

# National GI Endoscopy Quality Improvement Programme

*6th National Data Report*  
1 JANUARY - 31 DECEMBER 2020



CONJOINT BOARD OF ROYAL COLLEGE OF PHYSICIANS OF IRELAND AND ROYAL COLLEGE OF SURGEONS IN IRELAND



Building a  
Better Health  
Service  
National Quality Improvement Team

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## Executive Summary

The National GI Endoscopy Quality Improvement (NEQI) Programme is delighted to publish its 6th National Data Report this year. This is our second national report with hospital identifiable information and the first to contain year on year comparisons for named hospitals, marking another milestone for the NEQI Programme. The data contained in this report covers the year from 1st of January to the 31st of December 2020.

The COVID-19 pandemic and associated restrictions meant that 2020 was a challenging year for everyone involved in the health service due to the COVID-19 pandemic and subsequent restrictions placing major constraints on the volume of endoscopic procedures that could be provided for patients during this period. Chapter 4 of the 6<sup>th</sup> National Data Report is dedicated to highlighting the impact of the pandemic on the provision of endoscopic services.

The data shows that there was a 21% drop in the number of procedures performed overall, with the majority of this decrease apparent in the months surrounding April 2020. For example, there was an 87% reduction in the number of procedures performed in April 2020 compared to April 2019.

Despite these challenges, while the number of procedures performed during the year fell significantly, a high level of quality for those procedures was maintained

In 2020, 91% of hospitals (41 out of 45) met the minimum target for caecal intubation rate of greater than or equal to 90% of colonoscopies with caecal intubation achieved. This is a change from 98% of hospitals (43 out of 44) in 2019. The four hospitals who did not meet the minimum target in 2020 are part of the UL Hospital Group. UL Hospital Group have submitted a note for inclusion in the report to provide context to this statistic. This group also saw the largest reduction in number of procedures performed during 2020 when compared to 2019. It is the opinion of the NEQI Working Group that a larger proportion of emergency and inpatient procedures will have contributed to these scores as all four hospitals had previously met the minimum target in 2019.

The national scores for bowel preparation show an improvement following the initial months of the pandemic from March to June. This is believed to reflect increased patient pre-assessment and increased nurse triaging which was initiated following the first wave of the pandemic. As a result, the scores relating to this KQI appear higher in the second half of 2020 than in 2019. In 2020, 49% of hospitals (22 out of 45) recorded meeting the minimum target for bowel preparation of 90% of colonoscopies with a bowel preparation score of "excellent" or "adequate". This is compared to 39% of hospitals (17 out of 44) that met the NEQI Programme target for bowel preparation in 2019.

All hospitals participating in the NEQI Programme met the minimum target of greater than or equal to 90% of colonoscopies with a comfort score of a 1, 2 or 3. All hospitals also met the minimum target of greater than or equal to 20% of colonoscopies with at least one polyp detected.

We hope this report will highlight the importance of utilising NQAIS-Endoscopy data over the coming months in addressing the issues facing endoscopy units. The NEQI Programme firmly believes that these data will be an essential tool in helping to restore endoscopic services. The programme would like to take this opportunity to express its sincere thanks to the Local Operational Managers and the Clinical Leads who have led the NEQI Programme in each hospital by continuing to collect and submit data during this period. We also wish to thank the HSE National Quality Improvement Team who provide funding for this programme, the Specialty QI Programme Steering Committee and to the Specialty QI Programme Management Team, RCPI for their continuous support.

## KEY RECOMMENDATIONS

1	<p>The ratio of oesophagogastroduodenoscopies (OGDs) performed to colonoscopies performed remains high. Hospitals should examine triage mechanisms to reduce the number of OGDs. This could include urea breath, stool testing and serology for H pylori.</p> <p style="text-align: right;"><i>See Chapter 3</i></p>
2	<p>Hospitals should continue to triage patients who may be appropriate for sigmoidoscopy rather than colonoscopy.</p> <p style="text-align: right;"><i>See Chapter 3</i></p>
3	<p>The NEQI Working Group recommends that endoscopists continue to avail of performance enhancement opportunities, such as the suite of courses offered by the National Endoscopy Training Committee.</p> <p style="text-align: right;"><i>See Chapter 5</i></p>
4	<p>Adenoma detection rates (ADR) should be reviewed in parallel with polyp detection rates (PDR) in each hospital through local reviews by the hospital's Endoscopy Users Group.</p> <p style="text-align: right;"><i>See Chapter 5</i></p>
5	<p>Comfort score should be provided by an endoscopy nurse at the time of the procedure and agreed with the endoscopist before submission to the Endoscopy Reporting System (ERS).</p> <p style="text-align: right;"><i>See Chapter 5</i></p>
6	<p>Any bowel preparation scores below the minimum target of greater than or equal to 90% of colonoscopies with a bowel preparation score of excellent or adequate should be used to highlight the importance of a pre-assessment nurse and good clinical triage for each unit.</p> <p style="text-align: right;"><i>See Chapter 5</i></p>
7	<p>Hospitals should ensure that their Endoscopy Reporting System (ERS) is up to date and that the ERS requires mandatory recording of QI data. Software vendors should be engaged to ensure this functionality is present.</p> <p style="text-align: right;"><i>See Chapter 6</i></p>
8	<p>The NEQI Working Group recommend that endoscopists explore the use of techniques, such as regular position change and water emersion, that can significantly reduce, or potentially eliminate, sedation usage.</p> <p style="text-align: right;"><i>See Chapter 7</i></p>

## KEY FINDINGS

- 1** The total number of procedures recorded in NQAIS-Endoscopy from 1 January 2020 to 31 December 2020 was 176,828. This is 48,243 (21.4%), less than the number of procedures recorded for 2019.

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- 2** A comparison between April 2020 and April 2020 reveals an 87% reduction in the total number of procedures (colonoscopies, flexible sigmoidoscopies and gastroscopies) recorded in NQAIS-Endoscopy.

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- 3** The national caecal intubation rate for 2020 was 93.7%, compared to 93.8% in 2019.

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- 4** All hospitals are meeting the minimum target of greater than or equal to 20% of colonoscopies with one or more polyps detected.

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- 5** The comfort score target of greater than or equal to 90% of colonoscopies performed with a comfort score of a 1, 2 or 3 was met by 86% of endoscopists in 2020, similar to findings in 2019.

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- 6** In 2020, 49% of hospitals (22 out of 45) recorded meeting the minimum target for bowel preparation. This is compared to 39% of hospitals (17 out of 44) that met the NEQI Programme target for bowel preparation in 2019.

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- 7** In 2020, 80% of endoscopists had a duodenal second part intubation rate of greater than or equal to 95%. This is 4% less than the percentage of endoscopists who met the target for this KQI in 2019.

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- 8** In 2020, 73% of colonoscopies performed on patients aged 70 years and older received the median target dose of less than or equal to 3mg of midazolam. This is an increase of 5% when compared to the 68% of colonoscopies receiving the median target dose in 2019.

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