

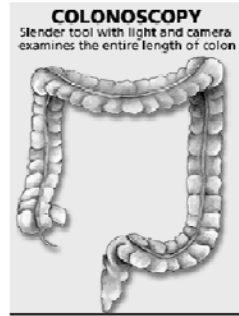
A colonoscopy audit

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Reggio Emilia

For the "Colonoscopy Audit of the Province of Reggio Emilia Group"

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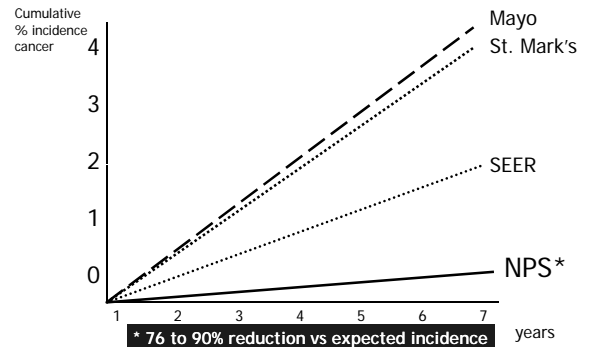
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Accountable? Why?

- Everyday practice
 - Invasive
 - Painful
 - Dangerous...
 - Extremely effective (in trials? In our setting?)
- **SCREENING!**
 - We call them

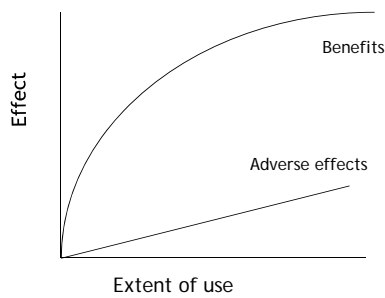
The National Polyp Study



Winawer et al, 1993

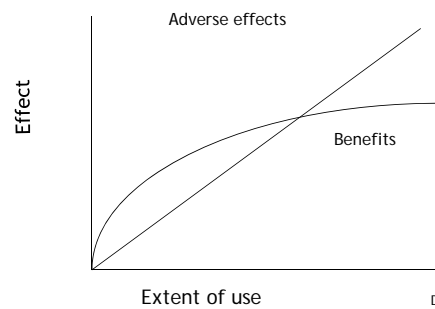
The leaky pipeline... vs quality

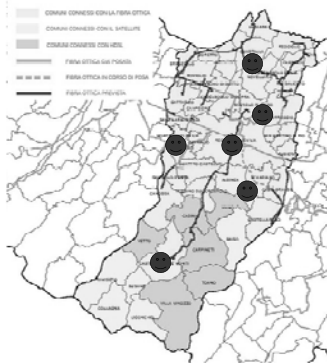
HIGH



The leaky pipeline... vs quality

LOW





490,000 inhabitants, 6 endoscopic units,
> 8,000 colonoscopies/year

The audit

- 2003 -
- Endoscopists (gastroenterologists and surgeons) and Nurses
(23 good guys working really hard)
- “Run in” by **GIMBE**
- Four working groups
- Setting standards
- Two samplings
- Changing practice

Working group

Scandiano	Dott. Fabio Fabbian Dott. Roberto Sacchero I.P. Fabrocinì Settimia
Montecchio	Dott. Stefano Bronzoni Dott. Luigi Pastore I.P. Guatteri Stefania
Cast. Monti	Dott. Giancarlo Leoni Dott. Francesco Azzolini Dott. Lorenzo Camellini Dott. Tarcisio Berni I.P. Fioroni Cecilia
Guastalla	Dott. Eugenio Cudazzo Dott. Lorenzo Mariani Dott. Andrea Gigliobianco
Dir. Sanitaria	I.P. Benevelli Cristina e I.P. Malavasi Morena
ASMN	Dott.ssa Maria Grazia Mortilla Dott. Giorgio Bertoni Dott.ssa Rita Conigliaro Coord. Inf. Elena Fontana I.P. Fabrizia Formentini I.P. Rosanna Monticelli
Direzione ASMN	Dott. Mirco Pinotti
SSO	Dott.ssa Debora Formisano
Direttore	Dott. Giuliano Bedogni
Docente	Dott. Antonino Cartabellotta
Tutor	Dott. Romano Sassatelli

GIMBE®

1st day: 27/2/2003
Introduction to Clinical Governance
2nd day: 12/3/2003
Guidelines and Technology assessment reports
3rd day: 27/3/2003
The Clinical Audit
4th day: 16/4/2003
Standards

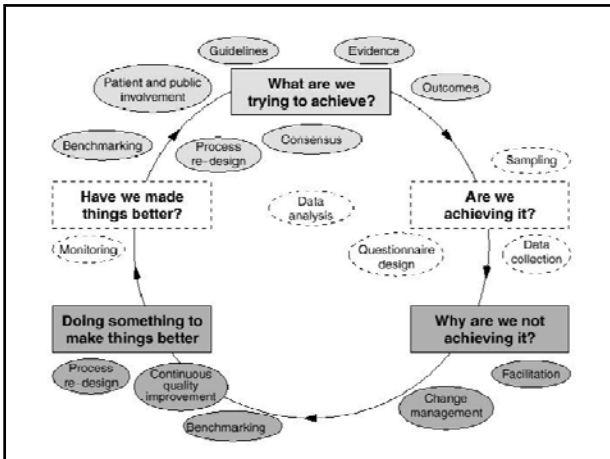
April 2004 - April 2005
Working groups support

Working Groups

- Preparation of the patient
- Efficacy/effectiveness of colonoscopy
- Risk management; appropriateness of operative colonoscopy
- Management of the patient after colonoscopy

Standards

- Completeness (cecal intubation)
- Inadequate bowel cleansing
- Pre-colonoscopy exams
- Patient's comfort
- Type of sedation
- Appropriate outpatient polypectomy
- Safety



1st sampling: 2003

Retrospective, 2003: 935 colonoscopies

2nd sampling (Oct 2004-March 2005)

Prospective, 2004/5: 951 colonoscopies

3rd "sampling": Any colonoscopy is measured

Prospective, 2005/6: ongoing

RESULTS

Cecal intubation

- Crude (>80%)
 - before: 87.7 (72.2 - 95.4)
 - after: 93.7 (86.9 - 99.2)
- Corrected (>90%)*
 - before: 94.9 (88.9 - 99.6)
 - after: 97.1 (93.5 - 98.7)

* No stricture, adequate bowel cleansing

Incomplete bowel cleansing

- Standard < 5%
- before: 5.6 (1.3 - 15)
- after: 2.2 (0.4 - 6.1)

Pre-colonoscopy exams

- Standard = 0%
- before: 41 (0.8 - 97.9)
- after: 32 (0 - 100)

Patient's comfort

- Intolerable colonoscopies < 3%
- before: 1.8 (0 - 4.2)
- after: 0.7 (0 - 2.9)

Type of sedation

- Conscious sedation (M+M) > 85%
- before: 51.1 (0 - 92.8)
- after: 74.7 (27.7 - 96.4)

Outpatients' polypectomy

- Polyps < 2 cm : 95 %
- before: 97.2 %
- after: 97.2 %

Complications

- Overall complications
- before 1%
- after 3‰

Conclusions 1

- A network is born
- They speak the same language: EBP
- The “same” colonoscopy is offered in different centres
- Hands-on education developed
- Structural changes (two nurses, new scopes, adequate information, ec)
- Clear accountability (screening, appropriate clinical use)

Conclusion 2

It works!



Thank you