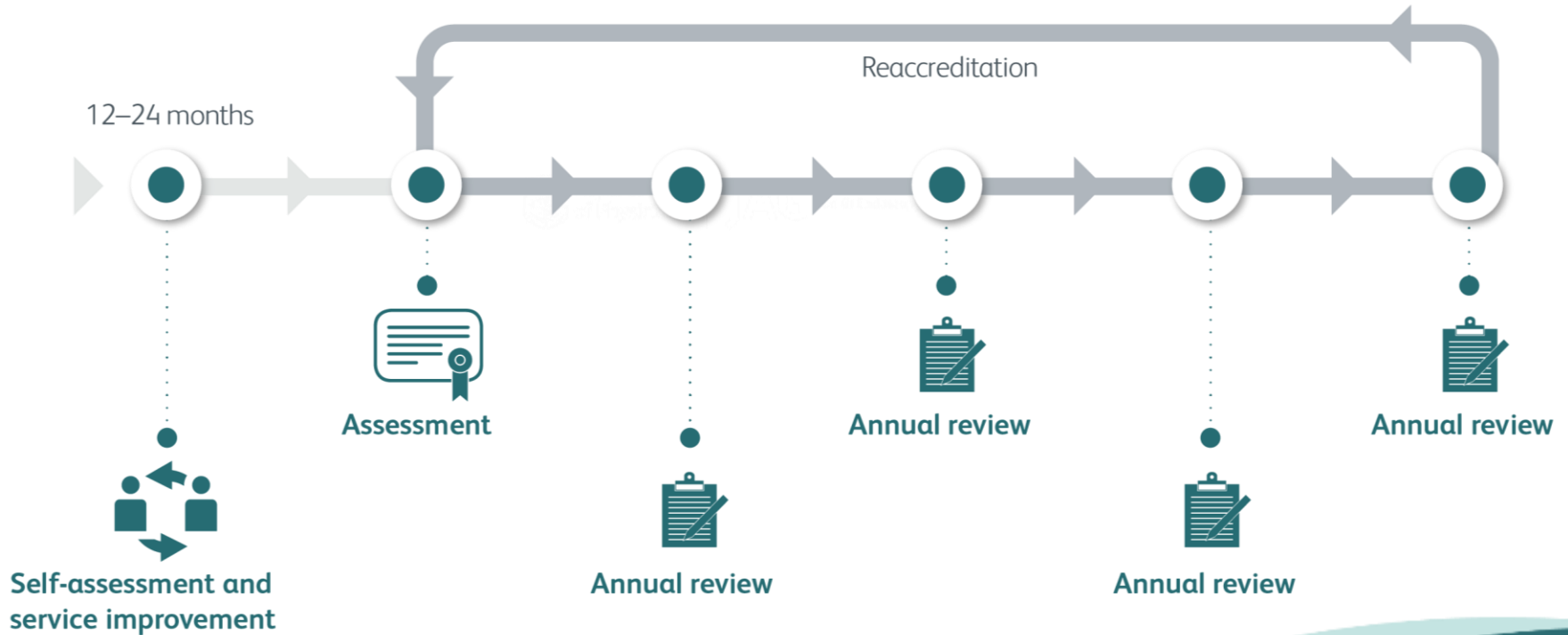


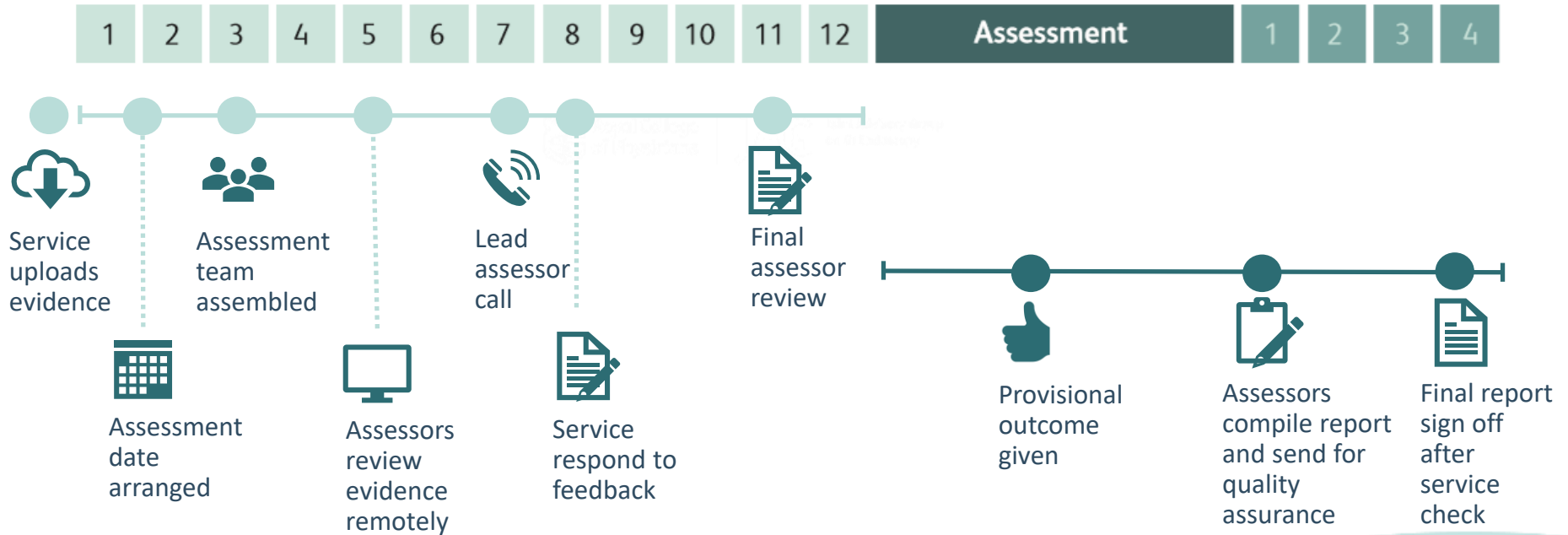
# JAG accreditation Virtual training session

# What is the accreditation pathway?



# What happens during the assessment?

Weeks



# Assessor roles



## Medical assessor

- Clinical practice
- Safety
- Clinical audit
- Training



## Management assessor

- Patient access
- Waiting lists
- Booking systems
- Admin workforce



## Nurse assessor

- Environment
- Decontamination
- Nursing workforce



## Lay assessor

- Environment
- Patient information
- Patient involvement and feedback

> A lead assessor will be appointed from either the medical, managerial or nursing assessors

# What are the key factors to getting accreditation first-time?



Effective clinical leadership



Strong focus on safety, audit and learning



Good communication within the service



A shared culture of improvement and engagement in the process



Alignment with the organisation



Making time to prepare

# How has accreditation changed due to COVID-19?

- > Assessors will be flexible – where this is due to COVID-19
- > Show the assessors how you will recover
- > No tolerance on safety
- > See [the JAG website](#) for further information

**Our advice is to continue with accreditation as normal!**

# Evidence considerations

Use the mandatory templates:



