Quality Assessment of Colonoscopy Reporting:

A Study of Maryland's CRF CRC Screening Program Colonoscopy Reports

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What is a Quality Indicator?

- A measurement or flag used as a guide to monitor, assess, and improve the quality of patient care

The Ottowa Hospital - http://www.ottawahospital.on.ca/hp/dept/nursing/qi/indicators-e.asp

Why have Quality Indicators for Colonoscopy?

- To set standards for quality of care
- Identify areas for improvement
- To ensure good communication between endoscopist and referring physician

What are the Quality Indicators for Colonoscopy?

Colonoscopy report should document:

- Informed consent with discussion of risks
- Patient co-morbidities
- Indication for procedure
- Sedation used
- Quality of the bowel prep
- Cecal intubation and notation of landmarks
- Description of polyps
  - Location, size, morphology, removal
- Withdrawal time
- Complications

Multi-Society Task Force on CRC

Rex DK, et al. Am J Gastro, 2006:(101)873-885

Publication of CO-RADS-2007

- Standardized reporting is one of the first steps to quality improvement
- Colonoscopy Reporting And Data Systems (CO-RADS)

National CRC Roundtable (NCCRT)

Lieberman DA, et al. Gastrointestinal Endoscopy 2007 (65)6:757-766

Objective of Study

- To evaluate the quality of colonoscopy reports:
  - according to the recommendations of CO-RADS
  - in a sample of colonoscopies performed prior to the publication of CO-RADS
  - from Maryland CRF colonoscopies

Methods

- Selection criteria:
  - Colonoscopy performed in 2005-2006
  - First screening colonoscopy in the CRF program
  - Polyp(s) were identified and biopsied during the colonoscopy
- Analyzed reports for 25 indicators
  - By colonoscopy report (110 reports)
  - By polyp (177 polyps)
- IRB approval from UMB and DHMH as an exempt study

Methods: Sample

788 colonoscopies met selection criteria

performed by 110 endoscopists throughout Maryland

38 endoscopists performed 1-2 of the 788 colonoscopies

72 endoscopists performed >= 3 of the 788 colonoscopies

Methods: Sample

One colonoscopy selected from each provider (N=110)

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CDB ID and cycle numbers sent to LHDs

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LHD de-identified the reports and faxed to DHMH

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DHMH and CDC reviewed and analyzed

Results: Consent and Co-morbidity

- Informed consent documented: 68%
- Past medical hx or co-morbidity mentioned: 36%
  - American Society of Anesthesiologist (ASA) classification: 15%
  - Text describing other medical conditions or physical exam: 21%

Results: Sedation Use

- Sedation
  - Medication name 71%
  - Medication dose 65%
  - Sedation provider 25%

Results: Indication for Colonoscopy

- Indication included in report: 100%
  - Screening, no other indication 41%
  - Screening, average risk or high risk 19%
  - Family history 8%
  - Surveillance 2%
  - Follow-up to a positive screening test 4%
  - Symptoms 26%

Results: Quality of Bowel Preparation

- Quality of Prep included in report: 73%
  - Excellent, good, or well prepared 47%
  - Poor or inadequate 6%
  - Adequate 6%
  - Fair or suboptimal 8%
  - Other descriptor 5%

- Quality of prep not included in report: 27%

Results: Extent of Examination

- Extent of exam (cecum reached): 98%
- Documentation of landmarks: 82%
  - Specific anatomic landmark (appendiceal orifice, ileocecal valve, terminal ileum): 72%
  - Other descriptors (light in the right lower quadrant, ‘landmarks’): 10%

Results: Polyp Location

- Location included in report: 99%
  - By distance from anal verge 8%
  - By segment of colon 82%
  - By both 9%
- Location not included in report: 1%

Results: Polyp Size

- Polyp size: 87%
  - By number (mm/cm) only 37%
  - By descriptive term only 29%
  - By both 20%
- Size not included in report: 13%

