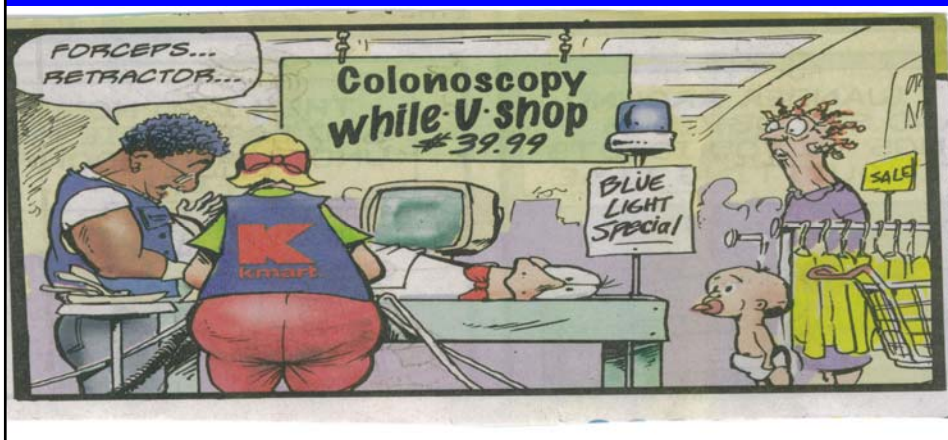


# Measuring and Documenting Endoscopic Quality Indicators

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## Why Measure Quality? Aren't all Procedures the Same?



## Impetus to Measure Quality

- Desire to improve quality
- Requests by govt., insurance, community
- P4P

## How Good Is Your Colonoscopy?

**New York Times December 16, 2008**

### **“Colonoscopies Miss Many Cancers, Study Finds”**

For many years doctors and patients thought colonoscopies, the popular screening test for colorectal cancer, were all but infallible. Have a colonoscopy, get any precancerous polyps removed, and you should almost never get colon cancer.....And now a Canadian study, published Tuesday in journal *Annals*.....found the test much less accurate than anyone expected.

## Quantity vs. Quality

Production Pressure in Endoscopy: Balancing Quantity and Quality  
Lawrence B. Cohen, MD

- Increase volume in response to decreased reimbursement
- Production pressure can adversely impact outcomes
- Be flexible in scheduling
- Document quality and benchmark

Gastroenterology 2008;135:1842-1844

## **Anthem Blue Cross and Blue Shield and Affiliated HMOs**

### **Quality Physician Performance Program (Q-P3)**

## Q-P3 - Gastroenterology

Indicator	Weight	Did not meet (0 points)	Low (75 points)	High (100 points)
Use of PPI prior to EGD for GERD	25%	<36%	≥36% and <60%	≥60%
Surveillance Colonoscopy with Polyp Diagnosis	25%	>4%	>1% and ≤4%	≤1%
PPI Generic Dispensing Rate	30%	<25%	≥25% and <50%	≥50%
Ambulatory Endoscopy Site Accreditation	10%	NA	NA	Yes
Appropriate testing for H. pylori before Treatment	10%	<90%	≥90% and <100%	100%

## 2009 CMS PQRI Measures

- **Colorectal Cancer Screening**  
**Measure description: Percentage of patients aged 50-80 yo who received the appropriate colorectal Cancer screening**

## 2009 CMS PQRI Measures

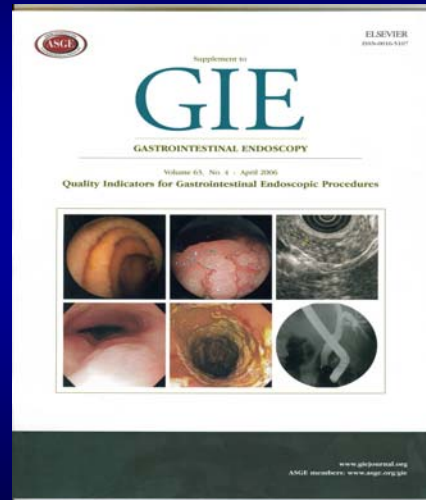
- **Endoscopy and Polyp Surveillance**

**Measure Description:** Percentage of patients aged 18yo and older receiving a surveillance colonoscopy and a history of colonic polyp(s) in a previous colonoscopy, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report

