OBJECTIVES

• To implement a program that captures quality metrics in colonoscopy in a large geographically diverse health region and across endoscopist specialties.
• To determine the quality performed by in this region.

METHODS

INTRODUCTION

• Variability exists between individual endoscopists’ colonoscopy performance.
• Providing endoscopists with a synthesized report of key performance indicators (KPIs) in colonoscopy improves future colonoscopy quality.

OBJECTIVES:

• To implement a program that captures quality metrics in colonoscopy in a large geographically diverse health region and across endoscopist specialties.
• To explore the quality of colonoscopies performed by regional endoscopists.
• To compare outcome measures with colonoscopy benchmarks.

RESULTS

OUTCOME:

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>Study Results</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate Bowel Preparations</td>
<td>4.5%</td>
<td>&lt; 10%</td>
</tr>
<tr>
<td>Patient comfort</td>
<td>5.9%</td>
<td>Moderate + significant discomfort &lt;10%</td>
</tr>
<tr>
<td>Proportion of Successful Cecal Intubations</td>
<td>97.0%</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>Withdrawal time (when no lesions detected)</td>
<td>7.4 mins</td>
<td>≥ 6minutes</td>
</tr>
<tr>
<td>Proportion of Males with polyp (≥50 years, 1st time colonoscopy)</td>
<td>65.7%</td>
<td>≥ 45%</td>
</tr>
<tr>
<td>Proportion of Females with polyp (≥50 years, 1st time colonoscopy)</td>
<td>48.8%</td>
<td>≥ 35%</td>
</tr>
<tr>
<td>Number of polyps per 100 colonoscopies: (all colonoscopies)</td>
<td>113</td>
<td>NA</td>
</tr>
</tbody>
</table>

SEDATION:

• Performed by: endoscopist (3093, 68.6%), anesthetist (1414, 31.4%)
• Agents used: Versed (97.6%), Fentanyl (76.1%), Propofol (31.2%)
• Colonoscopies without sedation: n=41

Variability Between Sites: Patient Level of Sedation

Less sedated, more patient discomfort

More sedated, lower patient discomfort

CONCLUSIONS

• Alberta North Zone endoscopists and their teams are willing to participate in studies evaluating quality metrics in colonoscopy.
• Alberta North Zone Surgeons, Internists and Family Physician endoscopists are achieving quality benchmarks in colonoscopies.
• Variability may exist in sedation practices.

LIMITATIONS

• Non-universal participation of Alberta NZ Endoscopists
• Inability to track delayed complications relating to endoscopy

FUTURE PLANS

• Ongoing Data Reporting with comparisons of results over time.
• Recruit additional Endoscopy Units within Alberta.
• Facilitated feedback sessions with participants.
• Pathological verification of lesions for Adenoma Detection Rate
• Compare study participant and non-participating endoscopist outcomes

Acknowledgements: we would like to thank the participating physicians and their endoscopy teams for participation in the study and the Alberta North Zone Quality Assurance team for funding the project.