

Demographics

The application must be reviewed and signed by the medical director of the endoscopy unit.

- Recognition, and as such application, is based on a facility's physical address.
- If applying for more than one unit, an application must be completed for each unit.
- Questions? Contact EURP@asge.org.

Please indicate if your application is a Renewal, New, or Reinstatement (lapsed more than a year)
Name of Medical Director
Medical Director's Specialty
Medical Director Signature Date As the medical director of this unit, I hereby attest to the accuracy of all information submitted via this application with my signature.
Name of Unit
Main Contact for Application
Main Contact Email
Physical Address of Unit/Facility
Award certificates are mailed to the main contact at the physical address of unit/facility, unless arranged otherwise with ASGE staff.
The endoscopy unit is in a Hospital, Ambulatory Surgery Center (ASC), or Office?
If the endoscopy unit is affiliated with another unit recognized by or applying to the program, please provide the name(s).
Accreditation Organization Expiration Date
ASGE Quality Course Requirement
At least one unit representative must register and attend an offering of the ASGE course Quality Course. This course is periodically offered live and is always available on-demand via ASGE's online learning platform GI Leap. Renewing units have the option to take the Quality Course or the GI Unit Leadership course (Unit Leader Course), also offered live periodically and always available on-demand.
Name of Course Participant
If more than one unit representative participated in a course, please list at least two registrants for verification.
Which course was taken (Quality Course or Unit Leader Course)?
Date of Live Virtual Course Taken or On-demand



Membership Requirement and Verification

At least 50% of all endoscopists working in the unit must be ASGE members, with an "endoscopist working in the unit" defined as any physician, regardless of specialty, performing endoscopic procedures in the unit.

If the unit has endoscopists performing less than 50 endoscopic procedures in the unit annually, the medical director of the unit must be a member of ASGE. Performance data on low volume endoscopists is still **required** to be submitted as part of the application's Quality Policy Assessment for all relevant procedures.

Physicians performing endoscopic procedures in the unit

Name	ASGE Member (Y/N)	Performs >50 procedures in the unit annually (Y/N)	Email
	<u> </u>		



Attestation of Guideline Adoption

The Medical Director of the endoscopy unit must attest to having adopted the following ASGE clinical guidelines and the CDC guideline on infection control as unit policy. By signing this form, you attest that you understand the guidelines and have adopted the principles within them into your unit policies.

The following guidance documents are based on a critical, systematic review of the available data and expert consensus. They represent best practices around maintaining and ensuring that quality and safety are upheld in endoscopy units. The ASGE guidelines are published online at https://www.asge.org/home/resources/publications/guidelines.

Antibiotic prophylaxis for GI endoscopy

Medical Director Signature

- ASGE Guideline for Infection control during GI endoscopy
- Guidelines for privileging, credentialing, and proctoring to perform GI endoscopy
- Guidelines for safety in the gastrointestinal endoscopy unit
- Guidelines for sedation and anesthesia in GI endoscopy
- Management of antithrombotic agents for patients undergoing GI endoscopy
- Multisociety guideline on reprocessing flexible gastrointestinal endoscopes

I certify that I understand the above ASGE guidance documents and that our unit has adopted the principles within them into unit policies and will adopt any revised versions of them.

DOPTION OF CDC GUIDELINE FOR ISOLATION PRECAUTIONS he CDC "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" intended for use by healthcare providers responsible for developing, implementing and evaluating infection control rograms for healthcare settings across the continuum of care.
certify that I understand the CDC "Guideline for Isolation Precautions of 2007" and that the unit has adopted the CDC uideline as unit policy and will adopt any updates and revised versions of this guideline.
1edical Director Signature Date



Attestation of Competency

Please attest that all pertinent staff members have completed training and competency assessments for endoscope reprocessing, sterile medication administration, and infection prevention in the endoscopy unit within the prior year. (Please duplicate this form, as needed, to list additional staff or include on a separate page labeled *Attestation of Competency*.)

