ERCP practitioners' views on what would improve quality of care and patient outcomes: a national survey.

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Introduction: Endoscopic Retrograde Cholangio Pancreatography (ERCP) is a high-risk procedure. As part of BSG ERCP endoscopy quality improvement programme (EQIP), a national survey of ERCP practitioners was undertaken. Here, we report practitioners' views on barriers to improvement of quality of care and patient outcomes.

Methods: A survey was distributed to ERCP practitioners across the UK. The survey included closed questions on practitioners' views and opinions of facilities, processes and procedures, and open-ended questions on barriers to improvement of care quality and patient outcomes. Participants could provide up to three responses to each open-ended question. Responses were categorised into themes and reported as percentage of total number of respondents.

Results: 389 ERCP practitioners participated (response rate=79%). 84% were consultant physicians and 14% consultant surgeons; 55% had 10+ years ERCP experience.

75% of respondents reported having <1 hour/week allocated for governance and audit. When asked what prevented organisations learning what goes well/wrong in ERCP, 64% cited poor IT infrastructure or not enough administrative support and 52% cited no allocated time/prioritisation of ERCP governance. 53% reported having no scheduled CPD hours. Suggestions to improve CPD in ERCP included: dedicated CPD time supported by managers (28%), and more online training (22%).

In terms of resources and facilities, 84% wanted more access to deep sedation. Barriers to this were: anaesthetist availability (83%), cost (38%), and (lack of) physical space for anaesthetic equipment (32%). 87% felt adequately supported by specialist GI radiologists. The leading suggestion to improve support was regular meetings involving specialist radiology (16%). 85% rated their ERCP facilities as adequate. Barrier to improved facilities were: poor quality scopes, supply of equipment and image screen/monitor issues (43%) and room design/layout (38%).

When asked what they thought would lead to the greatest improvements in patient outcomes, 33% stated increased access to deep sedation/GA; 29% improved internal governance; 23% improved pre-assessment and consent; and 17% improved facilities and equipment.

Conclusions: This survey identified a range of barriers to improvements in ERCP, encompassing factors relating to management priorities, job plans, ways of working and

physical environment. Addressing these could improve quality of care and patient outcomes in ERCP.