%)

#### DEMOGRAPHICS

GENDER

Male	190 (52%)
Female	174 (47%)
Transgender	1 (0%)
Two-spirit	1 (0%)
I do not identify	0 (0%)
Prefer not to say	2 (1%)
no answer	0 (0%)

AGE

<20	5 (1%)
21-30	30 (8%)
40-59	124 (34%)
60-79	195 (53%)
80+	13 (4%)

#### RESPONSES

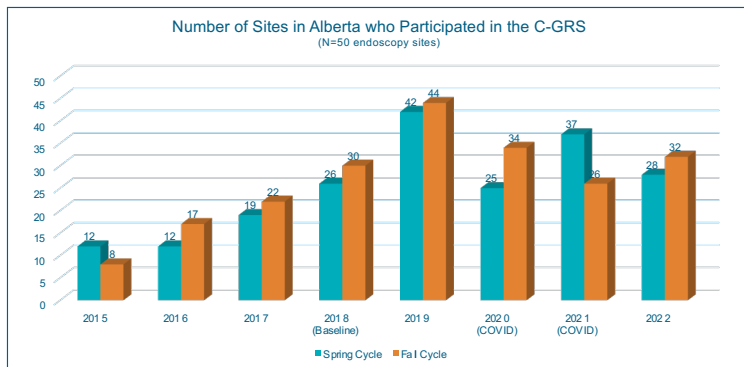
Number of responses during full survey time period (Sep 2021 - Dec 2021).

Surveys were handed out to patients who received services during this time period. For any questions about this survey, please contact [endoquality@ahs.ca](mailto:endoquality@ahs.ca)  
 The C-GRS recommends that a patient survey be done annually. In Alberta sites can participate in the PEPES in the spring or fall. Grey Nuns, Fort Sask., Royal Alex and Leduc did not participate in the Fall 2021 PEPES.

Note: Survey counts of fewer than 5 responses are not shown.  
 Note: COVID Wave 4 may have interrupted PEPES participation.

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## C-GRS Provincial Participation



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## C-GRS EZ

Site	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Absolute Change Over Baseline
Cross Cancer Institute	-	-	-	-	30%	36%	73%	89%	+ 59% ↑
Fort Saskatchewan	-	84%	86%	88%	-	97%	98%	-	+ 14% ↑
Grey Nuns	76%	80%	90%	93%	-	93%	96%	96%	+ 20% ↑
Leduc	90%	90%	91%	92%	-	89%	98%	100%	-- ★
Misericordia	77%	73%	75%	78%	87%	85%	89%	92%	+ 16% ↑
Royal Alex	70%	69%	73%	74%	-	76%	76%	100%	-- ★
Stony Plain	71%	79%	72%	66%	-	73%	72%	-	+ 2% ↑
Sturgeon	68%	69%	75%	79%	84%	85%	88%	90%	+ 22% ↑
U of A	66%	57%	74%	80%	79%	81%	84%	88%	+ 22% ↑

## C-GRS Limitations

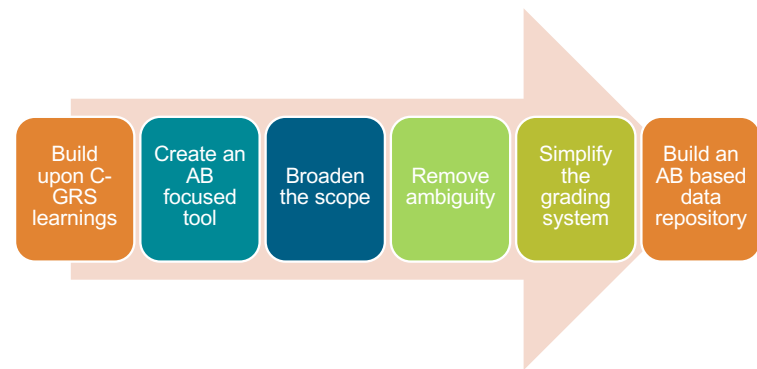


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DHSCN

## Proposed Enhancement



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DHSCN

## Proposed Upgrade

**Endo-Links**  
An Endoscopy Quality Assessment tool

Grading Legend		
# of steps achieved in each link	Level	
0-2	Critical	
3-5	Fair	
7-9	Good	
10-12	Excellent	

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 Digestive Health Strategic Clinical Network™

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## Takeaways

- **Indications/Appropriateness**
  - Dyspepsia
  - Colon Polyp Surveillance
- **Wait Times**
  - Clinical Pathways, ACATs-E
- **Governance**
  - Discuss with your zone
  - Relaunch Funds
  - Quality Committees!

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