Audit reporting



Clinical audit data



Waiting times template



Environment self-assessment



IHEEM audit tool



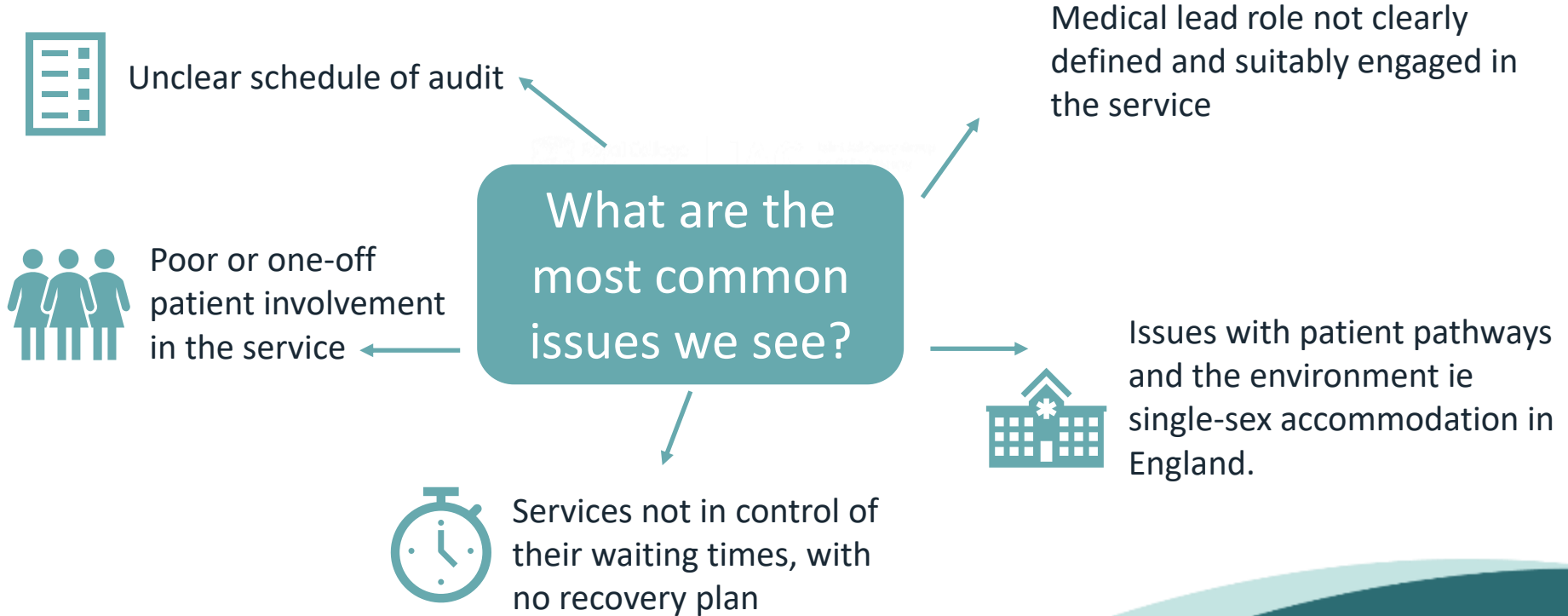
**JAG accreditation criteria and evidence requirements**

Version for UK services

January 2019



# What are the most common issues we see?





# Focus on the standards

## Clinical quality

- CQ1 – Leadership and organisation
- CQ2 – Safety
- CQ3 – Comfort
- CQ4 – Quality
- CQ5 – Appropriateness
- CQ6 – Results

## Workforce

- WR1 – Teamwork
- WR2 – Skill mix and recruitment
- WR3 – Professional development

## Quality of the patient experience

- QP1 – Respect and dignity
- QP2 – Consent process including patient information
- QP3 – Patient environment and equipment
- QP4 – Access and booking
- QP5 – Planning and productivity
- QP6 – Aftercare
- QP7 – Patient involvement

## Training

- TR1 – Environment and training opportunity and resources
- TR2 – Trainer allocation skills
- TR3 – Assessment and appraisal

*The training domain only applies to services where endoscopists are trained.*

# Today...

Safety

Quality and  
comfort

Environment

Appropriateness

Access and  
booking

Workforce

Training

# What makes a safe endoscopy service?

Safety systems /  
audit

Policies / SOPs

Feedback and  
learning

Out of hours /  
emergencies

High risk patients  
and procedures

# Comfort and quality

What governance, feedback and learning arrangements do you have?

Are you using the JAG audit templates?

**What audits do you undertake?**

Do you have admin support?

Are you uploading to NED?

Do you have a schedule of audit?

> See the [JAG quality and safety guide](#) and the [resources page](#)

# Rolling audit programme

Audits	Lead	Completion date	Comments and actions	Review date
Out of hours endoscopy	CH	Apr-19	Annual audit	Apr-20
Missed colorectal cancers (PCCRC)	CH	Apr-19	11.02.20 emailed Mr Ali to arrange further cycle. Due shortly	Apr-20
IHEEM	EL	19.09.19	Complete - To book next IHEEM approx Aug 2020	Sep-20
IPCT Hygiene code (Infection control)	EL	31.05.19	11.02.20 TS contacted DJ to arrange further cycle of this audit.	May-20
Endoscopy Training - Peer review	CH	13.03.20	11.02.20 TS contacted DJ to ensure this is completed. 13.03.20	Mar-20
Endoscopy Environment checklist	EL	31.05.19	11.02.20 TS contacted DJ to arrange further cycle of this audit.	May-20
Procedure totals - Individual Endoscopists	DJ	Feb-20	KPI data pulled from NED - TS completing reviews and sign offs with endoscopists during March 2020	Apr-20
Colonoscopy - Totals	EL	Feb-20		Apr-20
Colonoscopy - Polyp retrieval rate	DJ	Feb-20		Apr-20
Colonoscopy - Rectal retroversion rate	EL	Feb-20		Apr-20
Colonoscopy - Withdrawal time	TS	Feb-20		Apr-20
Colonoscopy - Comfort level	DJ	Feb-20		Apr-20
Colonoscopy - dilatation perforation	EL	Feb-20		Apr-20
Colonoscopy - Stenting perforation	TS	Feb-20		Apr-20

