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Colonoscopy Quality Documentation and Assessment.

1. PURPOSE:

This GI Endoscopy Unit internal policy provides guidance for proper colonoscopy documentation.

It also defines assessment tools for monitoring of colonoscopy quality.

2. BACKGROUND:

a. The adequate performance of colonoscopy requires regularly scheduled evaluation and continuous monitoring of the competency of the staff involved and quality oversight.

b. Proper documentation of relevant pre-procedure and intra-procedure data is an integral part of quality colonoscopy.

c. **Definitions:**

1. Bowel preparation quality: defined according to the Aronchick scale: Excellent; Good; Fair; Poor; or Inadequate/Unsatisfactory.
2. Adenoma Detection Rate: number of screening or surveillance colonoscopies where at least one adenoma was detected divided by the total number of screening or surveillance colonoscopies. Colonoscopies performed in patients with a history of colorectal cancer, or prior colonic resection, or inflammatory bowel disease, are excluded.
3. Adenoma: this includes advanced neoplasms (adenoma with villous components, high grade dysplasia, or invasive cancer).

3. POLICY:

a. Each colonoscopy report must include the following documentation:

- patient's assessment, including the ASA score
- colonoscopy indication
- sedation plan and type; medications doses must also be included if an anesthesia provider is not involved in the sedation
- bowel preparation quality using the Aronchick scale

b. The extent reached in each colonoscopy must be documented and supported by appropriate photographs.

c. The findings of each procedure must be fully documented, and all interventions described and detailed. Sufficient photographs must be taken to support this documentation.

d. Immediate complications must be reported in the procedure report, including serious sedation adverse events and procedure complications.

4. ACTION:

Quarterly monitoring reports will be generated, with separate data for each physician. The reports will include:

- Total number of screening or surveillance colonoscopies performed
- Percentage of documented patient assessment
- Percentage of bowel preparation documentation
- Percentage of informed consent completion
- Cecal intubation rate
- Mean withdrawal time
- Adenoma detection rate

This report will be finalized by the GI section chief. All physicians will be provided with a global report containing deidentified data. Each physician will be informed individually and confidentially about their specific data, allowing them to compare their performance to that of the group. Any potential provider or system issues will be identified and addressed as appropriate by the section chief and/or director of endoscopy.

Gastroenterology Section Chief