## Quality: A Changing Climate

<u>The Past</u> Pre 2001	<u>The Present</u> 2002-2009	<u>The Future</u> 2009 +
<ul style="list-style-type: none"><li>• Provider picked data to disclose</li><li>• Public data supported provider reputation</li></ul>	<ul style="list-style-type: none"><li>• Provider requested to disclose data in selected areas</li><li>• Public data supported provider reputation in areas selected by payer</li></ul>	<ul style="list-style-type: none"><li>• All data available to public?</li><li>• Data support provider reputation only if superior performance in most if not all areas</li></ul>

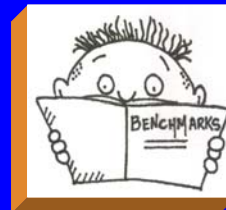
# Measuring Quality in Gastrointestinal Endoscopy



Advancing Gastroenterology Practice Through Endoscopic Excellence

## Publications of the ACG-ASGE Joint Task Force for Developing Quality Indicators for Gastrointestinal Endoscopy

- Quality Indicators for Gastrointestinal Endoscopic Procedures: An introduction
- Quality Indicators for EGD
- Quality Indicators for Colonoscopy
- Quality Indicators for ERCP
- Quality Indicators for EUS





## Quality Indicators for Colonoscopy

1. Appropriate indication
2. Informed consent obtained including risks
3. Use of recommended polypectomy and post cancer resection surveillance intervals
4. Use of recommended IBD surveillance intervals
5. Documentation of prep quality

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## Quality Indicators for Colonoscopy



6. Cecal intubation rate with photo documentation
7. Rate of detection of adenomas in screening
8. Withdrawal time documentation
9. Biopsy obtained in patients with diarrhea
10. Number and distribution of biopsy samples in IBD surveillance (32)
11. Polyps < 2 cm resected or documented unresectability

**Advancing Gastroenterology Practice Through Endoscopic Excellence**

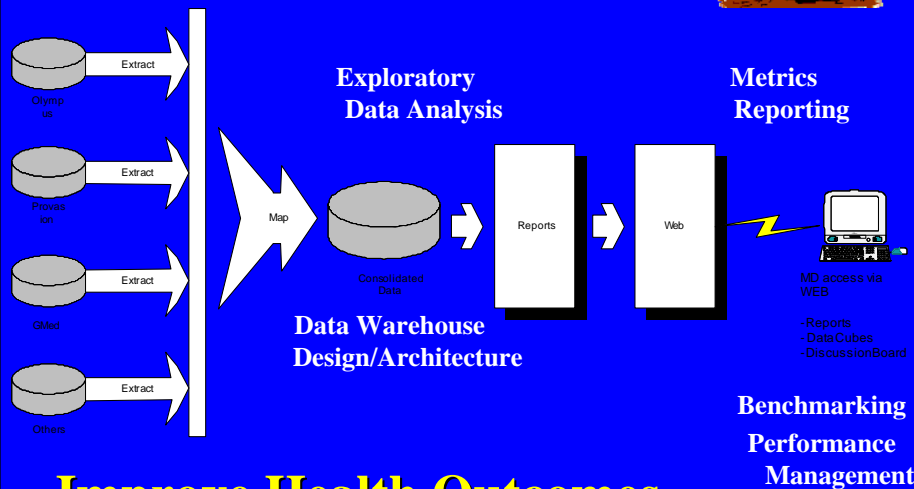
## ACG-ASGE National Benchmarking Group for Quality in Endoscopy

- New York University
- MUSC
- Rockford Gastroenterology
- Gastroenterology Associates, Knoxville, Tenn.
- Medical Center Endoscopy, LLP Houston, Tx.
- Digestive Health Assoc, Charlotte, N.C.
- OHSU
- Physicians Endoscopy
- Greater Cincinnati Gastro Assoc
- Gastrointestinal and Liver Specialists of Tidewater, PLLC, SE Va.
- Digestive Health Specialists, Tacoma, Wa.
- Gastroenterology Assoc. of North Texas
- Sentara Healthcare
- Gmed
- GI Pathology
- Olympus of America
- ProVation Medical
- CORI
- EndoSoft