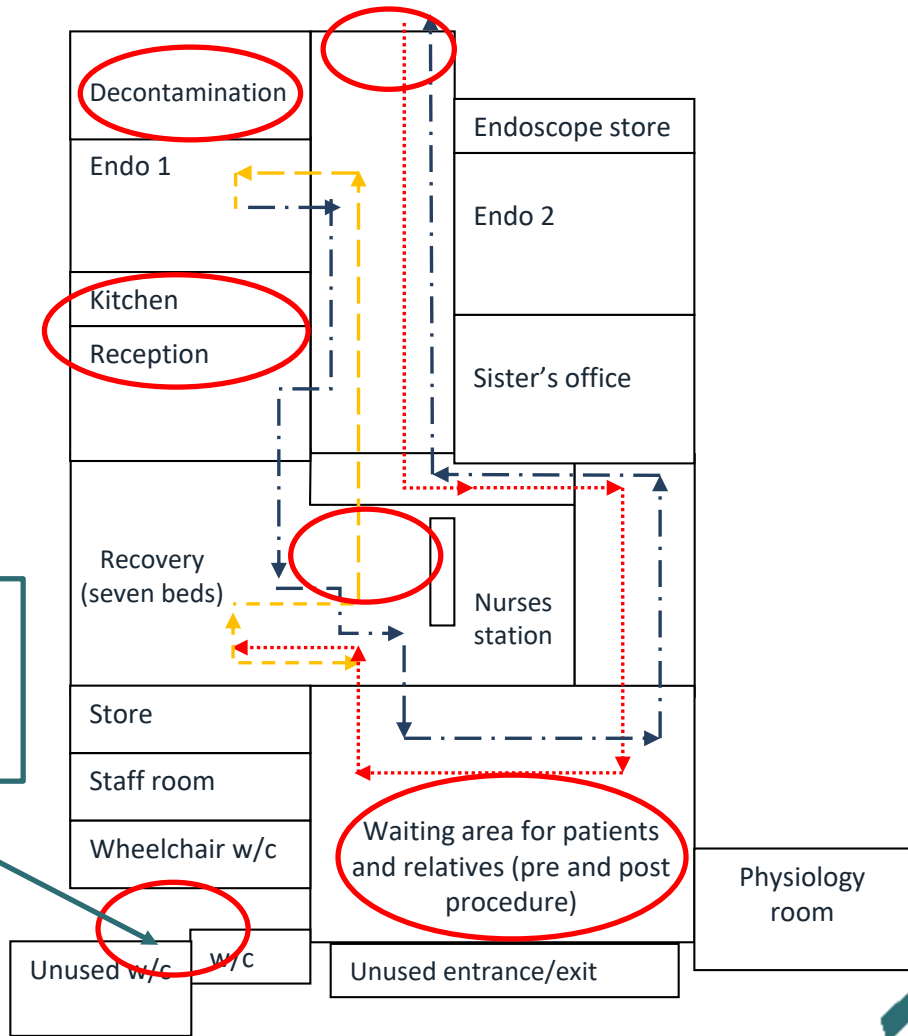
- > Ensure that clinical data is reviewed 6 monthly and annually.
- > Agree improvements / learning
- > Summarise and present overall performance

