European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA)

STAFFING IN ENDOSCOPY

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INTRODUCTION

Endoscopy practice is carried out and supported by a multitude of staff. Apart from endoscopists staff include qualified nurses (EU Regulations), ancillary staff including e.g. nursing aids, technicians, etc, administrative staff such as e.g. medical secretaries, receptionists, etc., as well as domestic support from the institution.

The safety of the patient must be paramount and each patient has the right to be treated by staff that are appropriately trained and are competent to carry out procedures as clinically indicated (EU Convention on Human Rights and Biomedicine 1997). Endoscopy Departments therefore need to have adequately trained and sufficient numbers of staff to ensure that patients are not put at risk unnecessarily. (Ref: GRS Workforce Domain)

Although many endoscopy departments have highly competent staff, there are still some operating without adequate staffing levels, poorly trained staff and without adequate support from management to deliver high quality care.

Endoscopic procedures are becoming more and more complex and therefore the need for more highly qualified endoscopy staff is increasing

AIM OF STATEMENT

The aim of this document is to provide guidance on nursing and supporting staff requirements in endoscopy to support the service and ensure optimum, safe patient care. It does not aim to address issues around training of endoscopists.

GENERAL PRINCIPLES

Staffing levels have to be adequate to ensure safe, high quality care for patients and effective multidisciplinary team work.

There should be adequate staffing levels to cover holidays, sickness and training in addition to the agreed workload of the department.

All staff need a **structured formal training and assessment of competencies** linked to the content of their job description.

Staff education and training should be planned and co-ordinated in response to both service and individual needs (GRS) and should be patient-focused.

After induction and initial training there should be structured development opportunities for all staff under the supervision of a competent mentor.

All clinical staff should be familiar with at least basic resuscitation methods and undergo periodic re-training.

Ideally all qualified nurses working in endoscopy should have a specialist endoscopy qualification.

ESGENA has developed
- a Job Profile which defines the competencies and knowledge base for qualified nurses working in endoscopy.
- a core curriculum for specialist practice that can be adapted locally.

It is important that **Multidisciplinary Team Work** is valued and that communication is maintained between all levels of staff concerned with the provision of endoscopic services, irrespective of where they are physically placed (endoscopy, wards, Central sterilisation unit, administration, etc).

STAFF

Patient Monitoring during endoscopy

Endoscopic procedures may be carried out under local anaesthetic, under sedation or with a general anaesthetic.
As most adverse events in endoscopy are related to cardio-vascular complications the level of patient monitoring in endoscopy should not be less than is acceptable in day surgery, where similar levels of anaesthesia or sedation are used.

This is particularly important as increasingly patients with complex medical problems are now undergoing invasive therapeutic procedures.

A suitably trained individual, present throughout the procedure, must have a defined responsibility for monitoring patient safety. Depending on local policies and guidelines this may be an anaesthetist, or a qualified nurse or an anaesthetic practitioner trained in endoscopic as well as resuscitation techniques.

A sedated patient needs to be continuously monitored and have appropriate airway maintenance throughout the procedure by a dedicated qualified practitioner who has no other duties during the procedure.

Technical Assistance

Endoscopic procedures require highly specialised, technical assistance. Only appropriately trained and competent staff should assist the endoscopist.

Many countries in Europe have a specialist qualification in endoscopy and staff should be encouraged to supplement local training with a recognised specialist qualification.

Complex therapeutic procedures require a higher level of knowledge and competence and more than one technical assistant to ensure a timely, safe and efficient procedure.

Staff needs to carry out procedures frequently enough to maintain competency, especially with regard to complex therapeutic procedures.

Admission /Recovery/Discharge

Admission and preparation, recovery and discharge of patients might be carried out within an endoscopy department, or in a ward.

Personnel working in this area needs to be competent and familiar with endoscopic procedures and the specific needs of the endoscopy patient. If non-nursing staff is involved they must be supervised by suitably trained and qualified nurse.

Patients should not be left without clinical supervision in these areas, and sedated patients need to be monitored throughout by qualified staff.

Decontamination Staff

Whoever carries out decontamination depends on the set-up and local guidelines. In some areas nurses are responsible for decontamination, in others ancillary staff, and in some departments endoscope decontamination is carried out in a central sterilising department.

Irrespective of the site or staff involved in decontamination the following principles apply:
- Only trained and competent personnel should carry out decontamination.
- There is a environment of continuing education and competency re-assessment
- Staff need to carry out decontamination frequently enough to maintain competency
- Staffing levels are adequate to the number of procedures performed and endoscopy rooms to be served to prevent shortcuts during the decontamination process.

Training programmes should include: (adapted from BSG)
- identification of individual endoscopes, all associated channels, and accessories
- design and function of endoscopes and accessories
- theory on decontamination, microbiology, detergents, disinfectants and AWD/WD (EN 15-883)
- health & safety and infection control
- knowledge and skills assessment on assembly and dismantling of scopes, pre-cleaning, manual cleaning, reprocessing accessories and ancillary equipment, disinfection and use of the AER, drying, transportation, storage, tracking/traceability and maintenance, microbiological testing and validation.
- training from the manufacturers of the AERs.

Out-of hours Emergency Endoscopy Staff

Patients undergoing emergency endoscopy are particularly vulnerable and are the most likely to suffer complications. Therefore patient care during out-of hours endoscopy must be of similar, if not higher standards than for routine procedures.

Assistance, monitoring of patients and decontamination should be at least at the level provided for routine endoscopy. Staffing levels therefore should not be less than for planned procedures.

Administrative Staff

Endoscopy activity needs to be supported by adequate numbers of administrative staff to ensure timely scheduling and appointments, filing of procedure documentation and communication with referring clinicians, as appropriate.

Administrative staff, including doctors' secretaries, is often the first contact for patients scheduled for endoscopy. Therefore administrative staff should be part of the endoscopic multidisciplinary team and needs to be familiar with endoscopic procedures.

Endoscopy Management

The service cannot function appropriately without effective leadership. Therefore an endoscopy service needs to have a dedicated manager(s) in post to manage, co-ordinate and to quality control the activities. This person should be part of the endoscopy team.

The dedicated **endoscopy nurse manager** should have appropriate endoscopic experience with an endoscopy specialist qualification. The **administrative manager** should also have appropriate management training. *In many places these two functions are combined in one post.*

The endoscopy manager should have protected time to carry out his/her management duties and should not continuously be involved in clinical work.

Training Management

To assure evidence based and up to date knowledge and skills the following roles need to be fulfilled, either by nominated staff members or by the manager:

- Mentoring of staff, especially new staff,
- assessment and re-assessment of competencies,
- regular appraisals (at least once a year) where training needs are identified,
- and co-ordination of training

SUMMARY

Endoscopic services are often not appreciated by management and therefore receive few resources.
In the past standards of endoscopic practice such as e.g. decontamination has lacked behind other clinical services. Today this has mostly been rectified with the help of European and national Guidelines.

However, standards of staffing levels and education in endoscopy are often still below what is acceptable for other clinical areas. This can put patients at risk and should not be acceptable at a time of advanced and complex endoscopic procedures. This document should aid endoscopy departments to improve their staffing establishment.

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Implementing and ensuring Safe Sedation Practice for healthcare procedures in adults

Defintions/ Glossary

Competent	Able to complete a task effectively based upon the knowledge, skills and attitudes. Competency comprises the specific knowledge, skill and attitudes and the application of that knowledge, skill and attitudes to the standard of performance required in employment.
Formal training	A course of instruction that has specific learning objectives and is conducted outside the regular workplace area