Results: Morphologic description

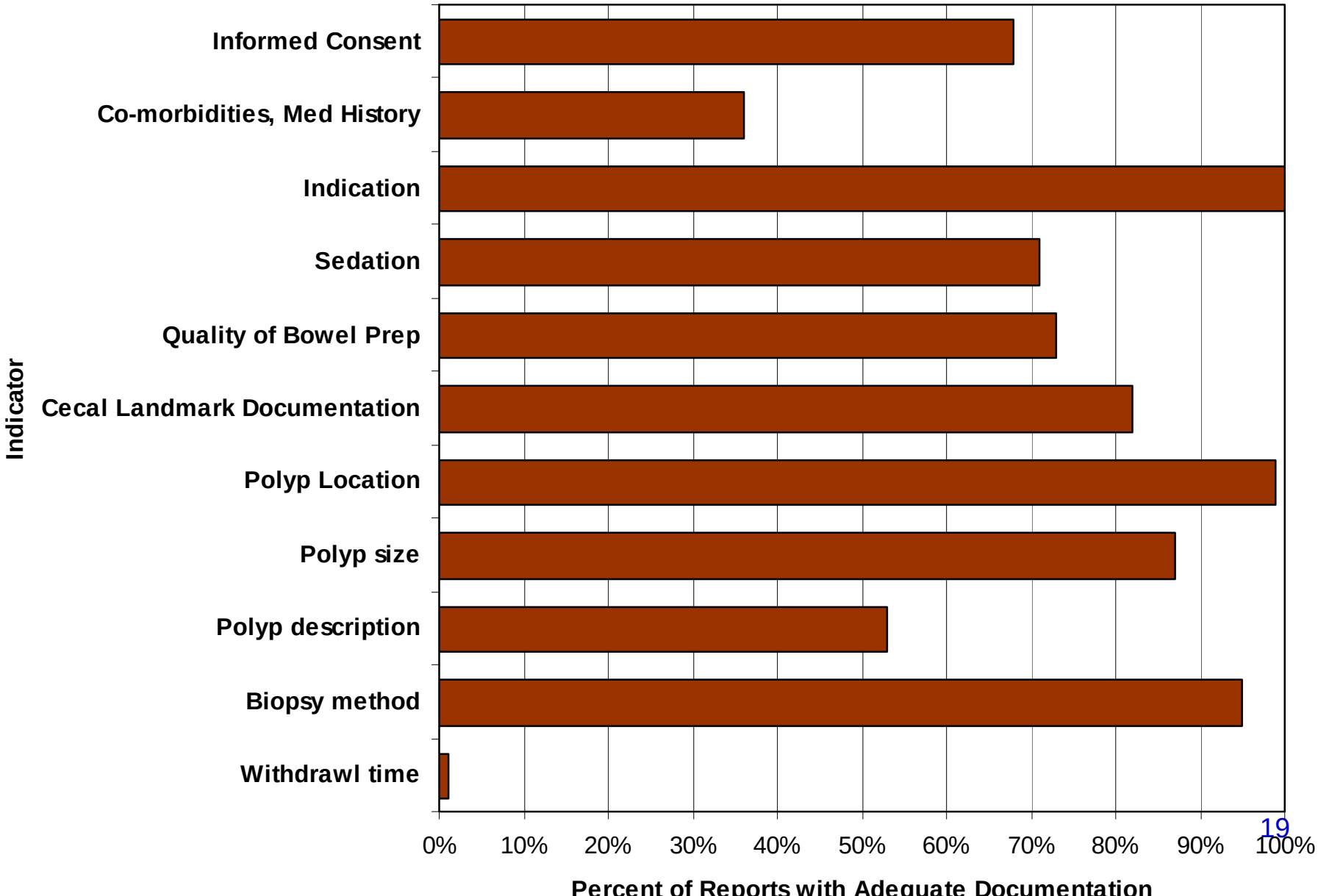
- Polyp morphology described in report: 53%
  - Pedunculated, sessile, or flat: 41%
  - Other descriptors: 12%
- No morphologic description: 47%

- 95% mentioned biopsy method
- 80% mentioned specimen retrieval
  - Inferred rather than stated
- Completeness of polyp removal (?)

Results: Withdrawal Time

- Withdrawal Time documented: 1%

Quality Evaluation of 110 Colonoscopy Reports with Polyp Finding(s)
Maryland 2004-2006, Cigarette Restitution Fund Program



Limitations

- One report per endoscopist
- Colonoscopy reports were selected from a time prior to the publication of CO-RADS
- Use of reporting tools
- Quality indicators may be reported elsewhere in patient medical record
  - Patient's past medical history
  - Informed consent
  - Sedation
  - Pathology specimens
  - Endoscope model

Conclusions

- Variation in the reporting of key quality indicators prior to CO-RADS
- More detailed reporting of quality indicators will:
  - Allow more accurate interpretation and recommendation of recall intervals
  - Improve overall quality of colonoscopy and documentation supporting recall interval

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