



American Society for
Gastrointestinal Endoscopy

GI OPERATIONS BENCHMARKING

Question	Question Description	Multiple Choice Answer Options
Demographics		
Entity Location - Region*	<p>ANSWER REQUIRED.</p> <p>This data point is used as a filter option for comparing results.</p>	Region 1: CT, MA, ME, NH, RI, VT Region 2: NJ, NY, PR, USVI Region 3: DC, DE, MD, PA, VA, WV Region 4: AL, FL, GA, KY, MS, NC, SC, TN Region 5: IL, IN, MI, MN, OH, WI Region 6: AR, LA, NM, OK, TX Region 7: IA, KS, MO, NE Region 8: CO, MT, ND, SD, UT, WY Region 9: AS, AZ, CA, GU, HI, NV Region 10: AK, ID, OR, WA N/A
Endoscopy Unit Setting*	<p>ANSWER REQUIRED.</p>	Academic ASC Hospital Office Other
Endoscopy Unit Ownership*	<p>ANSWER REQUIRED.</p>	Physician Hospital Corporation Joint Venture Hospital Joint Venture Corporation Other
Type of Services Offered*	<p>ANSWER REQUIRED.</p>	Single Specialty GI Multispecialty

Question	Question Description	Multiple Choice Answer Options												
Endoscopic Unit Characteristics														
Facility Details														
Number of Locations	Enter the total number of locations for the entity.													
Number of Pre-Procedure Bays*	ANSWER REQUIRED. Enter number of pre-procedure rooms. If the same room is used for both pre-procedure and post-procedure, list once under pre-procedure and again under post-procedure.													
Number of Procedure Rooms or ORs where Endoscopy is Performed*	ANSWER REQUIRED. Enter the total number of procedure rooms or ORs where endoscopy is performed.													
Number of Post Procedure (Recovery) Bays*	ANSWER REQUIRED. Enter number of post-procedure rooms. If the same room is used for both pre-procedure and post-procedure, list once under pre-procedure and again under post-procedure.													
Available Room Days per Year	Enter the total number of days per year that a room is available to receive patients. The number of Room Days per year is a calculation of (365 - weekends - holidays). For example: 365 days less 104 weekend days less 8 holidays = 253 room days per year.													
Case Time/Scheduling														
First Case Start Time	Enter the first case start time. Use the following chart as a guide to assist in entering the correct number. <table border="1" data-bbox="654 947 928 1060"> <thead> <tr> <th>First Case Start Time:</th> <th>Enter:</th> </tr> </thead> <tbody> <tr> <td>7:00 AM</td> <td>7.00</td> </tr> <tr> <td>7:15 AM</td> <td>7.25</td> </tr> <tr> <td>7:30 AM</td> <td>7.50</td> </tr> <tr> <td>7:45 AM</td> <td>7.75</td> </tr> </tbody> </table>	First Case Start Time:	Enter:	7:00 AM	7.00	7:15 AM	7.25	7:30 AM	7.50	7:45 AM	7.75			
First Case Start Time:	Enter:													
7:00 AM	7.00													
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Last Case Start Time	Enter the last case start time. Use the following chart as a guide to assist in entering the correct number. <table border="1" data-bbox="654 1146 935 1283"> <thead> <tr> <th>Last Case Start Time:</th> <th>Enter:</th> </tr> </thead> <tbody> <tr> <td>5:00 PM</td> <td>17.00</td> </tr> <tr> <td>5:15 PM</td> <td>17.25</td> </tr> <tr> <td>5:30 PM</td> <td>17.50</td> </tr> <tr> <td>5:45 PM</td> <td>17.75</td> </tr> <tr> <td>6:00 PM</td> <td>18.00</td> </tr> </tbody> </table>	Last Case Start Time:	Enter:	5:00 PM	17.00	5:15 PM	17.25	5:30 PM	17.50	5:45 PM	17.75	6:00 PM	18.00	
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5:30 PM	17.50													
5:45 PM	17.75													
6:00 PM	18.00													
Total Case Time Hours Per Day	Calculation: Last Case Start Time minus First Case Start Time (plus 1.5 additional hours to accommodate for 1/2 hour before first case and 1 hour after last case start time).	This field is automatically calculated. No entry required.												
Time Scheduled for Colonoscopy Procedure (in Minutes)	Enter the standard slot time for the procedure in minutes.													
Time Scheduled for EGD Procedure (in Minutes)	Enter the standard slot time for the procedure in minutes.													
Time Scheduled for Flex Sig Procedure (in Minutes)	Enter the standard slot time for the procedure in minutes.													
Time Scheduled for Double Procedures (in Minutes)	Enter the standard slot time for the procedure in minutes. If the unit does not perform double procedures, check n/a.													
Endoscopies Performed Off Hours	Check all times endoscopies are performed by the unit that are outside of the standard/normal hours of operation.	After Hours Weekends Saturday Clinic N/A												
Advanced Procedures														
Unit Performs Advanced Procedures	Indicate whether the unit performs advanced procedures. Advanced procedures would include ERCPs, EUS, Double Balloons and others.	Yes No												
Inpatient Advanced Procedures Performed	Enter the number of advanced procedures performed on an inpatient basis. If the unit does not perform advanced procedures, check n/a.													
Outpatient Advanced Procedures Performed	Enter the number of advanced procedures performed on an outpatient basis. If the unit does not perform advanced procedures, check n/a.													



