

Quality Assessment of Colonoscopy Reporting:

A Comparison of Colonoscopy Reports Before and After CO-RADS

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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

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 healthcare provider

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 two samples of colonoscopies
 - Prior to the publication of CO-RADS
 - Following the publication of CO-RADS
 - from Maryland colonoscopies paid for by Cigarette Restitution Fund (CRF) Program

Methods for Two Samples

- Selection criteria:
 - Colonoscopy performed in 2005-2006 and from July 1, 2008-June 30, 2010.
 - First screening colonoscopy in the CRF program
 - One report per provider in which
 - Polyp(s) were identified and biopsied during the colonoscopy
 - Analyzed each report for the presence or absence of quality indicators
 - IRB approval from UMB and DHMH as an exempt study

Sample Selection

Sample 1 pre-CO-RADS

788 colonoscopies met selection criteria



Performed by 110 endoscopists



38 endoscopists performed 1-2 colonoscopies

72 endoscopists performed ≥ 3 colonoscopies

Sample 2 post-CO-RADS

938 colonoscopies met selection criteria



Performed by 103 endoscopists



33 endoscopists performed 1-2 endoscopies

70 endoscopists performed ≥ 3 endoscopies

Methods: Sample

One colonoscopy randomly selected from each provider (if
> 1 colonoscopy; N=213)



CDB ID and cycle numbers sent to LHDs



LHD de-identified the reports and faxed/mailed to DHMH



DHMH/UMB and CDC reviewed and analyzed in Sample 1
DHMH/UMB reviewed and analyzed data in Sample 2*

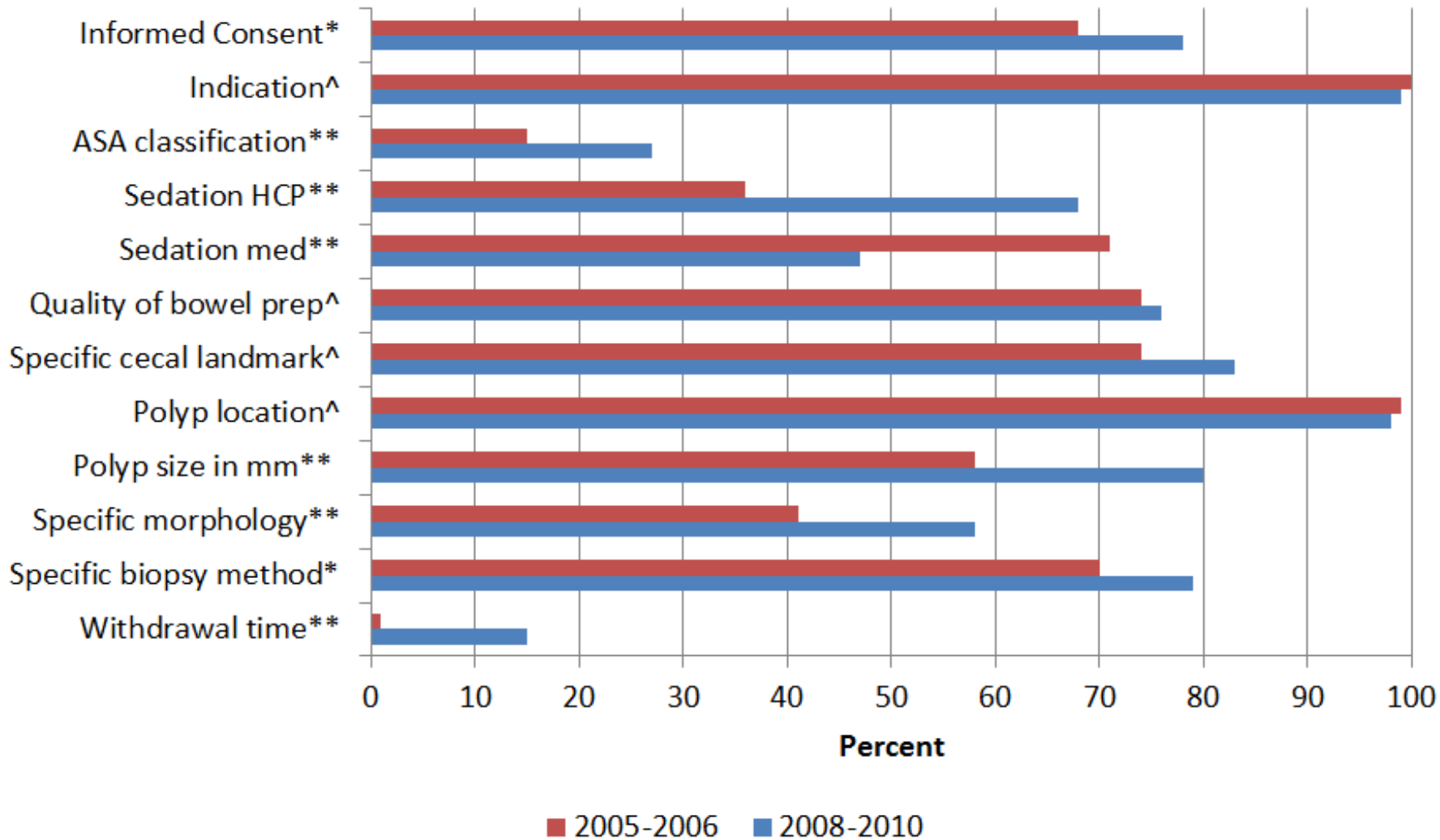
*One report received from Sample 2 did not have a biopsy, so was removed from the analysis

Analysis

- Proportion of reporting quality indicators measures in Study Sample 1 and Study Sample 2 were compared using chi-square statistic

RESULTS

Comparison of Quality Indicators in Colonoscopy Reports, CRF program, 2005-2006 and 2008-2010



** p-value < 0.05

* 0.05 ≤ p-value < 0.01

^ p-value ≥ 0.10

Measures that Improved

- The following measures improved in 2008-2010
 - Client's co-morbidity using the ASA classification
 - Polyp size in mm or cm
 - Polyp's specific morphology
 - Withdrawal time in the report
- Documentation of informed consent and specific biopsy method improved, but were not statistically significant

Measures that Remained the Same

- The following measures remained the same in 2008-2010
 - Indication for the procedure (high in both periods)
 - Quality of the bowel preparation
 - Stating the specific cecal landmarks in the report
 - Polyp location (high in both periods)

Who Provides Sedation for Colonoscopy

- Between 2008-2010, there was increased reporting of 'Monitored Anesthesia Care,' indicating an anesthesiologist or nurse anesthetist was providing sedation
- Along with this, there was a decrease in the reporting of specific sedation medications
 - Most likely because this information is on the anesthesia record

Limitations

- One report per endoscopist
- Complete record may not have been sent to LHD
- Reporting of polyp indicators (more than one polyp per report) may be biased

Conclusions

- Variation in the reporting of key quality CO-RADS indicators
 - BUT IMPROVED between 2006 and 2010!
- More detailed reporting of quality indicators will:
 - Improve quality: “What gets measured, gets done!”
 - Allow for quality assessment
 - Improve overall supporting documentation for recall interval

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