Assessment for Endoscope Reprocessing	
Staff Member Names	
	-
Sterile Medication Administration (Safe Injection Practice	rs)
Staff Member Names	
	-
Infection Prevention	
Staff Member Names	
	•
	-
	-
Medical Director Signature	Date



Quality Policy Assessment

Part A

Submit, as supplements to this application form, unit policies that the unit has developed and adopted for continuous or intermittent assessment of the following quality measures, with associated performance targets for selected measures. Please submit only the policies related to the following, labeling documents submitted along with this application as indicated below. Please do not staple application materials.

- 1. Quality of preparation during colonoscopy, employing standardized criteria (labeled as Attachment A.1.)
- 2. Cecal Intubation Rate by endoscopists, during colonoscopy (labeled as Attachment A.2.)
- 3. Adenoma detection rates by endoscopist, during colonoscopy (labeled as Attachment A.3.)
- 4. Adverse event tracking, by major classes and severity, for the unit as a whole (labeled as Attachment A.4.)
- 5. Administration of Patient Satisfaction surveys by the unit as a whole (labeled as Attachment A.5.)

Part B

Submit physician performance results pertaining to the measures listed on page 6 of the application: (a) quality of bowel preparation documented; (b) cecal intubation rate; and (c) adenoma detection rate. You will be reporting performance in aggregate (unit level) and by individual endoscopist (physician level).

- In aggregate: Report unit-level performance on page 6.
- **By individual endoscopist:** Report physician-level performance on Page 8 or in a supplemental document representing physician level performance in a similar way (e.g., GIQuIC report). *You may de-identify the physicians using unique identifiers (e.g., MD1).*
- In cases of suboptimal performance on any quality measure (i.e., performance targets listed in the application have not been met), a detailed remediation plan must be formulated and submitted as a supplement to this application. Remediation plans should include educational plan, time period anticipated for physician/staff education, details of other interventions, goal sample size, estimated time period to reach sample size, and estimated date of completion.

The performance results provided in this application and its supplements are confidential, considered Quality Assurance data and inadmissible. Please retain underlying data for possible future use/audit.

The endoscopy u	ınit is in a Hospital, Ambulatory Surgery Center (A	ASC), or Office?
How many of the type?	following procedures did your unit do in the last	year, and how many physicians perform each procedure
Colonoscopy	procedures, performed by	endoscopists
EGD	procedures, performed by	endoscopists
ERCP	procedures, performed by	endoscopists
EUS	procedures, performed by	endoscopists
Please help us un GIQuIC/registry-s		llection (e.g., manual chart review, EHR-supported,

If other, please provide a supplement labeled Attachment B.3. explaining the unit's data collection workflow.



Quality Policy Assessment continued

1.	oth lea the	ter aggregate performance results below for the unit (all endoscopists) in the past year based on annual numbers on the resequential or random data and on Page 8 (or similar) performance results on each measure by endoscopist. At test 50 cases per provider must be reviewed. If a provider is low volume (i.e., less than 50 colonoscopies in the year), the performance results must still be included with a note explaining the volume below the requirement (e.g., CPist).
		scribe the duration of data collection on which the performance results are based (e.g., year, 50 consecutive ses).
	a.	Quality of bowel preparation
		Please state which colonoscopies are included in the denominator – screening, surveillance, or all colonoscopies
		Rate of documentation of prep quality (number with prep quality / number reviewed)
		/ (%)
		Adequacy of bowel prep rate (number Adequate or better / number reviewed
		Performance Threshold: If the preparation quality is not documented as adequate or better (e.g., good/excellent Boston Bowel Prep Score \geq 6) in \geq 90% of cases for the entire unit, then a remediation plan labeled Attachment B.3.a. must be submitted. Note that bowel prep adequacy is often a unit rather than physician performance issue
	b.	Cecal intubation rate
		Please state which colonoscopies are included in the denominator – screening, surveillance, or all colonoscopies
		Cecal intubation indicates photodocumentation of at least one cecal landmark (e.g., appendiceal orifice, ileocecal valve). Does the unit monitor performance for cecal intubation rate based on photodocumentation of at least two cecal landmarks (best practice)? Y/N
		(number Yes / number reviewed)

Performance Threshold: If the cecal intubation rate is not \geq 95% for the entire unit and for each individual endoscopist, then a remediation plan labeled **Attachment B.3.b.** must be submitted.