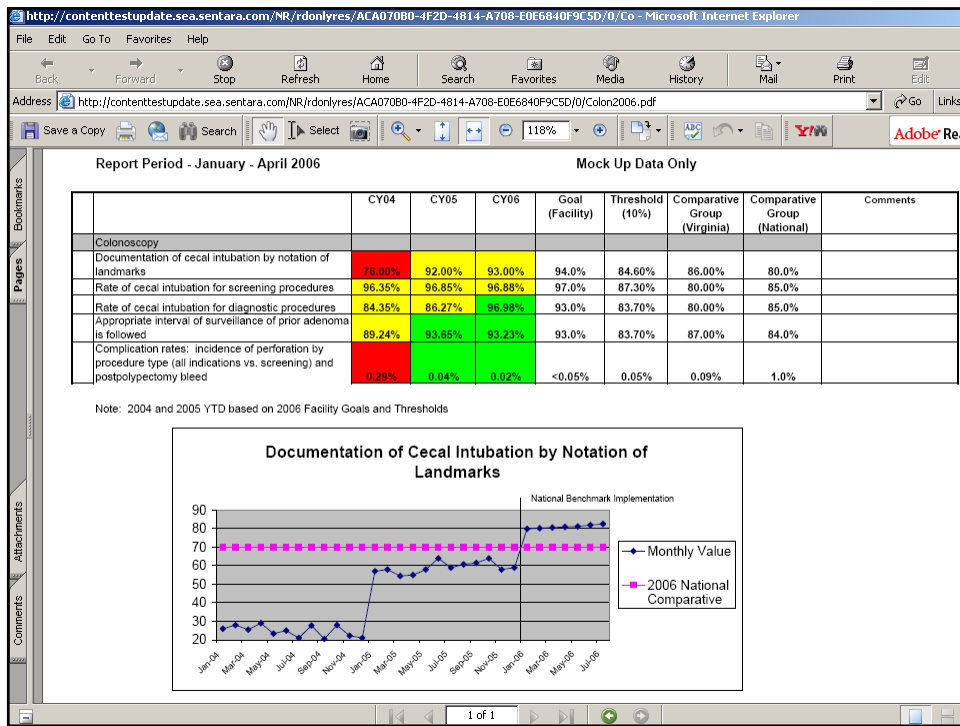
## Intelligent Data Mining



Data Cleansing & Data Integrity



## Improve Health Outcomes



CY2006 Key Performance Goals for Gastrointestinal Best Practices Executive Summary Report

Report Period - January - April 2006 Mock Up Data Only

	CY04	CY05	CY06	Goal (Facility)	Threshold (10%)	Comparative Group (Virginia)	Comparative Group (National)	Comments
<b>General</b>								
Current H&P for all patients	77.90%	88.75%	91.50%	95.00%	85.50%	85.00%	85.00%	
Procedure meets indication requirements of ASGE								
Appropriate use of Gastrointestinal Endoscopy (AUGE)	94.00%	92.00%	95.01%	85.00%	76.50%	75.00%	83.00%	
Patient evaluated by ASA Category and Mallampati classification	96.35%	97.25%	95.45%	95.00%	85.50%	76.00%	80.00%	
Clear discharge on all patients	89.24%	93.65%	97.12%	95.00%	85.50%	N/A	N/A	
Anticoagulation patients receive instruction on resumption of therapy	79.24%	87.65%	95.55%	95.00%	85.50%	N/A	N/A	
<b>EGD</b>								
Prophylactic antibiotics given prior to PEG	76.90%	87.01%	92.00%	87.0%	78.30%	85.00%	80.0%	
Complete examination of esophagus, stomach and duodenum are described	96.35%	97.85%	95.60%	85.5%	76.45%	84.00%	87.0%	
Patients with gastric and duodenal ulcer have a documented plan for testing for helicobacter pylori	89.24%	93.65%	97.62%	98.0%	88.20%	77.00%	74.0%	
Patients undergoing dilation for peptic esophageal strictures PPI therapy is recommended	88.27%	83.64%	91.01%	88.0%	79.20%	85.00%	84.0%	
<b>Colonoscopy</b>								
Documentation of cecal intubation by notation of landmarks	76.00%	92.00%	93.00%	94.0%	84.60%	86.00%	80.0%	
Rate of cecal intubation for screening procedures	96.35%	96.85%	96.88%	97.0%	87.30%	80.00%	85.0%	
Rate of cecal intubation for diagnostic procedures	84.35%	86.27%	96.98%	93.0%	83.70%	80.00%	85.0%	
Appropriate interval of surveillance of prior adenoma is followed	89.24%	93.65%	93.23%	93.0%	83.70%	87.00%	84.0%	
Complication rates: incidence of perforation by procedure type (all indications vs. screening) and postpolypectomy bleed	0.29%	0.04%	0.02%	<0.05%	0.045%	0.09%	1.0%	
<b>EUS</b>								
In staging of Thoracic Esophageal cancer if celiac axis nodes are seen and FNA is performed	72.00%	86.00%	89.00%	84.0%	75.60%	80.00%	80.0%	
Incidence of pancreatitis after FNA of pancreas	6.35%	7.85%	8.00%	<10%	9.00%	12.00%	15.0%	
In EUS for evaluation of suspected pancreatic disease, visualization of the entire pancreas is achieved	80.24%	83.06%	85.03%	88.0%	79.20%	87.00%	84.0%	
<b>ERCP</b>								
Extraction of common bile duct stones when present or starting for very large stones	75.00%	85.55%	92.00%	94.0%	84.60%	86.00%	80.0%	
Rate of cannulation of target ducts	82.35%	85.30%	91.06%	90.0%	81.00%	90.00%	90.0%	
Complication rate								
Pancreatitis	2.62%	3.65%	4.55%	<6%	5.40%	7.00%	10.0%	
Bleeding	0.59%	0.82%	0.32%	<2%	1.80%	3.00%	4.0%	
Cholangitis	2.09%	0.56%	0.89%	<1%	0.90%	2.00%	3.0%	

