Quality Assurance in Endoscopy Nursing
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Objectives
• Define quality assurance (QA)
• List some of quality indicators for endoscopy units
• Describe the endoscopy staff perspective for QA
• Discuss research for future quality indicators

What is Quality Assurance?
• Quality assurance implies a clear understanding of what is meant by “quality” and a valid and reliable method for evaluating the care that is provided.
• Evaluation of practice operates within the parameters of outcome, cost-benefit, and access to the health care delivery system.
Aims of QA

- Patient and staff safety
- Patient and staff satisfaction
- Economical factors
- Implementation of health care policy
- Equity of services and access

Quality Indicators for Endoscopy Units

- Adequate data protection and privacy
- Timely check in
- Adequate waiting area (size and location)
- Separation of in and out patients
- Adequate number of restroom facilities
- Private/confidential assessment, examination and consent for procedure
- Availability of appropriate endoscopic equipment, staff and monitoring equipment
- Separate area for reprocessing with clear separation of dirty and clean
- Proper set up of reprocessing room
- Adequate size for staff room
- Appropriate location and equipment for storage and disposal
- Patient recovery and discharge

Endoscopy Staff Perspective

- Individual job descriptions
- Structured teaching programs (in-services) to care for the patient pre, intra and post procedure.
- Training
- Competencies
- Adequate number of staff for different tasks
- Teamwork
- Staff welfare
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Conclusion
• The concept of quality assurance refers to the accountability of the health professions to the society for the quality, quantity, appropriateness and costs of health services provided.
• In addition to the development of outcome indicators the agenda for change focus on continuous improvement.
• Total quality management may be one of the factors guaranteeing the survival of the fittest in the future.

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Further Research
• Audit of adverse events, early and late complications
• Does the use of validated scores alter clinical/nursing practice?
• Does the use of structured discharge criteria and structured discharge information have a preventative effect on the rate of late complications?
• How do nurses compare in safety and efficacy when they take on delegated tasks from physicians?
• What are the rates of early and late infectious complications (prospective data)?
• Has regular maintenance and testing an effect on the results of validation and microbiological surveillance?

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Resources
• www.sgna.org. 2009. Moderate sedation
• www.sgna.org. 2009. Infection control