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Time Scheduled for ERCP Procedure (in Minutes)	Enter the total case time allotted (in minutes) for a scheduled ERCP procedure. If the unit does not perform ERCP procedures, check n/a.	
Time Scheduled for EUS Procedure (in Minutes)	Enter the total case time allotted (in minutes) for a scheduled EUS procedure. If the unit does not perform EUS procedures, check n/a.	
Time Scheduled for Double Balloon Procedure (in Minutes)	Enter the total case time allotted (in minutes) for a scheduled Double Balloon procedure. If the unit does not perform Double Balloon procedures, check n/a.	



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Question	Question Description	Multiple Choice Answer Options
Unit Inventory		
Gastrosopes Inventory	Enter the total number of Gastrosopes in your fleet of scopes during the year. If gastrosopes are not in your inventory, check n/a.	
Colonoscopes Inventory	Enter the total number of Colonoscopes in your fleet of scopes during the year. If colonoscopes are not in your inventory, check n/a.	
Pediatric Scope Inventory	Enter the total number of Pediatric Scopes in your fleet of scopes - upper scope, neonatal scope, etc. during the year. If pediatric scopes are not in your inventory, check n/a.	
Pediatric Colonoscope Inventory	Enter the total number of Pediatric Colonoscopes in your fleet of scopes during the reporting year. If pediatric colonoscopes are not used, check n/a.	
Total Scopes in Fleet	This field is automatically calculated and is the sum of the total in your fleet of scopes entered above. To view or refresh this total, click the "save" button at the bottom of the page.	This field is automatically calculated. No entry required.
Scope Loaners On-site	A loner is a scope the manufacturer leaves on-site to be used if a scope breaks and an immediate replacement is required. If unit does not have any loaned scopes on-site, check n/a.	
Scope Replacement Loaners are Negotiated as part of Scope Manufacturer Contract		Yes No
Most Frequently Used Scope Brand	What scope brand name is used most frequently by the unit (e.g., represents the highest percentage of utilization)?	Fuji Olympus Pentax Other
Secondary Scope Brands Used	Check all secondary scope brands used by the unit.	Fuji Olympus Pentax Other No other scope brands used
Automated Washer Used		Yes No
Number of Automated Washer Bays	Enter the total number of automated bays in your automated washer unit. If you responded no to the question above, check n/a.	
Primary Manufacturer of Automated Washer Bays	Select the primary washer by manufacturer <u>currently</u> used by the unit.	Custom Ultrasonics Evo-Tech Johnson Medivator Olympus Steris Other N/A
Secondary Manufacturer of Automated Washer Bays	Select the secondary washer by manufacturer <u>currently</u> used by the unit.	Custom Ultrasonics Evo-Tech Johnson Medivator Olympus Steris Other N/A



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Question	Question Description	Multiple Choice Answer Options
Primary Washer Solution Brand(s) Used in Unit	Check the primary washer solution brands used by the unit.	Acecide Asepti-Zyme Cidex OPA Flexclean Glutaraldehyde Intercept Johnson Magnicide McKesson Metricide Rapicide Ruhof Steris Tergal Other N/A
Secondary Washer Solution Brand(s) Used in Unit	Check the secondary washer solution brands used by the unit.	Acecide Asepti-Zyme Cidex OPA Flexclean Glutaraldehyde Intercept Johnson Magnicide McKesson Metricide Rapicide Ruhof Steris Tergal Other N/A