Endoscopist number	Number of procedures	Comfort score > 4 (%)	Completion rate (%)	Polyp detection rate (%)	Polyp retrieval rate (%)	Comments/action taken
14	51	6.00	92.16	33.33	100.00	All ok
94	49	0.00	81.63	0.00	0.00	Low completion rate. Review in 3 months.
7	48	0.00	95.83	27.08	100.00	Borderline low numbers. But doing many more procedures in private sector
32	44	2.27	93.18	22.73	100.00	Has more numbers from the private sector which look ok. Borderline high Fentanyl analgesia. Review in 6 months.
26	41	4.88	95.12	24.39	100.00	KPIs from elsewhere seen and are fine. Slightly high analgesia. Review in 6 months
60	26	3.85	92.31	15.38	100.00	Borderline sedation and analgesia in over 70's only. Monitor over 6 months
29	25	0.00	88.00	52.00	80.77	Trainee NME - doing Sigmoidoscope part of colonoscopy
91	23	0.00	100.00	47.83	100.00	Borderline sedation in over 70's only. Monitor over 6 months

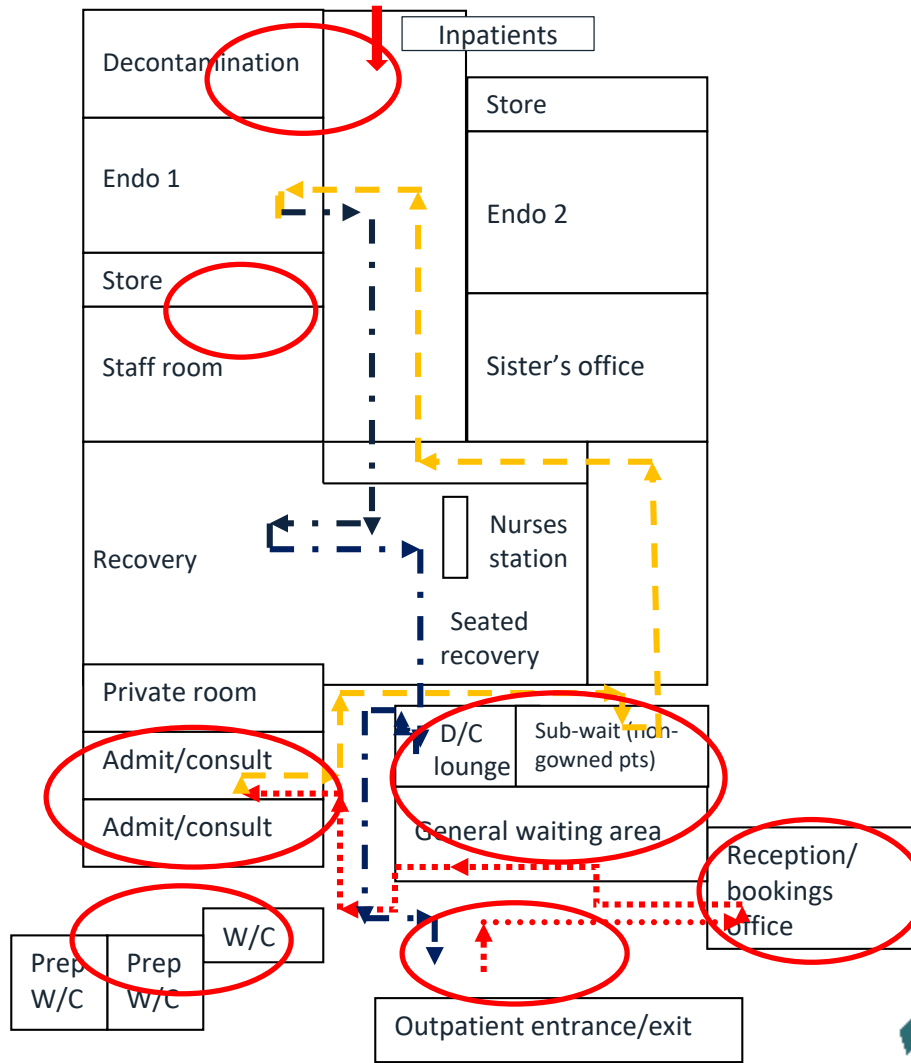


- ↓ Pre-procedure
- ↓ Peri-procedure
- ↓ Post-procedure

- > No prep room
- > No P&D room
- > Lack of toilets
- > Staff transferring food through patient areas



