

# National GI Endoscopy Quality Improvement Programme

*8th National Data Report*  
1 JANUARY – 31 DECEMBER 2022

## SUMMARY REPORT

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



# Executive Summary

The National GI Endoscopy Quality Improvement (NEQI) Programme is proud to publish its eighth national data report, analysing all data submitted by participating hospitals to NQAIS-Endoscopy in 2022. This report marks a return to the programme's conventional style of comparative analysis on a hospital, national and endoscopist level for the preceding 12 months following interruptions due to the cyberattack in 2021 and the pandemic restrictions of 2020. As a result of these circumstances, the report will compare the 2022 data to both 2020 and 2019, the last year with a full dataset representative of a normal year's endoscopy service.

The 2022 NQAIS-Endoscopy data show not only a return to pre-pandemic levels for key quality indicators, but a modest increase in scores for some key quality indicators when compared with 2020 and 2019. The number of procedures captured by NQAIS-Endoscopy has increased by 45% compared to 2020 and 14% compared to 2019. An additional analysis of workload figures shows that during these years the programme has continued its roll out to hospitals in Ireland. If the additional hospitals that joined the programme since 2019 are omitted, the numbers of procedures performed still increases by 7% in 2022 when compared to the pre-pandemic workload in 2019.

Of the seven KQIs presented at endoscopist level in this report, six have either maintained or improved on previous year's scores.

There was an increase of 3.4% of endoscopists meeting the minimum target of greater than or equal to 90% of colonoscopies achieving caecal intubation in 2022 (75.9%) when compared to 2019 (72.5%).

As the percentage of endoscopists meeting the target for Polyp Detection Rate was 81% percent, consistent with the previous three years, and all hospitals met the target for this KQI again this year. The 8th national data report has introduced a "spotlight" section that analyses 2022 NQAIS-Endoscopy data against higher polyp detection targets for patients aged 50 years and older. This analysis finds that Irish hospitals have similar percentages of hospitals meeting these targets when compared to other European countries.

The national average bowel preparation score (88%) continues to be below the programme's minimum target (90%). The report highlights opportunities for quality improvement initiatives for this KQI and presents previous examples of successful initiatives in this area, such as the animated video showing enhanced bowel preparation instructions produced by Louth Hospitals.

The NEQI Programme hopes that this report will highlight the importance of utilising NQAIS-Endoscopy data to identify areas which are suitable for quality improvement initiatives. As the data in NQAIS-Endoscopy continues to mature, the programme is keen to promote and facilitate the data's use in quality improvement initiatives that benefit patient safety by increasing the quality of the endoscopy 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 and Patient Safety Directorate 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.