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Question	Question Description	Multiple Choice Answer Options
Labor		
Physician Labor		
Number of Gastroenterologists Performing GI Procedures	Enter the number total of gastroenterologists credentialed to provide services in your unit (gastroenterologists, colorectal surgeons and primary care physicians providing services in the unit).	
Number of Non-Gastroenterologists Performing GI Procedures	Enter the total number of Non-Gastroenterologists performing GI procedures in the unit during the year (e.g., Colorectal Surgeons, General Surgeons). B46 Include only Non-Gastroenterologists performing GI procedures in your total. If there are no Non-Gastroenterologists performing GI procedures in the unit, check n/a.	
Number of Locum Tenens Physicians (other than one-day use) (NEW)	Enter the total number of Locum Tenens Physicians in the Unit. Do not include those that are a one-day use. Do include those that are used routinely due to physician shortage or who may be used routinely for vacation fill in to maintain unit's physician scoping capacity. If the unit does not routinely use Locum Tenens Physicians, check n/a.	
Types of Non-Gastroenterologists Performing Non-GI Procedures	Check all types of Non-Gastroenterologists performing Non-GI Procedures in the unit.	Colorectal Surgeons Family Physicians General Surgeons Internists Pulmonologists Other N/A



GI OPERATIONS BENCHMARKING

Question	Question Description	Multiple Choice Answer Options
Clinical Labor		
<i>For each work area below, enter the total Clinical Labor FTEs for each clinical position. If the unit does not have clinical labor FTEs in an area, check n/a. The Total FTEs are automatically calculated based on the FTEs entered in each work area. This total should be equal to the unit's total FTEs/Clinical Labor. To calculate FTEs, use a 40-hour work week.</i>		
<u>PRE-OP/INTAKE CLINICAL LABOR FTEs</u>		
CRNA Labor - Pre-Op/Intake		
RN Labor - Pre-Op/Intake		
LPN Labor - Pre-Op/Intake		
Tech Labor - Pre-Op/Intake		
Other Clinical Labor - Pre-Op/Intake		
Pre-Op/Intake Labor - Total FTEs	This field automatically calculates Total Pre-Op/Intake Labor FTEs based on the entries above. To view/refresh this total, click the "save" button at the bottom of the page.	No entry required.
<u>IN-ROOM LABOR FTEs</u>		
CRNA Labor - In-Room		
RN Labor - In-Room		
LPN Labor - In-Room		
Tech Labor - In-Room		
Other Clinical Labor - In-Room		
In-Room Labor - Total FTEs	This field automatically calculates Total In-Room Labor FTEs based on the entries above. To view/refresh this total, click the "save" button at the bottom of the page.	No entry required.
<u>WASHING/SCOPE PREP LABOR FTEs</u>		
CRNA Labor - Washing/Scope Prep		
RN Labor - Washing/Scope Prep		
LPN Labor - Washing/Scope Prep		
Tech Labor - Washing/Scope Prep		
Other Clinical Labor - Washing/Scope Prep		
Washing/Scope Prep Labor - Total FTEs	This field automatically calculates Total Washing Scope Prep Labor FTEs based on the entries above. To view/refresh this total, click the "save" button at the bottom of the page.	No entry required.
<u>RECOVERY LABOR FTEs</u>		
CRNA Labor - Recovery		
RN Labor - Recovery		
LPN Labor - Recovery		
Tech Labor - Recovery		
Other Clinical Labor - Recovery		
Recovery Labor - Total FTEs	This field automatically calculates Total Recovery Labor FTEs based on the entries above. To view/refresh this total, click the "save" button at the bottom of the page.	No entry required.
<u>TOTAL CLINICAL LABOR FTEs</u>		
Clinical Labor - Total FTEs	This field automatically calculates Total Clinical Labor FTEs based on the entries above. To view/refresh this total, click the "save" button at the bottom of the page.	No entry required.
<u>ENDO TECH CERTIFICATION (NEW)</u>		
Endo Tech Certification Required by State/Regulatory Body	Are Endo Techs required to be certified by the State or other regulatory body?	Yes No
Endo Tech Certification/Educational Programs Accepted	If Endo Tech certification IS REQUIRED by your State or regulatory body, check all certification/educational programs accepted by the Unit. If certification is NOT REQUIRED by your State/regulatory body, check n/a.	CFER SGNA Other N/A
Endo Tech Certification Requirements (when NOT required by State/Regulatory Body)	Is Endo Tech certification required or voluntary, when NOT mandated by the State/regulatory body? If certification IS REQUIRED by your State or regulatory body, check n/a.	Certification is required. Certification is voluntary.
Percent of Certified Endo Techs in Unit (when NOT required by State/Regulatory Body)	Answer this question only if certification is NOT required by your State or regulatory body. If certification IS REQUIRED by your State or regulatory body, check n/a.	
Non-Clinical Labor		



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Question	Question Description	Multiple Choice Answer Options
Non-Clinical Labor FTEs	Enter the total Non-Clinical FTEs working in the unit.	