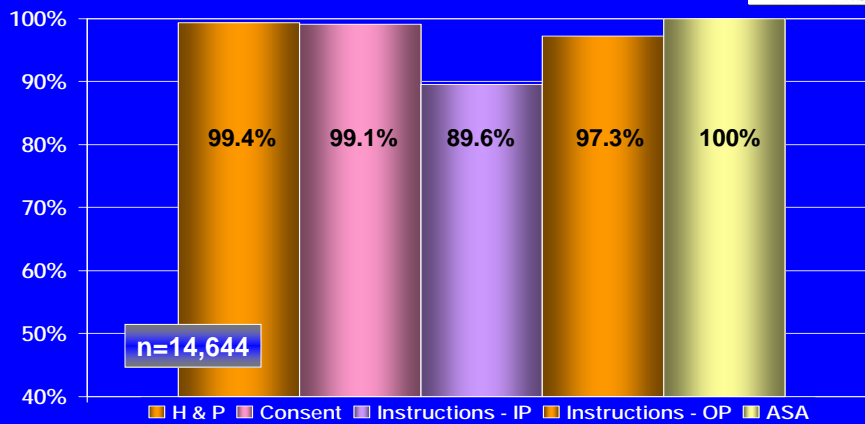
Note: 2004 and 2005 YTD based on 2006 Facility Goals and Thresholds



# Preliminary Results

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## Colonoscopy Quality Indicators General Indicators

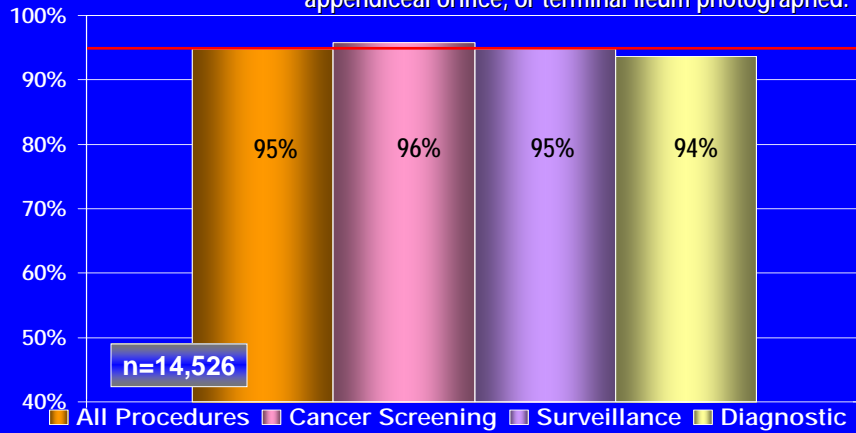


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## Colonoscopy Quality Indicators Cecal Intubation Rates



Percentage of patients with either the ileocecal valve, appendiceal orifice, or terminal ileum photographed.

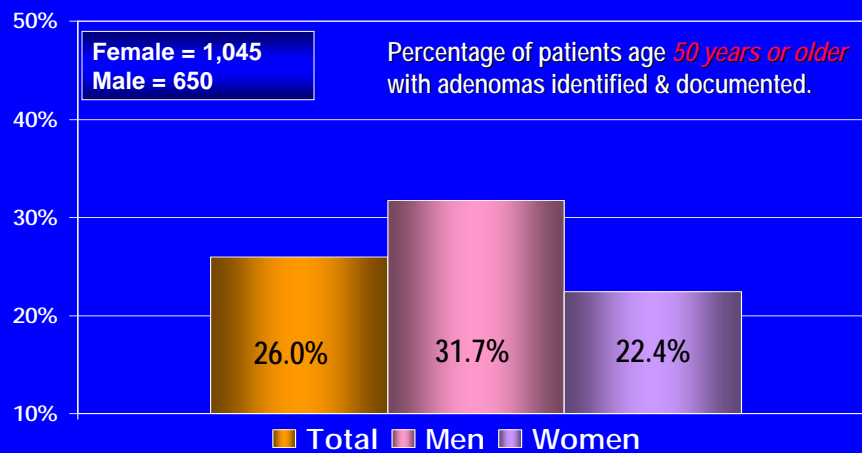


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## Colonoscopy Quality Indicators Adenoma Detection Rate



Percentage of patients age *50 years or older* with adenomas identified & documented.