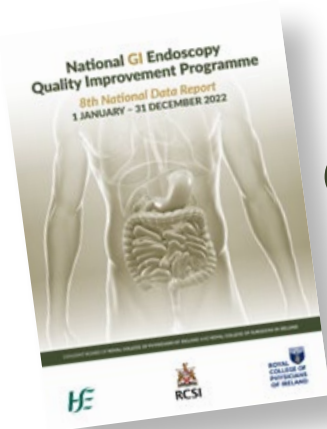
# RECOMMENDATIONS

1	<b>Protected Time</b> <p>The NEQI Programme recommends that a protected time allocation of 1 hour per week for all local clinical leads, 1.5 hours per week for NEQI working group members and 2 hours per week for the working group chair are implemented to carry out the activities associated with these roles.</p> <p>In relation to public and voluntary hospitals, following discussions between the NEQI Programme and HSE Acute Operations, Acute Operations have agreed to be the assigned owner for this recommendation.</p>
2	<b>Triage via FIT</b> <p>The NEQI Programme recommends that appropriate triaging methods, such as Faecal Immunochemical Tests, are implemented for hospitals that are experiencing longer waiting lists for colonoscopies as a result of increased workload.</p>
3	<b>Automated Uploads</b> <p>The NEQI Programme recommends that the process of uploading data to NQAIS-Endoscopy be automated in order to reduce the impact on local operational manager's workload while increasing upload compliance.</p>
4	<b>Sedation</b> <p>The NEQI Programme recommends that hospitals 1) examine the possibility of making 1mg/ml sedation doses available to endoscopists to facilitate more precise titration of midazolam dosing. 2) analyse the potential benefits to the patient of reducing high sedation doses while maintaining a safe, quality endoscopy and comfortable patient experience.</p>
5	<b>Trainee/Consultant Split</b> <p>The NEQI Programme recommends that any future endoscopy reporting system facilitate the differentiation between procedures performed primarily by Trainees and procedures performed primarily by consultant endoscopists.</p> <p>Other splits should also be considered such as inpatient/outpatient procedures and physician/surgeon performed procedures.</p>
6	<b>Bowel Preparation</b> <p>The NEQI Programme recommends that hospitals ensure that the instructions provided to patients ahead of procedures, either via leaflet and/or video, be revised and enhanced to make sure that they are as clear as possible. This will help patients to interpret the preparation requirements easily and accurately, which will result in increased quality of bowel preparation and decrease the likelihood of repeat procedures as a consequence of poor bowel preparations. The written instructions should also be available in languages other than English which reflect the local population.</p>

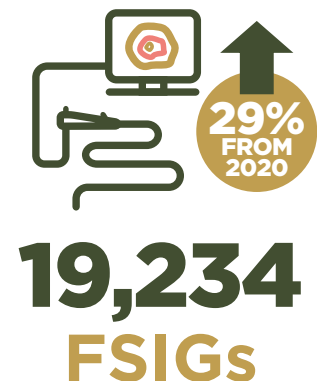
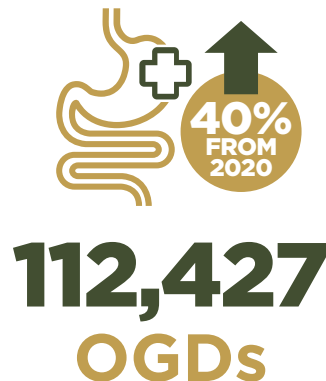
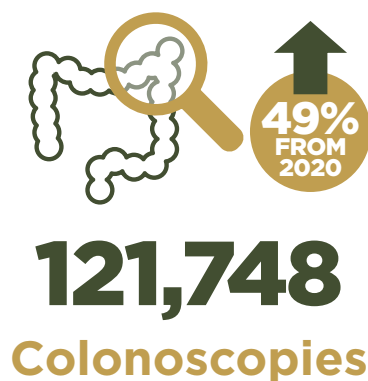
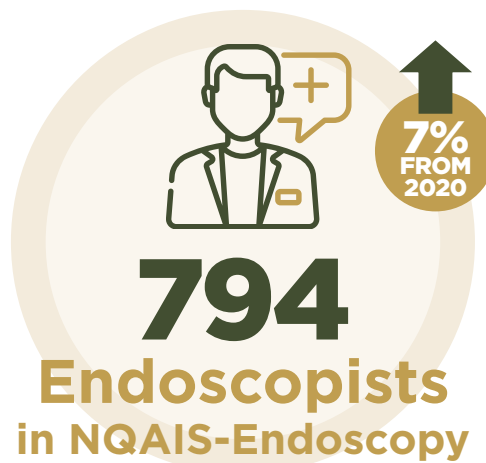
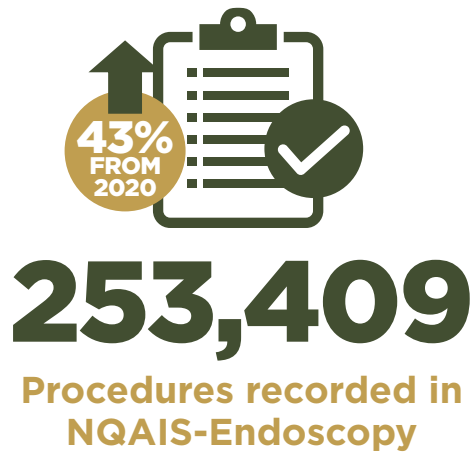
# KEY FINDINGS