%)



Quality Policy Assessment continued

c. Adenoma detection rate (ADR)

Adenoma detection rate (ADR), or how often the endoscopist finds an adenoma, which is a precancerous growth in the colon

In August 2024, ASGE and the American College of Gastroenterology issued <u>latest recommendations</u> on quality indicators for colonoscopy, which advance our ability to evaluate a physician's performance to reduce post-colonoscopy colorectal cancer. ASGE recognizes it will take units time to evolve their quality improvement programs to align with the updated recommendations so currently allows for a range of options monitoring ADR. Through this application, ASGE seeks to understand how you are monitoring ADR and remediating endoscopists not meeting an appropriate performance threshold.

Continue to monitor colonoscopy quality metrics as you have been while reviewing the updated recommendations and making a plan for alignment with the updates. ASGE is with you on this journey.

ADK numerator – Number of patients with adenomas detected		
ADR denominator: Please state which colonoscopies were used for the denominato	or (e.g., screen	s, all)
Exceptions or Exclusions: Please state any denominator exclusions (e.g., indication	positive stool	-based test)
ADR (number of patients with adenomas detected / number of patients)	/	(%)
OR		
ADR Male (number of male patients with adenomas detected / number of male pation	ents) /	(%)
ADR Female (number of female patients with adenomas detected / number of fema	le patients) /	(%)
OR		
Adenomas per colonoscopy (optional to report)		(unit average)

Performance Threshold: The performance threshold varies based on which colonoscopies are included in the denominator. If the adenoma detection rate for the entire unit and for each endoscopist does not meet the appropriate performance threshold noted below, a detailed remediation plan labeled **Attachment B.3.c.** must be submitted.

Screening colonoscopies only in the denominator: $\geq 25\%$ or $\geq 30\%$ for male and $\geq 20\%$ for female

All colonoscopies in the denominator*: \geq 35% or \geq 40% for male and \geq 30% for female

*These performance thresholds should be used if the denominator includes more than screening colonoscopies.

Adenomas per colonoscopy: ≥ .6



Quality Policy Assessment continued

The unit should use the following format for submitting individual physician performance results. Results may be submitted in other formats, such as GIQuIC reports. The performance rate for each physician on each quality metric should be reflected as a percentage (%).

MD ID	Adequacy of Bowel Prep	Cecal Intubation Rate	ADR All pts	ADR Male	ADR Female	APC
MD 1						
MD 2						
MD 3						
MD 4						
MD 5						
MD 6						
MD 7						
MD 8						
MD 9						
MD 10						
MD 11						
MD 12						
MD 13						
MD 14						
MD 15						
MD 16						
MD 17						
MD 18						
MD 19						
MD 20						



Quality Policy Assessment continued

Adverse events (AEs) for unit as a whole for all procedures and types

(number of AEs / overall procedure number)		/	_ (%
How many adverse events of each variety were experienced within the pas	t year?			
Deaths attributable to a procedure				
Unplanned admissions within 14 days				
Unplanned anesthesia calls to intubate or use of reversal agents (during moderate sedation)				
Perforations				
Bleeds requiring transfusion				
Cardiopulmonary events attributable to a procedure				
What practices does your unit use to identify adverse events? (Please chec	k all that	apply.)		
Intra-procedure and post-procedure complications recorded	during vi	isit		
Change in-patient status - requirement for hospital admission	1			
24-48 hour call back				
Delayed callback (> one week) post procedure				
Other, explain:				



Quality Improvement Project Summary

Submit as an attachment [labeled **Attachment QI**] to this application a summary (minimum 200-300 words, maximum 2 pages) of a **clinical** quality improvement project **completed** in your unit. This should be a project with an issue addressed by the unit for which there was a demonstrated change in performance based on an intervention. It should **not** be a quality assurance activity (e.g., hand hygiene compliance) but a quality improvement project.