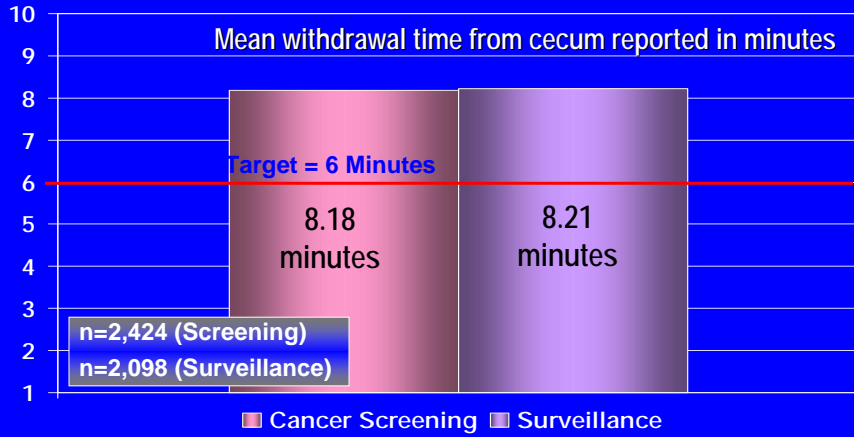


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# Colonoscopy Quality Indicators

## Mean Withdrawal Time

### Negative Screening Exam



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### The National Gastroenterology Quality Improvement in Endoscopy Pilot