1.	The number of procedures captured in NQAIS-Endoscopy saw an increase of 12.6% (28,340) when compared to 2019. However, it should be noted that the 2022 data contain three more hospitals than the 2019 dataset. If the three additional hospitals in the 2022 dataset that joined after 2019 are excluded, there remains an increase of 6.8% (16,288).
2.	There was an increase of 3.4% of endoscopists meeting the minimum target of greater than or equal to 90% of colonoscopies achieving caecal intubation in 2022 (75.9%) when compared to 2019 (72.5%). Although this increase indicates a continued improvement in the percentage of endoscopists meeting target, a quarter of endoscopists are still not meeting this target.
3.	In 2022, 38% of hospitals (18 out of 47) recorded meeting the minimum target of 90% of colonoscopies with bowel preparation recorded as excellent or adequate. This is a decrease of just 1% when compared to 39% in 2019 (17 of 44 hospitals) and a decrease of 11% compared to findings in 2020 (49%, 22 out of 45 hospitals).
4.	In 2022, 89% of endoscopists (672 out of 755) met the comfort score target of greater than or equal to 90% of colonoscopies with a comfort score or 1, 2, or 3. This is an increase of 3% compared to the percentage of endoscopists who met the target for this key quality indicator in both 2019 and 2020.
5.	In 2022, 79% of colonoscopies performed on patients aged 70 years and older received the target median dose of less than or equal to 3mg of midazolam. This is an increase of 11% when compared to the 68% of colonoscopies receiving the less than or equal to 3mg in 2019 and an increase of 6% compared to 2020.
6.	In 2022, 85% of endoscopists achieved a duodenal second part intubation rate of greater than or equal to 95%. This was 5% more than the percentage of endoscopists who met the target for this KQI in 2020 and 1% more than 2019.
7.	In 2022, 81% of endoscopists met the target for polyp detection rate. This was unchanged from findings reported in 2019 however, it has increased over 10% since national data reporting began in 2016.

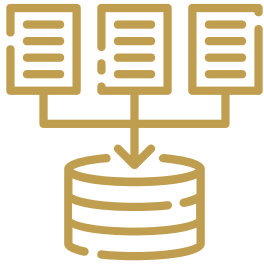
# SUMMARY POINTS



## 8th National Data Report



# PROGRAMME HIGHLIGHTS

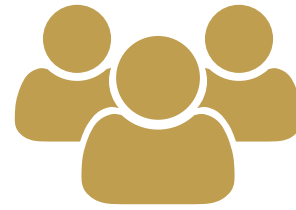


## ERCP Data

Collection of ERCP data from participating hospitals began in 2022.

## Presentation of QI initiatives to 2022 Conference

Louth Hospital's Bowel Preparation Video



## 3 New Working Group Members

Dr Carthage Moran,  
Dr Karen Hartery,  
Mr Colin Pierce



## 3 New Participating Hospitals

Roll out of NEQI Programme to 3 additional private hospitals.

## Data Sharing

Establishment of a 6 monthly data sharing agreement with Acute Operations Endoscopy Programme



## Endoscopy Reporting Systems

Involvement in the development of a new national endoscopy reporting system



## NEQI Annual Conference

# 2022

# 94

PARTICIPANTS

NEW NEQI  
PROGRAMME  
WEBSITE  
LAUNCHED IN 2022

[CLICK HERE](#)





# APPENDIX A: DETAILED RECOMMENDATIONS

TABLE A.3.1 RECOMMENDATION CHAPTER 3 NUMBER 1

The NEQI Programme recommend that a protected time allocation of 1 hour per week for all local clinical leads, 1.5 hours per week for NEQI working group members and 2 hours per week for the working group chair are implemented to carry out the activities associated with these roles.

In relation to public hospitals, following discussions between the NEQI Programme and HSE Acute Operations, Acute Operations have agreed to be the assigned owner for this recommendation.