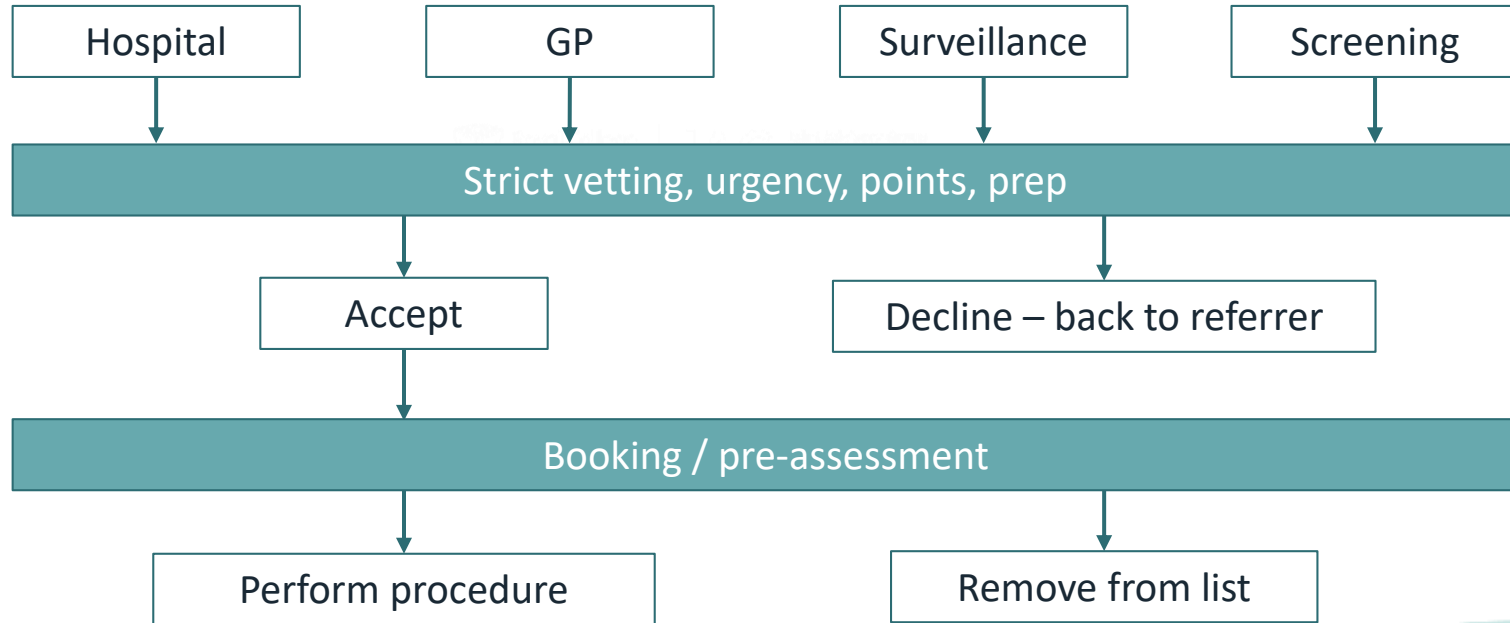
- ↓ Pre-procedure
- ↓ Peri-procedure
- ↓ Post-procedure





# Appropriateness

See our blog on [vetting and appropriateness](#) and our opinion piece on [‘a new dawn’](#)

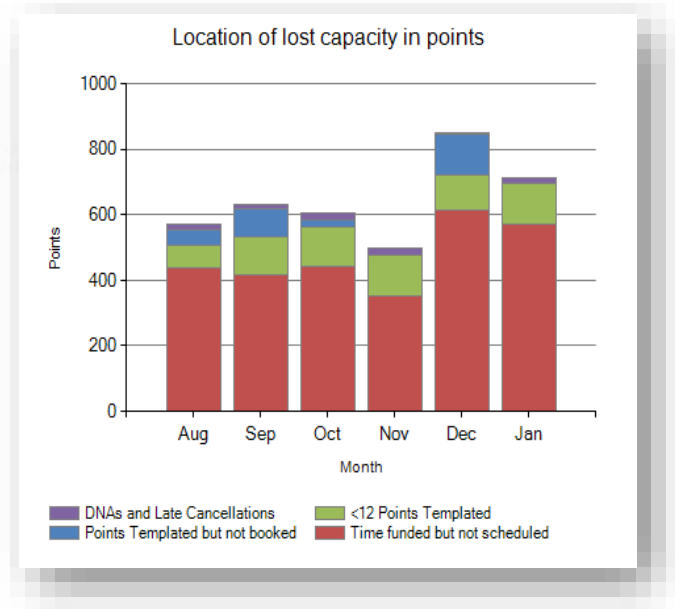


# Access and booking

- > You must have recovery plans
- > Physical capacity and appropriate facilities - insourcing and outsourcing (see [JAG guidance](#))
- > Workforce capacity – including endoscopist, nursing and administration
- > Focus on pre-assessment & screening to ensure safety and attendance

