Health
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Pan-Canadian Approach to Endoscopy and Colposcopy Structured Documentation to Enable Clinical and System Quality Improvement

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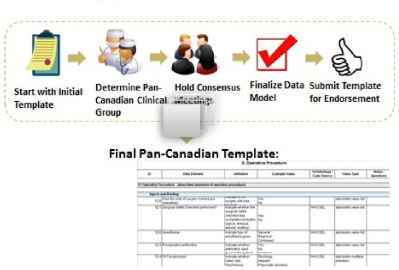
Introduction

In 2011 there were 22,200 new cases of colon cancer (with 8,900 deaths) and 1,300 new cases of cervical cancer (with 350 deaths) in Canada. Screening and surveillance programs save lives and have dramatically increased national rates of endoscopy and colposcopy procedures. Unfortunately, there is currently limited data to effectively manage and evaluate these programs.

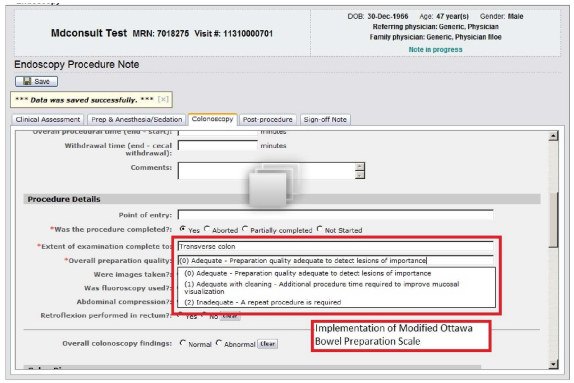
Research has demonstrated that structured reporting improves the completeness and timeliness of surgical reports. Clinical templates can provide a mechanism to ensure that important procedural details are captured. In order to achieve pan-Canadian adoption and sustainability, it is critical for clinicians from across Canada to contribute to the development, design, implementation and maintenance of data models that guide structured reporting.

Through partnership and support from Canada Health Infoway (CHI), The Canadian Partnership Against Cancer (CPAC), Canadian Association for Gastroenterology (CAG) and Society of Gynecologic Oncologists of Canada (GOC), national data models for reporting colonoscopy, upper gastrointestinal endoscopy (UGI endoscopy) and colposcopy procedures were developed in 2013 incorporating standard terminologies and classifications.

Achieving Consensus - A Pan-Canadian Approach



Implementation of pan-Canadian reporting standards



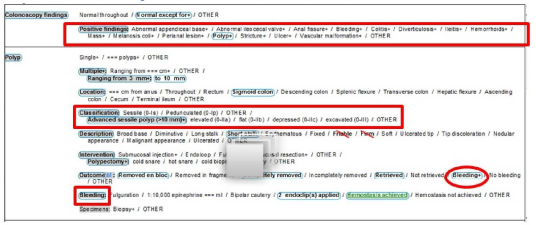
Benefits

1. Allows for diverse, pan-Canadian representation, which will improve adoption
2. The data model will set the standard for the best practices in the country
3. National organizations will ultimately maintain currency and ownership of the template, and allow for easier dissemination of the data model
4. Incorporation of clinical coding standards (e.g. SNOMED CT), allows research to be conducted on a standard set of discrete elements
5. Provides opportunities for vendors to adopt templates into their systems to make it more feasible for Canadian institutions to adopt
6. Encourages organizations to move away from traditional dictation towards synoptic reporting, which better ensures completeness of reporting and adherence to standards
7. Synoptic reporting templates are an excellent training tool for residents and trainees

Lessons Learned

1. There may be several differences in practice across provinces, practices, hospitals and clinicians. Allow for flexibility with mandatory and optional fields.
2. Finding engaged clinicians within each province / territory is helpful for championing use of the data model in their areas
3. A data model takes time to develop, so allow for several months before a final template is achieved
4. Incorporate standards such as SNOMED CT from the start
5. Face to face meetings are ideal but can be costly and difficult to work around busy schedules. Taking advantage of existing national meetings and conferences can make this more manageable
6. Engaging national organizations throughout the process (e.g. CPAC, CAG, GOC) can ease in the adoption process, as well as provide ongoing maintenance and dissemination of the data model

Technology-agnostic implementations of pan-Canadian data models



- Designed in partnership with clinicians, vendors, informaticians:
  - National: content based on evidence-based standards (CAG, CPAC, *Infoway*)
  - Follows clinical workflow: cascading, expanding terms – simplicity and depth
  - Minimal use of OTHER box (max structured data), space for narrative text
  - SNOMED-CT and standardized scales built in (no memorization)