

JAG

JOINT ADVISORY GROUP ON GASTROINTESTINAL ENDOSCOPY

Assessor News

Issue 1, July 2009

A Quarterly Publication

Welcome to the New Dedicated Newsletter for JAG Assessors

This newsletter is designed with you in mind and will provide you with quarterly updates of JAG activities. If there is information not here that you feel should be or would like to know about, please email me at the JAG

Warren Lynch
JAG Manager

warren.lynch@jrcptb.org.uk

Quality Assurance Sub Groups Formed

The JAG Committee recently approved the formation of 3 Quality Assurance subgroups: QA of Individuals (interim chair Dr Jonathan Green), QA of Training (interim chair Dr Siwan Thomas-Gibson) and QA of Units (interim chair Dr John O'Donohue). The chairs of these groups report directly to the JAG Committee.

From the QA of Units Chair

The QA of Units Group will meet regularly and the chair of the group will provide regular updates for each edition of the newsletter.

The JAG QA of Units subgroup was recently formed and reports to the JAG Committee. It convened for its first full meeting on Tuesday 14 July, 2009. It has a broad remit: to build on the recent success of the JAG and the Global Rating Scale (GRS) and to achieve and maintain the highest quality Accreditation process in endoscopy.

- It will revise the GRS and align the JAG visits process closer to GRS.
- Develop a 'light-touch' re-accreditation process and co-ordinate training of JAG assessors.
- Co-ordinate future JAG inspections with other inspecting and accrediting bodies throughout the UK.

The members are:

John O'Donohue	Chair
Debbie Johnston	Endoscopy Manager
Di Campbell	Nurse Lead
Lynn Coleman	BCSP Representative

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THE JAG – WE ARE CHANGING

We carried out a survey in March to find out what you thought of the JAG as an organisation. This was a UK wide survey and the first of its kind commissioned by the JAG. The survey was sent to all regions and to a variety of our key stakeholders who were selected at random.

The response was overwhelming. The messages we received are clear. The JAG is seen as professional and supportive. We all agree that there is a necessity for overarching control of endoscopy in the UK and the JAG fulfils that role.

The most prevalent criticism of the JAG is “poor communications”. 76% of respondents think that the JAG’s communication efforts are only “adequate” or “needs improvement”. There is a call for greater transparency and better communication at all levels.

In response to this, we have put in place Project Chameleon. We recognise that the JAG is going through a period of change. Project Chameleon, aptly named, will ensure we adapt to these changes. It will make us change the way we communicate with you. We will become more transparent. Project Chameleon involves working on an improved website (www.thejag.org.uk), ensuring more frequent newsletters and considering additional forms of contact to keep you up-to-date with current developments.

Have your say

Feel free to email comments on this topic or suggestions for Project Chameleon to: carolann.nicholls@btinternet.com

Mark Donnelly	Training Lead
Ian Penman	Scottish Representative
Anne Hanley	Quality Scotland
John Green	Welsh Representative
Claire Lloyd	Welsh Representative
Paul Kavanagh	Northern Irish Representative
Neil Haslam	Independent and Community Sector Representative
Simona Corona	Independent Sector Representative
Rex Polson	GRS Representative
John Stebbing	Surgical Representative
Libby Thomson	Nurse Lead

360 Degree Feedback

All JAG assessors that have taken part in JAG visits should now have received a personalised baseline report of their performance on the JAG visits they have undertaken.

The report is based on feedback received from units and fellow team members, who are asked to provide ratings on a number of statements relating to technical and behavioural values. On completion, an overall ratings score is achieved.

The feedback score for each assessor is updated after a further 3 JAG visits have been completed. The report on each assessor is confidential to each individual, however an annual review of all assessors performance will be undertaken by the newly formed QA of Units subgroup. Assessors are able to access their reports by logging onto the [JAG Visits website](#) and clicking the 360 degree feedback tab on the bottom left of the homepage.

JAG Visits Update

The following JAG Accreditation Visits have taken place recently:

April

21/04/09 – Swindon, Wiltshire
23/04/09 – Trafford, Manchester
28/04/09 – Whiston, Merseyside
29/04/09 – St Helens, Merseyside
29/04/09 – Withington, Manchester
30/04/09 – James Paget, Norfolk

May

22/05/09 – Worthing, Sussex

June

24/06/09 – Lincoln, Lincolnshire
25/06/09 – Clatterbridge, Merseyside

In total, 146 acute endoscopy units in England have so far undertaken a JAG accreditation visit. Of these units, 103 (47%)

RECENT ISSUES

This section is dedicated to issues that have arisen recently in relation to JAG visits where JAG advice has been requested.

Use of propofol

Advice was recently sought on the JAG's policy on the use of propofol.