# Collect and use the right data

- > DNAs & late cancellations
- > Utilisation of capacity
- > Points achieved per list (critical)
- > Turnaround times
- > Start and finish times

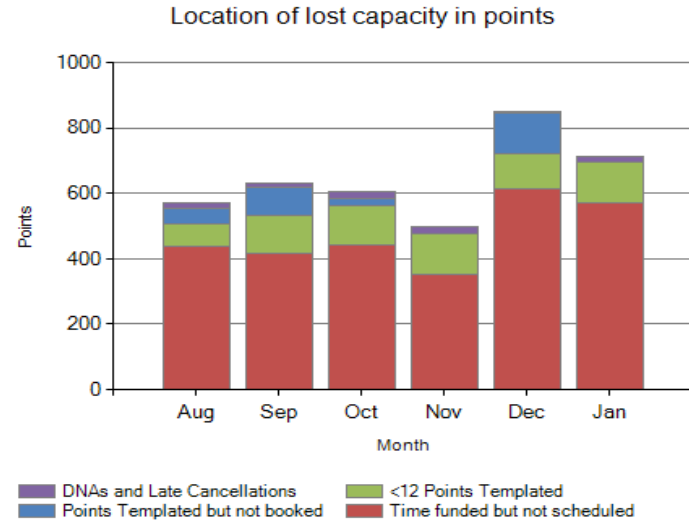
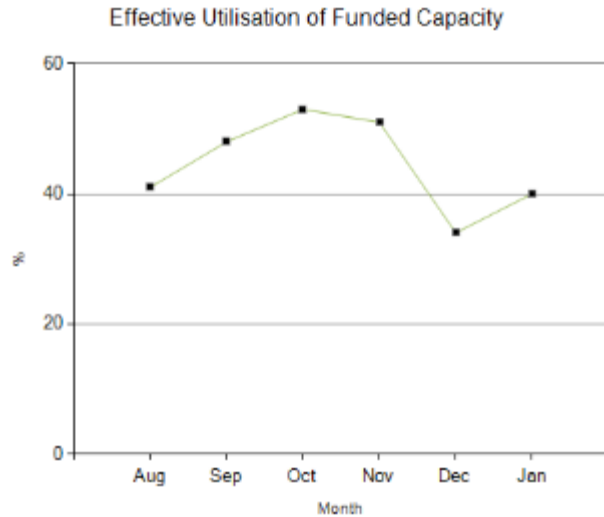


# Productivity, access and booking

- > Physical capacity and appropriate facilities (insourcing and outsourcing?)
- > IT scheduling
- > Booking systems – patient choice
- > Pre-assessment & information
- > Systems for data collection including:
  - demand and capacity
  - utilisation of lists – different post COVID
  - utilisation of points
- > Skilled workforce that supports management of waiting times
- > Balance training demands