You may use the **Define-Measure-Analyze-Improve-Control** format to present your project, the related outcomes and future goals. The following questions are provided as guidance; they do not need to be answered individually.

Define your project

- What is/was the gap in quality of care?
- What were the project goals or anticipated changes you sought to achieve?

Measure your project

- What were the performance measures of interest?
- How was the data acquired? Was it easily accessible?
- What was the baseline performance? (measurement before intervention)
- What were the targets for performance?

Analyze your project

- What local or higher-level factors contribute to defects, gaps, or variance?
- Which factors does the project address?
- What quality improvement methods and tools were utilized? (e.g., run charts, control charts, reports showing changes over time, PDSA, Lean Six Sigma)

Improve your performance

- What intervention did you pilot or implement?
- What did repeat measurement of performance measures show?

Control summary

- What were the outcomes of the project?
- Did you achieve the project goals? If not, what did you learn? What barriers did you encounter?
- Are there any limitations to the findings? Are there additional benefits?
- Were financial benefits or cost savings realized? If so, explain.
- How will the findings be communicated?
- Are the improvements sustainable?
- Can the intervention be disseminated to the other sites as a best practice?

The summary provided is confidential, considered Quality Assurance data and inadmissible.



Application Fees and Payment Information

Application Fees

- The application fee is processed once the unit is confirmed to have met the ASGE Membership Requirement. The application fee is nonrefundable. Units have one year from the time the application fee is paid to meet all requirements.
- Once the application fee has been processed, the review and approval process begins. The process typically takes 1-3 months and is contingent upon all application materials being received and determined to meet program requirements. The contact listed on Page 1 of the application should be attentive to questions from ASGE Quality staff.

Discounts to the program apply for units meeting either or both of the following conditions. Please see the fee table below.

A.	 All endoscopists in the unit are members of ASGE. At least 50% of unit endoscopists must be ASGE members to apply to the program. 				
	What percentage of unit endoscopists are members of ASGE?				
В.	The un	it participates in the GIQuIC registry. (To learn ı	more about GIQuIC visit the GIQuIC web site.)		
	Does y	our unit participate in the GIQuIC registry?			
Standa	ard Appli	ication Rates			
	\$950 (r	ry or Single Unit Rates neets 50% membership, less than 100%) 100% ASGE membership)	Additional Unit Rates \$475 (meets 50% membership, less than \$350 (100% ASGE membership)	100%)	
Applic	ation Ra	tes with GIQuIC Discount			
	\$800 (r	ry or Single Unit Rates neets 50% membership, less than 100%) 100% ASGE membership)	Additional Unit Rates \$400 (meets 50% membership, less than \$275 (100% ASGE membership)	100%)	
Payme	ent Infori	mation			
	Rate	\$			
Unit N	ame				
Addres	ss				
City/S	tate/Zip				
Phone	:				
Email					
Metho	d of Pay	ment (credit card or check payable to ASGE) $_$			
Credit	Card Ty	pe (MasterCard/Visa/AMEX)			
Credit	Card Nu	ımber	Expiration Date	csc	
Name	on Cred	it Card	Credit Car	d Zip Code	
Cardh	older's S	Signature			
Phone)				
Email					

Mail, email, or fax completed application with payment to:

American Society for Gastrointestinal Endoscopy ATTN: Endoscopy Unit Recognition Program 3300 Woodcreek Drive Downers Grove, IL 60515

EURP@asge.org Fax: 630.963.8332