

National GI Endoscopy Quality Improvement Programme

7th National Data Report
A RETROSPECTIVE REVIEW 2016 - 2021



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 delighted to publish its 7th National Data Report this year. This report is a retrospective review of the NEQI Programme from 2016 to 2021. It highlights the evolution and achievements of the programme over a five-year period and provides analysis data from 2016 to 2020. The recommendations contained in this report have been proposed based on the experience of working group members over these years rather than on the analysis of a single year's dataset, as was the case in previous report. They are high-level and intended to provide guidance on endoscopy service improvements.

The decision to create this retrospective review was made following the effects of the May 2021 cyber-attack on HSE servers. As a result of this attack, participating hospitals had to use alternative methods for endoscopy reports, such as offline software and paper-based records. Although NQAIS-Endoscopy was not directly affected by the cyber-attack, the ability to collect reliable data for Q2 and Q3 in 2021 was interrupted. The report shows that with only 83% of data uploads completed for the year, comparison against previous years would not provide insightful analysis. Data that were uploaded retrospectively were also unverifiable as there was the potential for loss of data and transcription errors. For this reason, analysis against the previous pandemic affected years was not deemed viable.

This national data report contains a section which analyses the performance of the programme's participating sites combined from 2016 to 2020. By using whisker and box plots the report aims to determine whether overall improvements in key quality indicator (KQI) scores were the result of a small number of high performing units or if sites combined had increased overall.

The data show that there was a 1.4% increase in national caecal intubation rate between 2016-2020, with a 10% increase in the percentage of endoscopists meeting the minimum target for this KQI. Each year from 2016 to 2020 an increase in the median hospital score can be seen, from 92.3% in 2016 to 93.5% in 2020. A reduction in the number of outliers can be seen between 2017 and 2020. The lowest scoring hospital in 2020 had a 3.6% higher score than the lowest scoring hospital in 2016. A similar pattern is seen for polyp detection rates with the lowest and highest performing hospital in 2016 and 2020, recording a 7% and 11% increase respectively.

National bowel preparation rates remained below the minimum target between 2016 and Q2 2020, however showed an increase in Q3 and Q4 2020, meeting the minimum target for each month of these quarters. The NEQI working group believe that this increase in 2020 may be related to the introduction of nurse triaging during the pandemic and appears to corroborate the working group opinion that steps taken during the pandemic, predominantly the introduction of nurse triaging, had a significantly positive impact on bowel preparation.

The NEQI working group believes that overall, the information in this report highlights the benefit of participating in the NEQI Programme for participating hospitals. These data shows that participating hospitals are improving KQI scores over time, and the increase in national scores reported in previous national reports was not due to a small number of high performers, but rather an overall improvement for participating hospitals. The programme would like to take this opportunity to express its sincere thanks to the Local Operational Managers and the QI 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 National Specialty QI (NSQI) Programmes steering committee and to the NSQI QI programme management team, RCPI for their continuous support.

SUMMARY OF REPORT

7th
National
Data Report

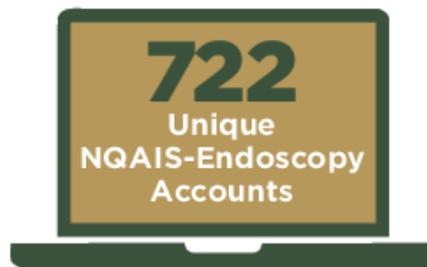


47
Hospitals
are now part of
NEQI Programme



44 CLINICAL
LEADS

43 LOCAL
OPERATIONAL
MANAGERS



1.4%
1.4% Increase
in National Caecal
Intubation Rate
between 2016-2020



10.1%
10.1% increase in
the percentage of
endoscopists meeting
the minimum target
for Caecal Intubation



3%
3.0% Increase
in Polyp Detection
Rates between
2016-2020



10.8%
10.8% increase in
the percentage of
endoscopists meeting
the minimum
target for Polyp
Detection Rate



968,266

Procedures captured
in NQAIS-Endoscopy
from 2016-2020

Annual number of procedures
in NQAIS-Endoscopy:

2016	172,567
2017	188,967
2018	210,148
2019	219,916
2020	176,668

29% Increase
of procedures
captured by
NQAIS-Endoscopy
between 2016-2020



1,117

Endoscopists
in NQAIS-Endoscopy
from 2016-2020

Annual numbers
of endoscopists in
NQAIS-Endoscopy:

2016	587
2017	619
2018	690
2019	708
2020	685

RECOMMENDATIONS

1	NQAIS-Endoscopy Upgrade <p>The NEQI working group recommend that NQAIS-Endoscopy is upgraded to enhance analytical capabilities and maximise the utilisation of data while also reducing the amount of work required to upload and maintain data. A degree of automation to the upload process is recommended to alleviate resource demands and lessen issues around staff turnover.</p>
2	Training and Resourcing <p>The NEQI working group recommend that particular care is given to the handover of QI programme duties. When a QI clinical lead or local operational manager is leaving their role, a process should be in place to ensure that the responsibilities associated with running the programme are handed over to a named individual. Where this cannot take place for any reason the programme manager should be informed. This handover and training is essential to ensure consistency in data uploads.</p>
3	Endoscopist Training <p>The NEQI working group recommend that NQAIS-Endoscopy data should be used by Trainees throughout their training period. To facilitate this, all new Trainees should be made familiar with the NEQI Programme and NQAIS-Endoscopy upon commencement of clinical rotations.</p>
4	Governance Oversight for Local Endoscopy Systems <p>The NEQI working group recommend the establishment of a single point of contact between public hospitals and providers of endoscopy reporting systems. This will reduce the duplication of contracts and enhance version control for software in different hospitals. This point of contact would also enable a streamlined process for changes in relation to data collected for QI purposes.</p>
5	Individual Health Identifier <p>The NEQI working group strongly support the introduction of an Individual Health Identifier (IHI) that will facilitate a link between histology and endoscopy data, presenting an opportunity to collect adenoma detection rates at a national level. The introduction of an IHI as part of the eHealth Strategy for Ireland would facilitate the creation of a more integrated national database which could lead to the development of new KQIs and/or refining of existing KQIs.</p>
6	Protected Time for Quality Improvement <p>The NEQI working group recommend that protected time is afforded to clinicians in order to carry out QI activities. The NEQI working group acknowledge that due to the increase in volume and complexity of cases it is now more vital than ever that protected time is guaranteed. This will facilitate the review of processes and contribute to quality improvements locally that will positively impact patient care.</p>