

A Study of Gap Analysis between Perception of the Joint Advisory Group (JAG) and Staff Members of Endoscopy Unit Regarding Quality of Care in UK

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JAG is responsible for accrediting Endoscopy units in the United Kingdom. It inspects the endoscopy units and makes recommendations for meeting quality standards. This study looks at the gap in perception between staff members of the endoscopy unit and JAG with regards to quality in endoscopy.

A questionnaire was designed to measure perception of four outcomes namely; dignity, privacy, quality of endoscopy and resource utilisation. It is a prospective qualitative study.

The responses came from 14 Nurses, 6 Health Care Assistant and 1 Receptionist. Altogether a total of 21 questionnaires were received back indicating the response rate of 91.3%. Almost all to more than three quarter (>75%) of the staff felt that changes brought in the endoscopy unit upon recommendations from JAG improved patient dignity, privacy, and quality of care. However roughly a quarter of the staff (23.8%) felt that neither separating admission from discharge bays nor creating gender specific recovery rooms had brought any change at all in the quality of care. Similarly at least 14.3% of staff felt that neither creating gender specific toilets nor separating visitor's room from admissions lounge brought any change to the quality of care. Furthermore, in the perception of 4.8 to 14.4% of the staff members, the effect of this on resource utilisation has been of no consequence.

There is a clear gap in understanding regarding quality, between JAG and staff members of the Endoscopy units who deliver the service hands on. Better communication between JAG and Endoscopy is warranted.

Accreditaion; Quality measurement; Education; Communication; Quality improvement

Introduction

The Joint Advisory Group (JAG) is responsible for accreditation of endoscopy units in the United Kingdom [1]. A detailed report on how JAG undertakes accreditation of endoscopy units a u? B

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- Aftercare
- Ability to provide feedback to the service

3 Workforce:

- Skill mix review and recruitment
- Orientation and training
- Assessment and appraisal
- Staff and cared for
- Staff are listened to

4 Training:

- Environment and training opportunity
- Endoscopy trainers
- Assessment/Appraisal
- Equipment and educational materials

After JAG inspection, the endoscopy units are mandated to implement their recommendations. Whereas there is plenty of data on how to measure patient satisfaction with endoscopy units and the procedures done [3], there is however very limited data to show how the Endoscopy unit staff members perceive quality. Furthermore there is not much published data on how the Endoscopy unit staff members feel about the JAG recommendations. This study aims to look at the perception and reaction of the staff members to JAG inspection and recommendations upon implementation.

Method

In September 2013 a district general hospital, with a busy endoscopy service, had the JAG assessment. This pointed to some areas that needed improvement as following:

The endoscopy unit had only one waiting room and toilet facility for the visitors.

A single bay was being used for both admission and discharge of patients.

A single recovery room was being shared by the patients of both sexes.

The toilet was being shared for patients of both sexes.

There was no private changing room.

On the GRS this endoscopy unit had achieved a 'NO' response to the following two questions:

There is separate gender specific changing facilities, with their own dedicated washing and toilets.

There are separate recovery rooms for males and females or room dividers.

The unit had also received levels 'C' or 'D' in the following questions:

There is basic monitoring of the patient's comfort to ensure care needs are met.

There is a facility for conversation before and after the procedure.

The unit offers a safe environment for patient care.

The unit has screens and/or curtains to provide privacy pre and post procedure.

The unit has access to a quiet area which provides sufficient privacy to allow a conversation beyond the hearing of other patients.

Gender separation is provided pre-procedure for patients who need to change clothes for their procedures.

In compliance with the JAG recommendations the NHS Trust

Worsened	0	0	0	0
No change	0	1 (4.8%)	5 (23.8%)	2 (9.6%)

Table 2 Creation of gender specific recovery room.

Table 3 shows staff responses in relation to perceived effect on patient dignity, privacy, quality of care and resource utilisation upon separation of discharge bay and waiting area for visitors. It shows that all staff felt that patient dignity had improved but 14.3% felt there was no change in quality of care and another 4.8% felt it had made no change to resource utilisation.

Improved	21 (100%)	21 (100%)	18 (85.7%)	20 (95.2%)
Worsened	0	0		