ESGE Days 2019

Organizational issues for endoscopy units providing colonoscopy in FIT+ persons

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Disclosures

• Consultancy: FujiFilm, Olympus, Tillots
• Research grant: FujiFilm
• Supervisory board: eNose
Colonoscopy in CRC-screening

- As first test: screening colonoscopy
- After triage by another test: referral for colonoscopy
Colonoscopy in CRC-screening

- As first test: screening colonoscopy
- After triage by FIT: referral for colonoscopy
Colonoscopy in FIT-screening
Colonoscopy in FIT-screening

- No polyps or CRC
- Serrated polyps
- Non-advanced adenomas
- Advanced adenomas

CRC: 8.7%
Advanced adenomas: 20.2%
Non-advanced adenomas: 48.5%
Serrated polyps: 4.7%

-> Challenging!!
Colonoscopy in FIT-screening

Besides:
- FIT+ persons are worried/scared/anxious
- Should attend follow-up colonoscopy
- And have a (relatively) good experience!
Colonoscopy in FIT-screening

So we should deliver:
• high quality for diagnosis and Tx, no/little pain, few complications
• in friendly & caring environment
• .. and with short waiting times!
High numbers!
High numbers!

Capacity needed for FIT-screening depends on several factors:

• Number of invitees for FIT-screening
• Participation-rate of invitees to FIT
• Cut-off level of FIT
• Participation-rate of FIT+ to colonoscopy
Calculate capacity for FIT-screening

Referral-rate

Cut-off

Birth-cohort
Calculate capacity that is needed:

For your country - unit
• Know the numbers
• Or:
  • use examples from other countries
  • Perform (small) pilot-studies to predict e.g. participation-rates!

Invitees -> part. FIT -> FIT-pos -> part. colo -> # of slots
If starting point is capacity:

Optimize referral system by calculating back:

# of slots -> part colo -> FIT-pos -> part FIT -> # of invitees

- To make optimal use of slots for intake and colonoscopy
- Assure short waiting times
- And provide optimal quality!
Short waiting times?

Waiting…

• FIT-result after sending to lab
• After FIT+ result to visit colonoscopy-center for intake
• After intake-visit for colonoscopy
• After colonoscopy for histopathology & definite diagnosis

-> What is acceptable? 6-8 weeks total?
Colonoscopy in FIT-screening
Provide quality in colonoscopy

Much awareness on this topic in the past decade..
Performance measures for lower gastrointestinal endoscopy: a European Society of Gastrointestinal Endoscopy (ESGE) Quality Improvement Initiative

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Performance measures for lower gastrointestinal endoscopy: a European Society of Gastrointestinal Endoscopy (ESGE) Quality Improvement Initiative

ABSTRACT
The European Society of Gastrointestinal Endoscopy and United European Gastroenterology present a short list of key performance measures for lower gastrointestinal endoscopy. We recommend that endoscopy services across Europe adopt the following seven key performance measures for lower gastrointestinal endoscopy for measurement and evaluation in daily practice at a center and endoscopist level:

1. Rate of adequate bowel preparation (minimum standard 90%);
2. Cecal intubation rate (minimum standard 90%);
3. Adenoma detection rate (minimum standard 25%);
4. Appropriate polypectomy technique (minimum standard 80%);
5. Complication rate (minimum standard not set);
6. Patient experience (minimum standard not set);
7. Appropriate post-polypectomy surveillance recommendations (minimum standard not set).

Other identified performance measures have been listed as less relevant based on an assessment of their importance, scientific acceptability, feasibility, usability, and comparison to competing measures.

-> Evidence based!
Quality indicators in colonoscopy

1. Adequate bowel prep
2. Cecal intubation rate
3. Adenoma detection rate
4. Appropriate polypectomy technique
5. Complication rate
6. Patient experience
7. Appropriate post-polypectomy surveillance recommendations

-> Not specifically for screening..
Quality indicators in FIT-screening

- Protocols for accreditation, monitoring and auditing
  - Endoscopists
  - Endoscopy centers
Specific issues for FIT+ colonoscopies

• Patients are (more) often anxious and scared: inform well and discuss sedation
• “Intake visits“
  • Standardize
  • Nurses!
Colonoscopy in FIT-screening

- No polyps or CRC
- Serrated polyps
- Non-advanced adenomas
- Advanced adenomas

-> Challenging!!
Specific issues for FIT+ colonoscopies

- Colonoscopy: prepare for many and/or large lesions
  - Enough nurses to assist
  - Enough capacity at recovery
  - Enough disposables
  - Agree on max time frame/polyp size
- Complications: organize and (complete) register
Specific issues for FIT+ colonoscopies

- Histopathology: timely result
- Final result:
  - Organize discussion of results and surveillance advice with patients
  - Also by nurses
- Organize good & quick referral for
  - CRCs
  - Large lesions
  - Genetic counseling
Monitoring and auditing your quality
Monitoring and auditing your quality

• At national level
• At regional level
• At level of unit
• At the level of endoscopist
Monitoring and auditing your quality

- At national level
- At regional level
- At level of unit
- At the level of endoscopist
Quality indicators in colonoscopy

1. Adequate bowel prep, etc etc
2. Patient experiences
3. Waiting times
4. Etc etc
How to monitor?

- Protocollized reporting of standard QI’s of colonoscopy
- But also on all other areas
- Using standardized endoscopy reporting systems
- Planning programs
- Online or paper questionnaires, Apps, etc
The full circle to improve..

Quality improvement

Measurement

Insight/feedback benchmarking

Attention for issues, training etc

Quality improvement
Conclusions

- Yes, there are challenges for units doing FIT+ colonoscopies.
- Quantity vs quality: quality should prevail. Quantity can be calculated and adjusted.
- We have to do big effort to make screening program a success!