



ROYAL
COLLEGE OF
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National GI Endoscopy Quality Improvement (NEQI) Programmes

Key Quality Indicators Explained

National Specialty Quality Improvement Programmes

Key Quality Indicators Explained

Bowel Preparation

This provides information on how well the patients bowel preparation went. This is from the perspective of the endoscopy team and informs us on whether the endoscopist was able to see the bowel clearly or not.

Targets: This key quality indicator has two targets. The first is a minimum target of greater than or equal to 90% colonoscopies where bowel preparation is described by the endoscopist as excellent or adequate. The second target is an achievable target, which is reached when greater than or equal to 95% colonoscopies where bowel preparation is described by the endoscopist as excellent or adequate.

Caecal Intubation Rate

This key quality indicator gives us the percentage of times the endoscopist reached the end of the colon with the endoscope.

Targets: The NEQI Programme has set two targets for this key quality indicator. The first is a minimum target which states that 90% of colonoscopies should reach the end of the colon. The second is called an achievable target, this is said to be reached when 95% of colonoscopy cases reach the end of the colon.

Comfort Score

This key quality indicator provides information on how comfortable the patient appeared to be during the colonoscopy, this is agreed by both the nurse and the endoscopist present for the procedure. A scale known as the Gloucester Scale is used to measure this, with five points ranging from no discomfort to extreme discomfort.

Target: The NEQI Programme has set a target of greater than or equal to 90% of colonoscopies performed should have a patient comfort score of between 1 (no discomfort) and 3 (mild discomfort).

Duodenal Second Part Intubation

This key quality indicator gives us the percentage of times the endoscopist successfully passed the scope into the duodenum (the beginning of the small bowel).

Target: The NEQI Programme target is said to be reached when the scope is passed into the duodenum successfully in greater than or equal to 95% of cases.

Polyp detection

This key quality indicator gives us the percentage of times polyps were detected during a colonoscopy.

Target: The NEQI Programme has set a target which states that greater than or equal to 20% of all colonoscopies should have a polyp detected.

Retroflexion

This key quality indicator gives us the percentage of times the endoscopist successfully carried out a complete review of the patient's stomach using the endoscope.

Target: The target for retroflexion states that the endoscopist should be able to see the fundus (the dome shaped part) of the stomach in greater than or equal to 95% of cases.

Sedation

This key quality indicator refers to the use of certain drugs during a procedure that help a patient to feel relaxed.

The use of two drugs in particular is analysed by the programme:

1) Midazolam and 2) Fentanyl.

These drugs are used during both upper and lower gastrointestinal procedures.

The programme looks at the data received from hospitals in two age groupings.

- Patients aged below 70 years of age who received these drugs and
- Patients aged 70 years of age and over who received these drugs.

The Programme only reports at a national level on the doses of midazolam and fentanyl given to those patients having an endoscopy procedure who are 70 years or older.

Midazolam Target: The NEQI Programme has set a target of a median dose of less than or equal to 5mg of midazolam for patients aged below 70 years of age per endoscopist.

Midazolam Target: The target median dose of midazolam is less than or equal to 3mg of midazolam for patients aged 70 years and older per endoscopist.

Fentanyl Target: The NEQI Programme has set a target of a median dose of less than or equal to 100mg of fentanyl for patients aged below 70 years of age per endoscopist.