WHO BENEFITS FROM THE RECOMMENDATION?	<ul style="list-style-type: none"> <li>• Patients/ members of public availing of endoscopy services in Ireland.</li> <li>• The endoscopy workforce of Ireland               <ul style="list-style-type: none"> <li>- Medical staff under the scope of endoscopy</li> <li>- Other healthcare professionals working under scope of endoscopy</li> </ul> </li> <li>• Hospital-based services availing of endoscopy services in Ireland.</li> <li>• Community based services availing of endoscopy services in Ireland.</li> <li>• Endoscopists / other healthcare professionals involved in research and development in the field of endoscopy.</li> <li>• Trainee endoscopists and other healthcare professionals working within the scope of endoscopy</li> <li>• Those participating in the NEQI programme</li> <li>• Working Group members of the NEQI programme</li> </ul>
WHO OWNS THE ACTION?	<ul style="list-style-type: none"> <li>• Acute Operations, HSE</li> </ul>
WHAT ACTION SHOULD BE TAKEN?	<ul style="list-style-type: none"> <li>• Protected time to be assigned to local quality improvement clinical leads, NEQI working group members and the NEQI working group chair, as recommended by the NEQI working group as 1 hr/week, 1.5 hrs/week and 2 hrs/week respectively.</li> </ul>
RATIONALE FOR THIS RECOMMENDATION	<ul style="list-style-type: none"> <li>• The NEQI programme relies on consultant endoscopists taking on the roles of QI clinical leads locally in a volunteer capacity. In addition, the working group members and chair dedicate significant time to the running of the programme at a national level also on a volunteer basis.</li> <li>• The benefits of the programme in maintaining appropriate standards in the Irish endoscopy services is well documented but cannot be realised without the time devoted by the endoscopy workforce.</li> <li>• Current data show that the volumes of colonoscopies, OGDs and FSigs have been steadily rising throughout the years since the introduction of the NEQI Programme.</li> <li>• Protected time is required to ensure data are collected and submitted to the national dataset, providing findings both locally and nationally and to ultimately allow vital clinical audit and quality improvement initiatives to take place, with the ultimate aim of ensuring the highest clinical standards are achieved and maintained.</li> <li>• Dedicated protected time that is well defined is required to enable this to happen. Clinicians require allocated time within their working hours to assist with this.</li> <li>• The role of the QI clinical lead, the NEQI working group members and chair involve an undertaking of a significant number of responsibilities and duties on a regular basis and in order for this to be carried out efficiently and effectively dedicated time is required.</li> </ul>

**RATIONALE FOR THIS  
RECOMMENDATION  
(CONTINUED)**

**Role of the QI Clinical Lead locally:**

Such duties involve:

- Overseeing the management of the programme locally (along with the local operation manager).
- Ensuring compliance is adhered to and investigating if not.
- Analysing data uploads and reports and using them effectively to assess areas in need of improvement/ areas meeting defined targets
- Reporting to hospital management on a quarterly basis around KQIs achieved locally, and using NQAIS data and their enrolment in the programme to highlight areas requiring attention

**Role of the NHQI Working Group Members:**

Such duties involve:

- Attend monthly NEQI working group meeting. Efforts are made to ensure meetings are between 1-2 hours long.
- Responding in a timely fashion to WG meeting invite to ensure meetings can take place with appropriate quorum
- Actively participate in meetings through attendance, discussion and review, completing corresponding tasks as and when required.
- Review of monthly decisions and actions from NEQI working group meeting.
- Responding to any queries raised by participants of the programmes in a timely manner.
- Review of correspondence from programme management and respond if required.
- Involvement in a considered review to any data requests submitted to the programme for NEQI data and respond in a timely manner to these.
- Assisting programme management in any issues that arise around compliance within the programme.
- Actively contributing to any updates for the programme, such as programme Guidelines, amendments to upload schedule, expressions of interest for new members.
- Actively contributing to the annual National Data Report and overseeing its final version for publication. This involves numerous reviews over a number of months providing expert advice on findings and recommendations.
- Attendance at the annual QI conference and contribution to any material that may be presented at it if required.
- Advocating for the programme by bringing information on the QI Programme, including the latest version of the QI Guidelines to hospital management.
- Supporting open discussion and debate, and encourage fellow Working Group members to voice their insights
- Research and generate specialist programme documentation as required

