

## Heemstra, Sarah

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**From:** Heemstra, Sarah  
**Sent:** Tuesday, February 19, 2019 1:44 PM  
**To:** Heemstra, Sarah  
**Subject:** Infection Prevention Champions Program: Quality

### Infection Prevention Champions Program



**SGNA**  
Society of Gastroenterology Nurses and Associates, Inc.

Dear Champion,

Quality. We all use this word in healthcare frequently but what does it mean? According to Oxford Dictionaries, quality is a "general excellence of standard or level." In endoscopy, we all strive for quality. There are regulatory and institutional benchmarks that help us assess where the endoscopy unit is in achieving quality by comparisons to National standards and other facilities. The Agency for Healthcare Research and Quality (AHRQ) "mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work with the U.S. Department of Health and Human Services (HHS) and with other partners to make sure that the evidence is understood and used" (AHRQ, 2018). The AHRQ has developed patient safety measure tools and resources to help disseminate the information. Some of these tools/resources include safe medication, reduction of c-diff, and overall patient safety. The AHRQ also provides a comprehensive unit-based safety program (CUSP), which is a patient safety model and training tools to assist team members in addressing safety issues to make care safer by "combining clinical best practices and the science of safety."

The AHRQ also provides annual reports on how well hospitals established a culture of safety in their institutions. The Hospital Survey on Patient Safety Culture comparative database report was developed as a tool for the following purposes:

- "Comparison-To allow hospitals to compare their patient safety culture survey results with those of other hospitals.
- Assessment and Learning-To provide data to hospitals to facilitate internal assessment and learning in the patient safety improvement process.
- Supplemental Information-To provide supplemental information to help hospitals identify their strengths and areas with potential for improvement in patient safety culture.
- Trending-To provide data that describe changes in patient safety culture over time."

In 2016, the ASGE (American Society for Gastrointestinal Endoscopy) assembled a task force to assess and develop evidenced-based indicators to measure the quality of endoscopy units to supplement current procedure-associated quality indicators. The objectives of this task force include:

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- Development of a "comprehensive document that identifies key quality indicators for endoscopy units as defined by the literature and expert opinion."
- "Achieve consensus on these quality indicators from important stakeholders involved in endoscopy unit operations and quality improvement."

The results of this task force are provided in a guideline document published in January 2017, *Quality Indicators For Gastrointestinal Endoscopy Units*. The taskforce identified and prioritized five endoscopy unit quality indicators to measure and track. The five identified endoscopy unit quality indicators include:

1. Endoscopy unit has a defined leadership structure.
2. Endoscopy unit has regular education, training programs, and continuous quality improvement for all staff on new equipment/devices and endoscopic techniques.
3. Endoscopy unit records, tracks, and monitors procedure quality indicators for both the endoscopy unit and individual endoscopists.
4. Procedure reports are communicated to referring providers, and a process is in place for patients to receive a copy of their endoscopy report.
5. Process is in place to track each specific endoscope from storage, use, reprocessing, and back to storage."

Creating a safe patient culture is key to ensuring quality at the endoscopy level. This applies to all endoscopy regardless of inpatient vs. outpatient. Patients demand quality and with reporting tools available to the public from AHRQ and other agencies such as the FDA, the stakes are even higher to provide a quality environment.

Requirements should either be emailed to [Champions@sgna.org](mailto:Champions@sgna.org) or faxed to 312-673-6694 as due. The the upcoming assignments are as follows:

1. Continue to develop and implement infection prevention education for your peers (total of 120 minutes)
2. Seek opportunities to educate yourself on infection prevention topics (total of 180 minutes due)

These bi-monthly letters will be [archived](#) for you to access as needed. As always, SGNA is available for any questions or difficulties you may have.

Sincerely,  
The SGNA Infection Prevention Work Group

References:

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Quality indicators for gastrointestinal endoscopy units

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