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Question	Question Description	Multiple Choice Answer Options
Patient Volume		
Patient Encounters		
Actual Patient Encounters*	ANSWER REQUIRED. Enter the total number of actual patient encounters for the unit.	
No Shows or Cancellations*	ANSWER REQUIRED. Enter the total number of cancellations or no shows for all locations. A cancellation is defined as 48 hours out. A no show is defined as patients who do not show up creating gaps in the schedule.	
Total Patients Scheduled	Calculation: Sum of Actual Patient Encounters and Total No Show/Cancellations.	No entry required.
Procedure Volume		
PRIMARY PROCEDURES - ANNUAL VOLUME		
<i>For each procedure below performed as the Primary Procedure, enter the Unit's total Annual Volume.</i>		
<i>Check n/a if the unit does not perform a procedure type.</i>		
Colonoscopy - Total Annual Primary Procedures*	ANSWER REQUIRED.	
Upper GI Endoscopy (EGD) - Total Annual Primary Procedures*	ANSWER REQUIRED.	
Flexible Sigmoidoscopy - Total Annual Primary Procedures*	ANSWER REQUIRED.	
Upper Dilation - Total Annual Primary Procedures*	ANSWER REQUIRED.	
Lower Dilation - Total Annual Primary Procedures*	ANSWER REQUIRED.	
Advanced Procedures (ERCP) - Total Annual Primary Procedure*	ANSWER REQUIRED.	
Advanced Procedures (EUS) - Total Annual Primary Procedures*	ANSWER REQUIRED.	
Advanced Procedures (Double Balloon) - Total Annual Primary Procedures*	ANSWER REQUIRED.	
Other - Total Annual Primary Procedures		
Total Annual Primary Procedures	Calculation: Sum of Primary Procedures above. Click "Save" to view or refresh your totals.	No entry required.
SECONDARY PROCEDURES - ANNUAL VOLUME		
<i>For each procedure below performed as a Secondary Procedure, enter the Unit's total Annual Volume.</i>		
<i>Check n/a if the unit does not perform a procedure type.</i>		
Upper GI Endoscopy (EGD) - Total Annual Secondary Procedures		
Flexible Sigmoidoscopy - Total Annual Secondary Procedures		
Upper Dilation - Total Annual Secondary Procedures		
Lower Dilation - Total Annual Secondary Procedures		
Advanced Procedures (ERCP, EUS, Double Balloon) - Total Annual Secondary Procedures		
Other - Total Annual Secondary Procedures		
Double Procedures (Total Annual Secondary Procedures)	Calculation: Sum of Secondary Procedures above. Click "Save" to view or refresh your totals.	No entry required.
Total Procedures	Calculation: Sum of all Primary and Secondary Procedures above. Click "Save" to view or refresh your totals.	No entry required.
CO ₂ is Used to Insufflate the Colon		Yes No



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Question	Question Description	Multiple Choice Answer Options
Limitations/Complications/Adverse Events		
Incomplete Colonoscopies	Enter the total number of colonoscopy procedures that were not completed as planned. This would include colonoscopies with modifier 53 or 78.	
Post Polypectomy Bleed	Enter the total number of procedures resulting in a post polypectomy bleed.	
Perforations	Enter the total number of procedures that resulted in a perforation(s) complication.	
Other Complications/Adverse Events	Enter the total number of other procedures that were incomplete or that resulted in a complication/adverse event.	
Patients Returning to ER Post-Procedure	Enter the total number of cases that return to the ER (within 120 days) due to a complication that occurred during or post-procedure (i.e., fever, phlebitis or colitis). Complications can also include respiratory distress requiring prolonged oxygenation, transfer to the hospital with suspected aspiration pneumonia or intubation.	
Hospital Transfers Due to Complications/Adverse Events	Do not include pre-procedure reasons such as: arrhythmia, dehydration or chest pain.	
Encounter Sedation		
Encounters Performed with No Sedation	Enter the total number of encounters performed with no sedation. If procedures are not performed without sedation, check n/a.	
Encounters Performed Using Conscious Sedation	Enter the total number of encounters performed using conscious sedation such as Demerol or Fentanyl + Versed sedation. Check n/a if this type of sedation is not used.	
Encounters Performed Using Deep Sedation	Enter the total number of encounters performed using deep sedation, such as propofol. Check n/a if this type of sedation is not used.	
Encounters Performed Using General Anesthesia	Enter the total number of encounters performed using general anesthesia. Check n/a if this type of sedation is not used.	
Total Encounters Performed With and Without Sedation	Calculation: Sum of encounters performed with and without sedation.	No entry required