**Role of the NHQI Working Group Chair:**

Additional duties to the above involve:

- Provide leadership within the working group and act as a strong advocate of the QI Programme.
- Encourage participation from working group members.
- Delegate tasks appropriately within the working group.
- Chair the monthly Working Group meeting and determine final agenda for such meeting.
- Review monthly compliance of participants with Programme Management.
- Format any correspondence required on behalf of the programme/working group to outside parties.
- Present at conferences as the NEQI Programme representative.
- Drive decision making on key programme activities within the working group.
- Resolve conflict that may arise in the course of working group meetings.
- Identify and seek resolution on working group issues which require input or steer from outside of the group.
- Continually review the progress of the programme with the programme manager.
- Represent the working group at the steering committee and other relevant forums.
- Identify an alternate to represent the working group at forums when not available.



### Compliance Data Upload Schedule

- A review of compliance over the years has shown difficulties maintaining the programme upload schedule of quarterly uploads for participating units. The programme request that quarterly uploads occur. The programme therefore aims to have the full year data uploads from participating units by the end of March for inclusion in the national data report, giving hospitals 3 months to complete the upload of Q4 data from the previous year. In 2023, 69% hospitals had completed full uploads by this time, compared to 68% in 2022 and 62% in 2021. On investigation, programme management found that time pressures were a common theme.

### Growing Workload

- Figures from this year's report show the highest recorded values since the initiation of the programme, with procedure numbers reaching 257,903. If the three additional hospitals in the 2022 dataset who joined after 2019 are excluded, there remains an increase of 16,288. This represents an increase of 6.8%. The growth in workload of hospitals is evident over this time frame even when additional hospitals in the national data set are accounted for.
- With workload growing and complexities increasing the need for clinical audit and quality improvement work is growing also.

**TABLE A.3.2 RECOMMENDATION CHAPTER 3 NUMBER 2**

**The NEQI Programme recommend that appropriate triaging methods, such as Faecal Immunochemical Tests, are implemented for hospitals that are experiencing longer waiting lists for colonoscopies as a result of increased workload.**

<b>WHO BENEFITS FROM THE RECOMMENDATION?</b>	<ul style="list-style-type: none"> <li>• Patients/ members of public availing of endoscopy services in Ireland.</li> <li>• The endoscopy workforce of Ireland <ul style="list-style-type: none"> <li>- Medical staff under the scope of endoscopy</li> <li>- Other healthcare professionals working under scope of endoscopy.</li> </ul> </li> <li>• Hospital-based services availing of endoscopy services in Ireland.</li> <li>• Community based services availing of endoscopy services in Ireland.</li> <li>• Those participating in the NEQI programme.</li> </ul>
<b>WHO OWNS THE ACTION?</b>	<ul style="list-style-type: none"> <li>• HSE Acute Operations National Endoscopy Programme</li> </ul>
<b>WHAT ACTION SHOULD BE TAKEN?</b>	<ul style="list-style-type: none"> <li>• The HSE Acute Operations National Endoscopy Programme should examine evidence for the effectiveness of FI Testing, and other triaging methods such as urea and blood tests, in addressing the growing waiting lists for colonoscopies.</li> </ul>
<b>RATIONALE FOR THIS RECOMMENDATION</b>	<ul style="list-style-type: none"> <li>• Current data show that the volumes of colonoscopies, OGDs and FSigs have been steadily rising throughout the years since the introduction of the NEQI Programme.</li> </ul>
<b>EVIDENCE BASE</b>	<p><b>Year on Year Workload Figures</b></p> <ul style="list-style-type: none"> <li>• Figures from this year's report show the highest recorded values since the initiation of the programme, with procedure numbers reaching 257,903. If the three additional hospitals in the 2022 dataset who joined after 2019 are excluded, there remains an increase of 16,288. This represents an increase of 6.8%. The growth in workload of hospitals is evident over this time frame even when additional hospitals in the national data set are accounted for.</li> <li>• With workload growing and complexities increasing the need for clinical audit and quality improvement work is growing also.</li> </ul>