#### Colonoscopy Quality Performance Summary Report

Procedures Between April 1, 2007 and January 31, 2008

DRAFT

	PROJECT TOTAL		Goal	Practitioner										n									
	n	Mean		Prac 1	Prac 2	Prac 3	Prac 4	Prac 5	Prac 6	Prac 7	Prac 8	Prac 9	Prac 10										
<b>General</b>																							
History and Physical Documentation Rate	4,867	99.4%	100%	98.8%	86%	99.9%	83%	100.0%	746	99.8%	536	100.0%	410	99.8%	482	99.5%	375	100.0%	356	100.0%	273	99.2%	121
Informed Consent Documentation Rate	4,867	99.4%	100%	99.8%	86%	99.9%	83%	100.0%	746	99.4%	536	99.8%	410	99.3%	482	100.0%	375	100.0%	356	100.0%	273	98.4%	121
Written Discharge Instructions Rate <sup>(1)</sup>	4,867	90.5%	100%	90.9%	86%	86.7%	83%	99.9%	746	95.8%	536	89.3%	410	0.0%	482	99.7%	375	67.3%	356	100.0%	273	86.3%	121
Anti-coagulation Therapy Instructions Rate	1,301	78.5%	100%	90.6%	533	69.3%	287	100.0%	27	100.0%	51	93.6%	94	0.0%	482	100.0%	25	100.0%	19	100.0%	18	35.7%	11
Adequate Bowel Prep Rate	4,867	83.2%	100%	85.1%	86%	95.9%	83%	79.1%	746	81.6%	536	88.8%	410	89.8%	482	64.3%	375	80.7%	356	93.4%	273	72.6%	121
ASA Category Documented Rate	4,867	100.0%	100%	100.0%	86%	100.0%	83%	100.0%	746	100.0%	536	100.0%	410	100.0%	482	100.0%	375	100.0%	356	100.0%	273	100.0%	121
<b>Colonoscopy</b>																							
Colonoscopy Indication Documentation Rate	4,867	84.5%	100%	97.2%	86%	96.4%	83%	80.7%	746	92.1%	536	96.1%	410	0.0%	482	97.3%	375	82.4%	356	96.7%	273	95.2%	121
Cecal Intubation Rate																							
All Colonoscopies	4,867	94.3%	90%	97.7%	86%	96.5%	83%	97.1%	746	94.5%	536	94.6%	410	98.8%	482	94.7%	375	98.4%	356	97.3%	273	93.5%	121
Screening Colonoscopies Only	1,901	95.1%	95%	94.4%	269	95.7%	463	97.5%	326	95.8%	143	98.6%	143	95.8%	160	100.0%	154	100.0%	87	92.3%	91	93.8%	48
Follow-up Interval Documented Rate	4,867	100.0%	100%	100.0%	86%	100.0%	83%	100.0%	746	100.0%	536	100.0%	410	100.0%	482	100.0%	375	100.0%	356	100.0%	273	100.0%	121
Follow-up Interval Changed Rate	4,867	4.1%	5%	4.4%	86%	3.1%	83%	3.1%	746	5.84%	536	2.7%	410	2.7%	482	6.4%	375	1.1%	358	2.9%	273	6.5%	121
Adenoma Detection Rate - Females 50 or older	1,045	22.4%	15%	17.2%	141	24.2%	711	28.1%	248	28.9%	76	24.0%	75	0.0%	79	27.1%	95	15.4%	52	8.3%	36	26.3%	19
Adenoma Detection Rate - Males 50 or older	658	31.7%	25%	28.6%	105	30.4%	158	48.8%	58	29.6%	54	45.7%	59	0.0%	79	56.3%	14	42.3%	26	22.2%	15	18.8%	20
Specimen Retrieval Rate	4,861	97.8%	90%	83.5%	782	90.8%	628	95.6%	643	99.8%	541	94.8%	524	99.8%	502	93.5%	565	86.1%	373	98.8%	348	19.8%	47
Complications Documented Rate	4,867	99.9%	100%	99.8%	86%	100.0%	83%	100.0%	746	100.0%	536	100.0%	410	100.0%	482	99.4%	375	100.0%	356	100.0%	273	100.0%	121
Complications - Types and Percent Patients	4,864																						
No Complication		99.7%	100%	100.0%	86%	100.0%	83%	99.6%	746	100.0%	536	100.0%	410	100.0%	482	97.3%	375	99.7%	356	100.0%	273	99.2%	121
Bowel Perforation		0.8%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bleeding		0.2%	0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Ed Visit Related to Procedure		0.1%	0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hosp Admit Related to Procedure		0.1%	0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Average Withdrawal Time (Min) <sup>(2)</sup>	1,843	7.8	6.8	7.38	355	6.82	321	7.56	299	5.86	229	5.28	164	6.99	69	11.88	55	9.55	183	7.37	70	7.42	55

(1) Numerator includes procedures where all five discharge instruction subcategories were completed (diet, meds, activity, contact, and complications).  
(2) Time calculated from screening and surveillance procedures where no pathology is found.  
\*\* Results not reported due to small sample size (n < 10)  
Note: RGL parameters based on comparison to the GI Collaborative goal.

Confidential Performance Improvement Information

Endorsed by the ASGE/ACG Taskforce on Endoscopy Quality

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### Colonoscopy Overview

▶ patient's ASA Class  ?  
 pain assessment   
 ▶ quality of the preparation   
 sites poorly visualized   
 patient's tolerance   
 level of difficulty   
 instrument used  Serial #   
 other instrument  Serial #   
 site of introduction   retroflexed  
 anesthesia   
 starting position   
 site reached  Distance  cm  
 digital exam  findings   
 Informed consent in medical record  
 supplemental oxygen was used  
 the procedure was discussed  with parent/guardian  
 the physical exam was performed  accompanied by a chaperone  
 cardiac monitoring will be performed  
 History and physical documented in chart  
 appendiceal orifice photographed  
 ileo-cecal valve photographed  
 Terminal Ileum photographed

**gMed Inc.**  
 Colonoscopy Quality Indicators  
 Data was collected between 5/15/2005 and 5/15/2009

**Screening Colonoscopies**  
 Number of Colonoscopies performed by doctor with Indication that includes Age, Risk or History

Gender	Doc 1	Doc 2	Doc 3	Doc 4	Doc 5	Doc 6	Doc 7	Grand Total
F	1015	215	894	648	542	937	843	5184
M	900	308	1020	715	369	995	649	4896
<b>Grand Total</b>	<b>1965</b>	<b>523</b>	<b>2004</b>	<b>1363</b>	<b>901</b>	<b>1922</b>	<b>1492</b>	<b>10170</b>