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Question	Question Description	Multiple Choice Answer Options
Revenue and Expenses		
Revenue		
Patient Services Revenue	Enter facility fees paid to the unit for patient services.	
AGED ACCOUNTS RECEIVABLE		
<i>Note: Aged AR totals entered below should be for the unit only (do not include receivables for pathology or anesthesia).</i>		
Accounts Receivable < 30 Days	Enter total Accounts Receivables less than 30 days.	
Accounts Receivable 31 to 60 Days	Enter total Accounts Receivables 31-60 days.	
Accounts Receivable 61 to 90 Days	Enter total Accounts Receivables 61-90 days.	
Accounts Receivable 91 to 120 Days	Enter total Accounts Receivables 91-120 days.	
Accounts Receivable > 120 Days	Enter total Accounts Receivables greater than 120 days.	
Total Accounts Receivable	This field is automatically calculated and is the sum of all aged accounts receivables entered above.	No entry required.
Expenses		
SALARY AND BENEFITS EXPENSES		
Clinical Salary and Benefits Expenses	Enter the total annual salary and benefit expenses for all clinical staff - CRNAs, RNs, LPNs, Techs, etc.	
Non-Clinical Salary and Benefits Expenses	Enter the total annual salary and benefit expenses for all non-clinical staff - all administration, scheduling, billing, insurance, etc.	
Total Salary and Benefits Expenses	Calculation: Sum of clinical and non-clinical salary and benefits expenses entered above.	No entry required.
MEDICATION AND CLINICAL SUPPLIES EXPENSES		
Medication Expenses	Enter the total annual medication expenses for the unit - e.g., expenses for drugs supplied to the patient.	
Device Expenses	Enter the total annual expenses for devices for the unit (i.e., snares, biopsy forceps, clips, balloons or bougies).	
Supply Expenses	Enter the total annual clinical supply expenses for the unit.	
Total Medication and Clinical Supplies Expenses	Calculation: Sum of medication and clinical supply expenses entered above.	No entry required.
OTHER EXPENSES		
Scope Expenses	Enter the total annual cost of leasing, the annual cost of a "per use" contract, or the annual debt payments if the scopes are purchased.	
Scope Expense Per Case	Calculation: Scope Expenses / Actual Patient Encounters	No entry required.
Scope Repair Expenses	Enter the total annual scope repair expenses for the unit.	
Scope Expenses Per Case	Calculation: Scope Repair Expenses / Actual Patient Encounters	No entry required.
Scope Financing	What payment method is used to acquire new scopes for the unit.	Purchase Lease Cost per Procedure Basis Other N/A
Occupancy Expenses	Enter the total annual occupancy expenses for the unit. This total should include rent, utilities, janitorial, landscaping, etc.).	
Laundry and Uniform Expenses	Enter the total annual laundry and uniform expenses for the unit. This total should include disposable gowns, etc.).	
Administrative Overhead	Enter the unit's total annual administrative overhead expenses.	
Other Expenses	Enter the total annual other expenses not listed above. Examples of other expenses include anesthesia and research expenses.	
Total Other Expenses	Calculation: Sum of other expenses listed above.	No entry required.
Total Expenses	Calculation: Sum of total salary and benefits expenses, total drug and clinical supply expenses and total other expenses above.	No entry required.