**TABLE A.2.1 RECOMMENDATION CHAPTER 2 NUMBER 1**

**The NEQI Programme recommend that the process of uploading data to NQAIS-Endoscopy be automated in order to reduce the impact on local operational manager's workload while increasing upload compliance.**

<b>WHO BENEFITS FROM THE RECOMMENDATION?</b>	<ul style="list-style-type: none"> <li>• Participating endoscopy units.</li> <li>• Local operational managers and clinical leads.</li> <li>• HSE Acute Operations and other departments utilising national endoscopy data.</li> <li>• Hospital-based services and community-based organisations utilising data related to the endoscopy services in Ireland.</li> <li>• Endoscopists / other healthcare professionals involved in research and development in the field of endoscopy.</li> <li>• Trainee endoscopists and other healthcare professionals working within the scope of endoscopy.</li> <li>• NEQI Programme management</li> <li>• Patients/ members of public availing of endoscopy services in Ireland</li> </ul>
<b>WHO OWNS THE ACTION?</b>	<ul style="list-style-type: none"> <li>• NEQI Programme Management, RCPI</li> </ul>
<b>WHAT ACTION SHOULD BE TAKEN?</b>	<ul style="list-style-type: none"> <li>• NEQI Programme Management should begin the process of facilitating an automated upload to NQAIS-Endoscopy from participating endoscopy reporting systems through initiating discussions with HSE eHealth and relevant vendors.</li> <li>• NQAIS-Endoscopy should be updated to allow for ERSs to automatically upload data in an agreed time frame.</li> <li>• Data quality checks and clinical lead sign off should be retained.</li> </ul>
<b>RATIONALE FOR THIS RECOMMENDATION</b>	<ul style="list-style-type: none"> <li>• The NEQI programme relies on local operational managers uploading data to NQAIS-Endoscopy on a quarterly basis.</li> <li>• As a result of staff turnover, frequent retraining of participating sites is required by the vendor of the endoscopy reporting system.</li> <li>• Given the manual nature of the upload, there is also a possibility to allow LOMs to reallocate valuable working hours should this issue be addressed.</li> <li>• Automated uploads could address the two main issues affecting upload compliance: <ul style="list-style-type: none"> <li>- Lack of LOM training in creating the upload</li> <li>- Lack of time required to create the upload.</li> </ul> </li> <li>• An automated upload has the potential to facilitate a more frequent data upload to NQAIS-Endoscopy and could therefore increase the impact of the data available by making it even more real time.</li> <li>• Automated uploads and increased compliance will allow NEQI Programme Management to create national reports in a more timely manner due to increased levels of data compliance.</li> <li>• The NEQI Programme will maintain clinical sign-off of data uploads for any agreed automation process.</li> <li>• When data is not uploaded and signed off in a timely fashion, local and national data it cannot be used accurately for comparative analysis with other years not can it be used for research purposes.</li> </ul>
<b>EVIDENCE BASE</b>	<p><b>Compliance Data Upload Schedule</b></p> <ul style="list-style-type: none"> <li>• A review of compliance over the years has shown difficulties maintaining the programme upload schedule of quarterly uploads for participating units. The programme request that quarterly uploads occur. The programme therefore aims to have the full year data uploads from participating units by the end of March for inclusion in the national data report, giving hospitals 3 months to complete the upload of Q4 data from the previous year.</li> <li>• In 2023, 70% of hospitals had completed full uploads by this time, compared to 68% in 2022 and 65% in 2021. On investigation, Programme Management found that time pressures were a common theme.</li> </ul>

**TABLE A.6.1 RECOMMENDATION CHAPTER 6 NUMBER 1**

The NEQI Programme recommends that hospitals 1) examine the possibility of making 1mg/ml sedation doses available to endoscopists to facilitate more precise titration of midazolam dosing. 2) analyse the potential benefits to the patient of reducing high sedation doses while maintaining a safe, quality endoscopy and comfortable patient experience.