The JAG does not currently have a formally stated policy on GA nor on propofol, but does have a general perspective used throughout the whole QA of endoscopy that can be applied to these questions.

That perspective is:

- 1) Safe and effective endoscopy that meets agreed quality standards.
- 2) No proscriptive approach in the absence of good evidence.
- 3) Cost does not affect the JAG's views - that is not a QA issue.

UPCOMING DATES

Wednesday 23 September 2009

How to pass your JAG Visit seminar
RCP, London

[For more information please click here](#)

Tuesday 20 October 2009

JAG Committee Meeting
RIBA, London

Friday 9 October 2009

JAG Assessor Review Day
RCP, London
[For more information email Amber Westbury](#)

have full 5 year approval with 43 (20%) currently with 3 or 6 month deferrals. A further 74 sites are still to be visited.

All Endoscopy units that have not yet had a JAG accreditation visit (including all of the Training Centres, who were part of the original JAG pilot visits) are currently being contacted to confirm visit dates.

The top 10 issues currently preventing units from achieving full accreditation immediately are:

1. Decontamination
2. Quality of Procedure (audit)
3. Endoscopy Trainers
4. Unit design and layout
5. Environment and Training
6. Aftercare
7. Consent
8. Timeliness
9. Safety
10. Comfort

Of the top 3 issues, the main problems are:

Decontamination

- AERs that are not HTM-20-30 compliant, inadequate tracking

Quality of Procedure

- Incomplete audits to Level B (often only raw data is presented)

Endoscopy Trainers

- No/unsatisfactory evidence of nurse input into endoscopist's training and evidence of annual evaluation of both trainer's expertise and staff input into endoscopist's training.

Feedback from most visits has been positive with the vast majority of units valuing the visit process and the assessor's expertise highly.

Decontamination Update

HTM-01-06

The HTM-01-06 guidelines are due out for public consultation next month with planned publication in September. The guidelines will be supported with a new audit tool from the Infection Prevention Society (IPS). It will consist of two parts which are currently being reviewed by the JAG Committee and will be communicated when the review is complete. The ESAC-Pr Endoscopy Sub-committee see a multi-faceted approach to auditing endoscope decontamination in the future which will include the Care Quality Commission (CQC), IPS, the JAG and local Trusts.

TRACKING

There have been some reported instances where assessors have made specific comments on the functionality of some tracking

JAG Central Office Contacts

Warren Lynch
JAG Manager
020 3075 1372
warren.lynch@thejag.org.uk

Amber Westbury
JAG Visits Co-ordinator
020 3075 1485
amber.westbury@thejag.org.uk

Lewis Shaw
JAG Administrator
020 3075 1620
lewis.shaw@thejag.org.uk

systems which have been incorrect. As a group, we are following national guidelines and recommending that units use a purpose built endoscopy tracking system. This can be a paper system in the short term with a view to moving to electronic tracking to meet best practice standards. The HTM-01-06 will include a framework which details the tracking requirements.

STERILOX

The use of Sterilox is covered in HTM-01-06 and has been added to the other chemicals that are suitable for decontamination of endoscopes.

Sterilox, however, has some unique characteristics.

1) In HTM-01-06 it is stated that a Sterilox generator should have an indicator, wired from the generator control system, mounted near the AER to indicate satisfactory operation or fault condition. Often the generator is in another room to the AER and the operator may not notice the condition of the generator.

2) Sterilox does not use RO water, but adds the chemical to final rinse water. This is thought to be OK as long as the final rinse is bacteria free. If the supply water is contaminated there are cases where the Sterilox can not kill all the organisms. This issue has been raised with Sterilox, but no reply has yet been received. Therefore it is important that the user of a Sterilox generator has a bacterial examination of the supply water as well as the final rinse water.

3) Conductivity is not thought to be a major issue for the final rinse water as long as hardness is below 50mg/l. There is no evidence that a high conductivity is an issue with final rinse water as long as it is bacteria free.

4) It is not known the reason why the Sterilox system was not included in the Supply Chain list. It is possible to use a Sterilox generator with a non-Sterilox AER. The Safer AER manufacturer may not have supplied sufficient data for the Supply Chain to include in the list.

It therefore appears that as long as the correct measures are in place, then it is ok to use Sterilox and SAFER machines.

GRS Domains Update

The JAG visits sub group is currently reviewing the GRS levels. Following the review, it is likely that some of the existing measures will be amended, both in terms of the descriptor and the level with some current level Bs becoming Level C and some existing Level As becoming Level Bs. A period of consultation with the service is planned. Further information on this will be disseminated once the period of consultation has ended and any changes that have been agreed by the JAG Committee can be expected around Autumn 2009.