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Question	Question Description	Multiple Choice Answer Options
Payer and Contract Mix		
Percent of Revenue from Commercial Payers	Enter percent of revenue received from commercial payer types.	
Percent of Revenue from Self-Payers	Enter percent of revenue received from self-payers.	
Percent of Revenue from Medicare	Enter percent of revenue received from Medicare.	
Percent of Revenue from Medicaid	Enter percent of revenue received from Medicaid.	
Percent of Revenue from Indigent Patients	Enter percent of revenue received from indigent patients. If charity work is not performed, check n/a.	
Percent of Revenue from Other	Enter percent of revenue received from any other payer types not listed above.	
Revenue by Payer Mix Total	This field is automatically calculated and displays the sum of the percentages entered above. Your total should equal 100%.	No entry required.
Percent of Revenue from Discounted Fee for Service	Enter percent of revenue received from discounted fee for service contracts.	
Percent of Revenue from Capitated/Bundled	Enter percent of revenue received from capitated/bundled contracts.	
Percent of Revenue from Risk Pool	Enter percent of revenue received from risk pool contracts.	
Percent of Revenue from Other Contracts	Enter percent of revenue received from other contract types not listed above.	
Revenue by Contract Mix Total	This field is automatically calculated and displays the sum of the percentages entered above. Your total should equal 100%.	No entry required.

Question	Question Description	Multiple Choice Answer Options
Ancillary Services		
Pathology, Anesthesia and Research		
Primary Relationship with Pathology Providers	Check the primary relationship currently in place with pathology providers.	Traditional relationship with pathology providers Contractual and in-house relationship Employed Histology in-house Pathology and histology in-house Other
Secondary Relationship with Pathology Providers	Check the secondary relationship currently in place with pathology providers.	Traditional relationship with pathology providers Contractual and in-house relationship Employed Histology in-house Pathology and histology in-house Other
Primary Pathology Results Reporting	Check the primary method currently used for receiving pathology results back from pathology providers.	Integrated with EHR as Data Integrated with EHR as PDF Received via Fax Received via Mail Other
Secondary Pathology Results Reporting	Check the secondary method currently used for receiving pathology results back from pathology providers.	Integrated with EHR as Data Integrated with EHR as PDF Received via Fax Received via Mail Other
Number of Bottles Used Annually in Pathology Reporting	Enter the total number of bottles used annually in pathology reporting for CPT code 88305.	
Primary Relationship with Anesthesia Providers	Check the primary relationship currently in place with anesthesia providers.	Traditional relationship with anesthesia providers Contractual and in-house Employed MDs with entity owning ASCs CRNAs within entity owning ASCs Other
Secondary Relationship with Anesthesia Providers	Check the secondary relationship currently in place with anesthesia providers.	Traditional relationship with anesthesia providers Contractual and in-house Employed MDs with entity owning ASCs CRNAs within entity owning ASCs Other
Anesthesia Services	Indicate the type of anesthesia services utilized in the unit.	Employed Leased Independent
Research Project Participation	Does the unit participate in research?	Yes No
Additional Service Lines Under Consideration	Check any additional services lines (not currently provided by the unit) the unit is considering adding to the total scope of services provided.	Bariatric Metabolic Endoscopy Other [If "other" selected, enter the additional services being considered here.] N/A
Unit Physicians provide Infusion Services		Yes No
Number of Infusion Suites	If infusion services are provided, enter the number of infusion suites; otherwise, check n/a.	
Number of Infusion Chairs	If infusion services are provided, enter the number of chairs; otherwise, check n/a.	
Total Annual Infusions	If infusion services are provided, enter the total number of infusions per year; otherwise, check n/a	
Quality Improvement & Regulatory Compliance		
Quality Improvement		
Operational Benchmarking Processes Implemented by Unit	Has the unit implemented any new operational processes or procedures for quality improvement.	Yes No
Unit Accredited By	Check unit accreditation.	American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) Accreditation Association for Ambulatory Health Care (AAHC) DNV GL Joint Commission Other Not Accredited



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Question	Question Description	Multiple Choice Answer Options
Types of Quality Indicator Tracking Performed	Check all quality indicators tracked by the unit.	Adenoma Detection Rates Cecal Intubation Rate Quality of Bowel Preparation Withdrawal Time Other None
Advanced Procedure Quality Indicator Tracking Performed	Does the unit track quality indicators for advanced procedures?	Yes No Do not perform advanced procedures
Quality Assurance Meetings Held Regularly	How often does the unit hold quality assurance meetings?	Monthly Quarterly Other
Regulatory Compliance		
Endoscopy Reporting Software Used	Check the endoscopy reporting software used by the unit.	Cerner PowerChart™ eClinicalWorks eMerge Health Solutions EndoSoft Epic gMed MD-Reports NextGen Olympus Pentax ProVation Other None
EHR/EMR System Used	Does the unit have/utilize an EHR/EMR System?	Yes No
Edition of Certified Electronic Health Record Technology (CEHRT) Used		2014 2015 Not Certified
Pathway in Medicare's Quality Payment Program Reporting Used		MIPS APM Not Reporting

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