<b>WHO BENEFITS FROM THE RECOMMENDATION?</b>	<ul style="list-style-type: none"> <li>• Patients/ members of public availing of endoscopy services in Ireland.</li> <li>• The endoscopy workforce of Ireland <ul style="list-style-type: none"> <li>- Medical staff under the scope of endoscopy</li> <li>- Other healthcare professionals working under scope of endoscopy.</li> </ul> </li> <li>• Hospital-based services availing of endoscopy services in Ireland.</li> <li>• Community based services availing of endoscopy services in Ireland.</li> <li>• Those participating in the NEQI programme.</li> </ul>
<b>WHO OWNS THE ACTION?</b>	<ul style="list-style-type: none"> <li>• HSE Acute Operations National Endoscopy Programme</li> </ul>
<b>WHAT ACTION SHOULD BE TAKEN?</b>	<ul style="list-style-type: none"> <li>• The recommendation owner should examine the possibility to provide of smaller doses of sedation, such as 1mg/ml, and how to measure the potential benefits to patients' safety, patient comfort, and ability to work through patient lists.</li> </ul>
<b>RATIONALE FOR THIS RECOMMENDATION</b>	<ul style="list-style-type: none"> <li>• Data from the NEQI national data reports show that there is variation in hospitals on the median amount of midazolam administered to patients aged 70 years and older. The NEQI recommends that a median of 3mg is administered for this patient group. As the sedation is not always available in 1mg/ml doses, some endoscopists may not be able to administer this target median and will instead administer multiples of 2mg/ml.</li> </ul>
<b>EVIDENCE BASE</b>	<p><b>NEQI National Data Report figures for Sedation doses:</b></p> <ul style="list-style-type: none"> <li>• In 2022, 73.4% of endoscopists met the target median dose of less than or equal to 3mg for midazolam in colonoscopies with patients aged 70 and older, meaning that 13.6% of endoscopists did not meet this target. While it is acknowledged that certain patients' cohorts and complexity of cases, resulting in higher doses being administered, the median is employed reflect the most common doses administered.</li> <li>• From 2018 to 2022, between 72.1% and 79.0% of endoscopists have met the target for this key quality indicator, with the highest percentage in 2019 (79%) and the lowest in 2018 (72.1%)</li> </ul>

**TABLE A.4.1 RECOMMENDATION CHAPTER 4 NUMBER 2**

The NEQI Programme recommend that hospitals ensure that the instructions provided to patients ahead of procedures, either via leaflet and/or video, be revised and enhanced to ensure that they are as clear as possible. This will help patients to interpret the preparation requirements easily and accurately, which will result in increased quality of bowel preparation and decrease the likelihood of repeat procedures as a consequence of poor bowel preparations. The written instructions should also be available in languages other than English which reflect the local population.

