



QUALITY IN ENDOSCOPY

ESGE / ESDO SYMPOSIUM

COLONOSCOPY &
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Endoscopy report systems– future requirements

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Endoscopy Reports

Documentation of what, how and when things are done

Crucial in any endoscopy practice

Facilitates the exchange of information about

Performance

Findings

Therapy

Adverse events

Clinical recommendations

Administrative and reprocessing routines

Endoscopy Reporting Systems

Traditionally: free text

Unstructured phrases

Photographs or videos

Free text phrases prevent meaningful data extraction and is a main barrier for quality improvement in endoscopy.

Not measurable, not controllable, difficult to improve

Way ahead

ESGE quality improvement committee (QIC)

to facilitate improvement of endoscopy quality and the delivery of patient-centred endoscopy services,

to promote a unifying theme of quality of endoscopy within ESGE activities,

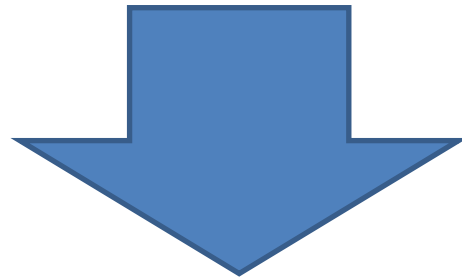
to assist endoscopy units and endoscopists in achieving these standards

through developing quality standards and assists in guidance to promote quality in endoscopy



Quality Improvement

Quality Indicators for all GI procedures
Measuring and Improving
Subcommittees assigned



How to measure and audit?



Reporting systems in endoscopy – Requirements and standards

1. Digital versus paper-based

Modern endoscopy reporting systems should be digital.

If paper based systems are used they need to be structured, follow agreed terminology, and facilitate continuous data monitoring

Reporting systems in endoscopy – Requirements and standards

2. Integrated or stand-alone

Advantage: reporting systems integrated into hospitals electronic patient records

facilitates data exchange between endoscopy system and other patient record systems

If not: endoscopy reporting system manufacturers ensure seamless communication with main EPR providers.

Main priority: quality of the endoscopy reporting system

Reporting systems in endoscopy – Requirements and standards

3. Structured data entry

Free text based reporting is discouraged

incomplete

low quality

Apply structured terminology, restrict free-text data entry.

Free-text data shall be restricted to individualized clinical recommendations at the end of the endoscopy report.

Reporting systems in endoscopy – Requirements and standards

4. Variables (what to collect)

Minimal standard variable list (ESGE)

Abandon distinction

clinical

quality

research

Local extension of variables facilitated

Reporting systems in endoscopy – Requirements and standards

5. Data entry

Double entry:

Main barrier for quality improvement and access to important data.

Double entry of data strongly discouraged

Reporting systems in endoscopy – Requirements and standards

5. Data entry

Histopathology

Patient pain and satisfaction

Adverse events

An integral part of future endoscopy
reporting systems

Automated tracking systems provided

Reporting systems in endoscopy – Requirements and standards

6. Data output

Automated data reports on by-request basis.

User-defined reports as required locally

Coded terminology facilitates automated reports on clinical performance, quality indicators, and research data.



Thank you!

