



Remediation Program to Improve Quality in Colonoscopy [Sample Plan]

- I. All endoscopists using the Gastrointestinal Endoscopy Unit for screening colonoscopy will have at least 25 randomly chosen screening colonoscopies evaluated annually for adenoma detection rates (ADRs).
- II. Endoscopist(s) who have ADRs falling below 30% for males or 20% for females will be identified. At least 25 additional cases from the endoscopist(s) in question will be evaluated to increase the power of the endoscopist's ADR data. If the ADR continues to fall below the standard of 30% for males and 20% for females, the following remediation program will be initiated:
 - a. The indications for colorectal cancer screening will be evaluated to ensure the procedures are appropriate.
 - b. The endoscopist's colonic preparation technique will be evaluated and ensure he/she is using a small volume, split-dose preparation.
 - c. Colonic preparation instructions will be reviewed to ensure they are appropriate, clear, concise, and easy to follow.
 - d. Cecal intubation rates will be calculated evidenced by two landmark pictures to confirm cecal intubation. Acceptable landmarks include but are not limited to: the appendiceal orifice, the ileocecal Valve, and the terminal ileum.
 - e. Withdrawal times will be measured and will be required to be in excess of 6 minutes.
- III. After 3 months in the remediation program, 50 subsequent colonoscopic screening cases will be evaluated.
 - If ADRs remain below benchmarks (30% for men, 25% for women), the endoscopist should be offered educational opportunities, such as completing online or live courses, watching webinars, or expert videos, and the practice leader should discuss with the endoscopist techniques to improve ADR, such as longer withdrawal time, improving inspection technique, use of water immersion, etc.
 - If ADR continues to remain low, proctoring may be considered. Proctoring from an approved endoscopist(s) will be recommended for 10 cases to assess endoscopic technique and offer recommendations to improve the quality of the colonoscopic examination.
- IV. Once proctoring has been performed, 50 subsequent screening colonoscopies will be evaluated for the ADR. If this continues to fall below the standard of 30% for males and or 20% for females, the endoscopist will be formally reviewed at the monthly GI department conference to discuss the appropriateness of performing screening colonoscopies in the Gastrointestinal Endoscopy Unit at ABC Endoscopy Unit.

Additional Resources

- **Assembling an ADR Improvement Toolkit for Your Practice**
[Recorded](#) presentation by Aasma Shaukat, MD MPH, from February 2019
Complementary access given to [members](#) of the American Society for Gastrointestinal Endoscopy
- **Endoscopy Unit Recognition Program**
The ASGE Endoscopy Unit Recognition Program honors units that have demonstrated a commitment to delivering quality and safety as reflected in their unit policies, credentialing, staff training and competency assessment, and quality improvement activities. [Learn more.](#)