<b>WHO BENEFITS FROM THE RECOMMENDATION?</b>	<ul style="list-style-type: none"> <li>• Patients/ members of public availing of endoscopy services in Ireland.</li> <li>• The endoscopy workforce of Ireland <ul style="list-style-type: none"> <li>- Medical staff under the scope of endoscopy</li> <li>- Other healthcare professionals working under scope of endoscopy.</li> </ul> </li> <li>• Hospital-based services availing of endoscopy services in Ireland.</li> <li>• Community based services availing of endoscopy services in Ireland.</li> <li>• Those participating in the NEQI programme.</li> </ul>
<b>WHO OWNS THE ACTION?</b>	<ul style="list-style-type: none"> <li>• Participating hospitals</li> </ul>
<b>WHAT ACTION SHOULD BE TAKEN?</b>	<ul style="list-style-type: none"> <li>• Hospitals should explore whether providing enhanced written instructions, video instruction, and split dose bowel preparation could have a positive impact on bowel preparation scores in their unit.</li> </ul>
<b>RATIONALE FOR THIS RECOMMENDATION</b>	<ul style="list-style-type: none"> <li>• National data reports consistently show that the majority of participating hospitals are not meeting the minimum target for this KQI each year. Pre-assessment and triaging which occurred as a result of the pandemic restrictions are likely to have contributed to the increase in hospitals meeting the minimum target for bowel preparation in 2020.</li> </ul>
<b>EVIDENCE BASE</b>	<p><b>Percentage of hospitals meeting minimum bowel preparation target:</b></p> <ul style="list-style-type: none"> <li>• In 2022, 38% of hospitals (18 out of 47) recorded meeting the minimum target for bowel preparation. This is a decrease of just 1% when compared to 39% in 2019 (17 of 44 hospitals) and a decrease of 11% compared to 49% in 2020 (22 out of 45 hospitals).</li> <li>• From 2016 to 2022, less than 50% of hospitals have met the minimum target for bowel preparation each year.</li> </ul>

**TABLE A.4.1 RECOMMENDATION CHAPTER 4 NUMBER 1**

**The NEQI Programme recommend that any future endoscopy reporting system facilitate the differentiation between procedures performed primarily by Trainees and procedures performed primarily by consultant endoscopists.**

**Other splits should also be considered such as inpatient/outpatient procedures and physician/surgeon performed procedures.**

<b>WHO BENEFITS FROM THE RECOMMENDATION?</b>	<ul style="list-style-type: none"> <li>• Patients/ members of public availing of endoscopy services in Ireland.</li> <li>• The endoscopy workforce of Ireland <ul style="list-style-type: none"> <li>- Medical staff under the scope of endoscopy</li> <li>- Other healthcare professionals working under scope of endoscopy.</li> </ul> </li> <li>• Hospital-based services availing of endoscopy services in Ireland.</li> <li>• Endoscopy Trainees</li> <li>• Consultant Endoscopists</li> <li>• NEQI Programme</li> <li>• HSE National Quality and Patient Safety Directorate</li> <li>• HSE Acute Operations</li> </ul>
<b>WHO OWNS THE ACTION?</b>	<ul style="list-style-type: none"> <li>• National GI Endoscopy Quality Improvement Programme</li> </ul>
<b>WHAT ACTION SHOULD BE TAKEN?</b>	<ul style="list-style-type: none"> <li>• The NEQI Programme should ensure that any future updates to endoscopy reporting systems facilitate the differentiation between trainees and consultants in order to allow further analysis into the cohort of endoscopists who are/are not meeting targets for key quality indicators.</li> </ul>
<b>RATIONALE FOR THIS RECOMMENDATION</b>	<ul style="list-style-type: none"> <li>• Data presented in national data reports show that, despite the percentage of endoscopists meeting targets increasing across multiple KQIs, there remains approximately 25%-30% of endoscopists not meeting target. It is possible that this cohort may be comprised of Trainees, however changes to the ERS are required to confirm this.</li> </ul>
<b>EVIDENCE BASE</b>	<p><b>Data presented in National Data Reports:</b></p> <ul style="list-style-type: none"> <li>• The percentage of endoscopists meeting target for KQIs has increased year on year however a proportion remains who are not meeting target. Using caecal intubation rate as an example we can see that, although increases have been significant, the percentage not meeting target remains substantial: <ul style="list-style-type: none"> <li>- % of endoscopists not meeting CI Rate minimum target 2016 – 40%</li> <li>- % of endoscopists not meeting CI Rate minimum target 2017 – 32%</li> <li>- % of endoscopists not meeting CI Rate minimum target 2018 – 31%</li> <li>- % of endoscopists not meeting CI Rate minimum target 2019 – 27%</li> <li>- % of endoscopists not meeting CI Rate minimum target 2020 – 29%</li> <li>- % of endoscopists not meeting CI Rate minimum target 2022 – 24%</li> </ul> </li> </ul>





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