**Adenoma**  
 Number of Colonoscopies performed by doctor with Indication that includes Age, Risk or History

Gender	Doc 1	Doc 2	Doc 3	Doc 4	Doc 5	Doc 6	Doc 7	Grand Total
F	205	56	294	148	115	249	189	1246
M	299	86	356	219	89	294	150	1432
<b>Grand Total</b>	<b>473</b>	<b>142</b>	<b>640</b>	<b>367</b>	<b>184</b>	<b>533</b>	<b>339</b>	<b>2678</b>

	Doc 1	Doc 2	Doc 3	Doc 4	Doc 5	Doc 6	Doc 7	
F	20.20%	26.05%	28.86%	22.84%	21.22%	26.57%	22.42%	24.04%
M	28.21%	27.92%	34.90%	30.63%	19.22%	28.83%	23.11%	28.72%
<b>Grand Total</b>	<b>24.07%</b>	<b>27.15%</b>	<b>31.94%</b>	<b>26.93%</b>	<b>20.42%</b>	<b>27.73%</b>	<b>22.72%</b>	<b>26.33%</b>

**Hyperplastic Polyp**  
 Number of Colonoscopies performed by doctor with Indication that includes Age, Risk or History

Gender	Doc 1	Doc 2	Doc 3	Doc 4	Doc 5	Doc 6	Doc 7	Grand Total
F	105	24	140	101	84	123	107	684
M	94	39	180	104	9	111	98	635
<b>Grand Total</b>	<b>199</b>	<b>63</b>	<b>320</b>	<b>205</b>	<b>93</b>	<b>234</b>	<b>205</b>	<b>1319</b>

	Doc 1	Doc 2	Doc 3	Doc 4	Doc 5	Doc 6	Doc 7	
F	10.34%	11.16%	14.23%	15.69%	15.50%	13.13%	12.69%	13.19%
M	9.89%	12.89%	17.85%	14.55%	2.51%	11.27%	15.10%	12.74%
<b>Grand Total</b>	<b>10.13%</b>	<b>12.05%</b>	<b>15.97%</b>	<b>15.04%</b>	<b>10.32%</b>	<b>12.17%</b>	<b>13.74%</b>	<b>12.97%</b>

**Hyperplastic Polyp**  
 Number of Colonoscopies performed by doctor with Indication that includes Age, Risk or History

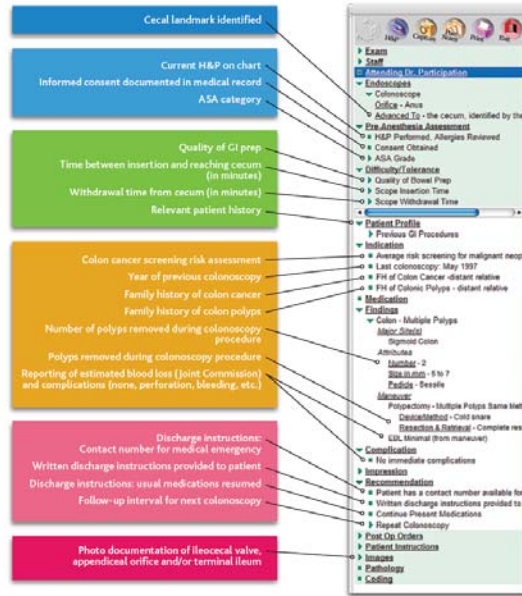
Gender	Doc 1	Doc 2	Doc 3	Doc 4	Doc 5	Doc 6	Doc 7	Grand Total
F	3	1	4	3	2	7	5	25
M	5	2	6	4	3	6	4	30
<b>Grand Total</b>	<b>8</b>	<b>3</b>	<b>10</b>	<b>7</b>	<b>5</b>	<b>13</b>	<b>9</b>	<b>55</b>

	Doc 1	Doc 2	Doc 3	Doc 4	Doc 5	Doc 6	Doc 7	
F	0.30%	0.47%	0.41%	0.46%	0.37%	0.75%	0.59%	0.48%
M	0.53%	0.65%	0.59%	0.56%	0.84%	0.61%	0.62%	0.60%
<b>Grand Total</b>	<b>0.41%</b>	<b>0.57%</b>	<b>0.50%</b>	<b>0.51%</b>	<b>0.55%</b>	<b>0.68%</b>	<b>0.60%</b>	<b>0.54%</b>

**Colonoscopy Times**

Times	Doc 1	Doc 2	Doc 3	Doc 4	Doc 5	Doc 6	Doc 7	Grand Total
Average of Withdrawal	7:23	7:55	6:54	7:15	8:05	7:03	7:48	7:29
Average of Cecum	7:09	7:12	6:36	7:04	7:46	6:49	7:29	7:09
<b>Average of Total</b>	<b>14:32</b>	<b>15:07</b>	<b>13:30</b>	<b>14:19</b>	<b>15:51</b>	<b>13:52</b>	<b>15:17</b>	<b>14:38</b>