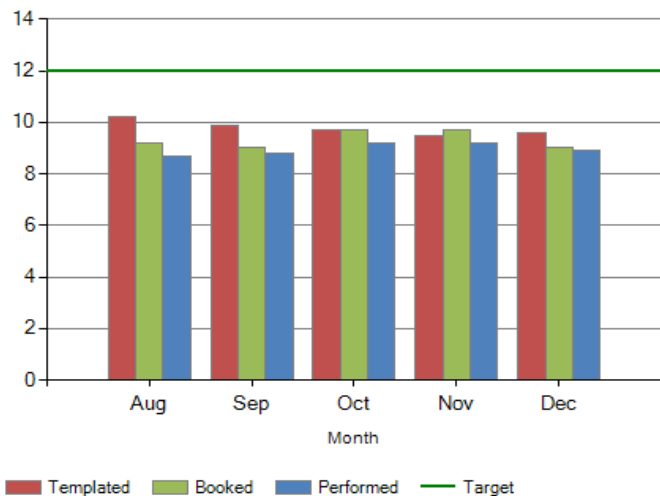
Recovery plans are critical

# Productivity KPIs

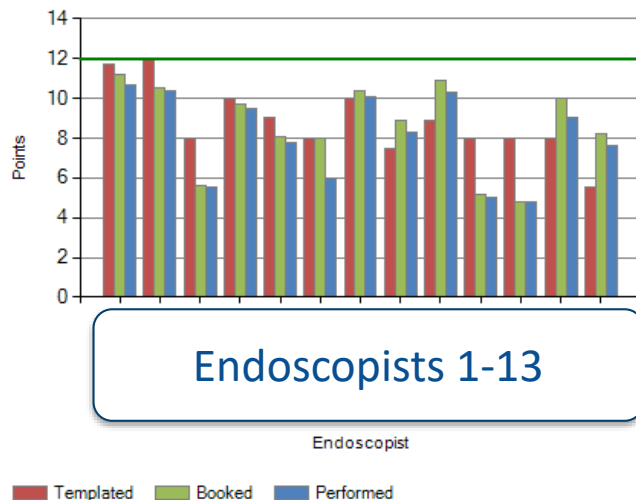


# Utilisation of capacity-points per list?

Average Points per List

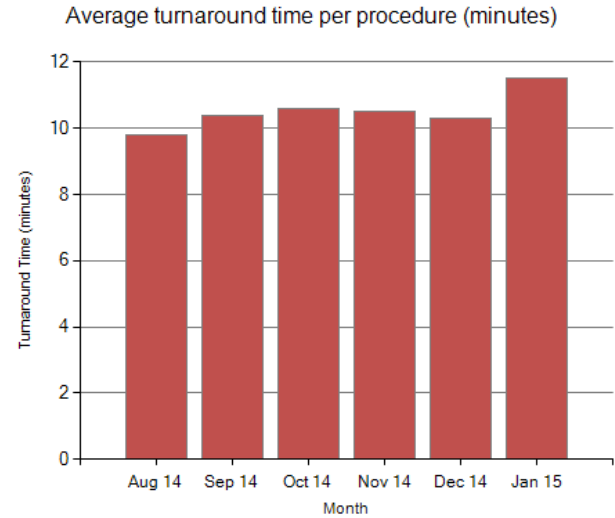
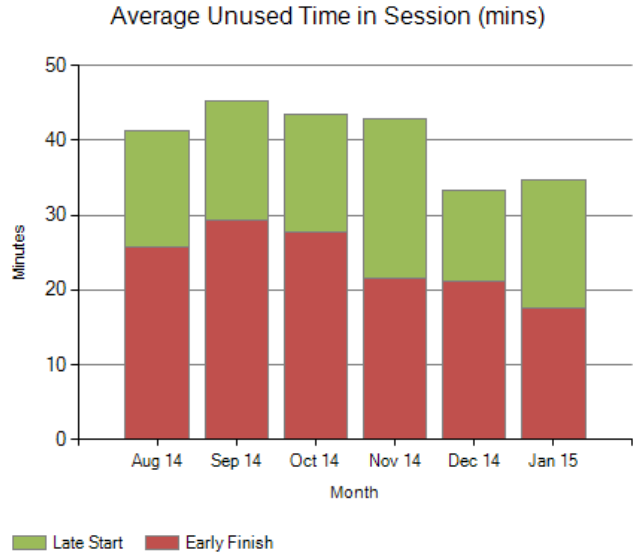


Average Points per List



Endoscopists 1-13

# Session management



# How do you build a high-performing workforce?

Skill mix

Communication

Feedback and  
learning

Ethos and culture

Competent



# What makes a good training environment?

Access to lists

Training culture

Trainee feedback

JETS

Trainer feedback

# Further support

- > [JAG guidance](#) - quality and safety guide, environment guide, underperformance, insourcing
- > [Resources](#) - example policies, role descriptions, surveys and templates
- > [Knowledgebase and FAQs](#)
- > [Video guides](#) – what happens during the assessment and how to upload evidence
- > [JAG safety](#) – learning from patient safety incidents: case of the month
- > [Blogs and news articles](#)
- > Give the office a call 020 3075 1620 or email [askJAG@rcplondon.ac.uk](mailto:askJAG@rcplondon.ac.uk) if you have any questions.