ProVation's Structured Clinical Data Supports  
ACG/ASGE Quality Indicators Program



## Quality Indicators Data Reports

- 1. Polyp Detection Rate:**
  - This report denotes the percentage of the time that polyps are found during Colonoscopy.
- 2. Scope Withdrawal Time:**
  - This report denotes the average scope withdrawal time. The actual Scope Withdrawal Time data is captured via the Image Capture screen.
- 3. Time of Exam:**
  - This report denotes the average time that a physician spends performing a specific type of exam.
- 4. Adenoma Detection Rate:**
  - This report denotes the percentage of the time that adenomatous polyps are found.
- 5. Failed and Aborted Colonoscopy, with Reason.**
- 6. Cecal Intubation Rate:**
  - Key: does not include 'Aborted' cases



**The National Gastroenterology Quality Improvement in Endoscopy Pilot**  
**General and Colonoscopy Data Collection Form**

Colorectal Neoplasm Risk Assessment for this procedure  High Risk  Average Risk  N/A

*If High Risk, Select All That Apply*

Colon or Rectal Adenocarcinoma  
 Personal History  Family History  Both

History of Colon Adenoma  
 Personal History  Family History  Both

High Risk Genetic Family Cancer Syndrome  
(c.g. Familial Adenomatous Polyposis Syndrome, HNPCC/Lynch Syndrome, etc.)  
 Personal History  Family History  Both

Advanced Neoplasm ( $\geq 10$ mm, high grade dysplasia, villous component, etc.)  
 3 or More Adenomas  
 Non Advanced Neoplasm ( $< 3$  adenomas,  $< 10$ mm, no villous component, etc.)  
 Inflammatory Bowel Disease ( $\geq 8$  years pancolitis or  $\geq 15$  years left sided colitis)  
 Inflammatory Bowel Disease with Known Dysplasia

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**Polyps**

<input type="checkbox"/> Number Polyp(s) Removed	<input type="checkbox"/> Polyp Morphology Described	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Number Polyp(s) Partially Removed	<input type="checkbox"/> Polyp Size Described	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Number Polyp(s) Retrieved				

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**Procedure Duration** – Specify the number of **minutes** required to complete the following.

Time between insertion and reaching the cecum \_\_\_\_\_ (Example 7.4 minutes)  
Withdrawal time from cecum \_\_\_\_\_ (Example 7.4 minutes)

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**Pathology**

Pathology Tissue Obtained  
 Adenomatous Polyp(s)

*If Adenomatous Polyp(s) – Select All That Apply*

Advanced Neoplasm ( $\geq 10$ mm, high grade dysplasia, villous component, etc.)  
 3 or More Adenomas  
  $< 3$  Adenomas  
 Hyperplastic Polyp(s)  
 Adenocarcinoma  
 Other \_\_\_\_\_ (Specify)

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**Follow-up Interval** – Select follow-up interval for **next** Colonoscopy

None   $< 3$  Months  3 Months  6 Months  9 Months  1 Year  
 2 Years  3 Years  5 Years  10 Years  Other, Please Specify \_\_\_\_\_

Follow-up Interval for Next Colonoscopy Changed Due to Bowel Prep Quality  No  Yes

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**Complications** – Please specify complication(s) occurring within 14 days of colonoscopy procedure

<input type="checkbox"/> No Complication	<input type="checkbox"/> Emergency Dept visit related to colonoscopy procedure
<input type="checkbox"/> Bowel Perforation	<input type="checkbox"/> Hospital Admission related to colonoscopy procedure
<input type="checkbox"/> Bleeding (Unplanned Intervention or Hospital Admission)	<input type="checkbox"/> Sedation Related (Unplanned Intervention)
<input type="checkbox"/> Death	<input type="checkbox"/> Other _____

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Revised: November 2007

## Physicians Perspective: Lessons Learned

- Paper Data Collection Tool Efficient
- Endowriters Surprisingly Different Initially
- Process of Measuring Changes Focus to Quality
- Worth it? Unanimous Response: It is Worth It!

**Current Status**  
**Benchmarking GI Endoscopy QI**  
**Benchmarking**

- **Data Validated by Audit**
- **503(1)c status letter received [GI Quality Improvement Consortium (GIQIC)]**
- **RFP sent out early March 2009**
- **Finalists selected with second round of questions in process**
- **Build-out 4-6 months**