Quality Indicators for Colonoscopy[1,2]

SURGICAL COLLABORATIVE OF WISCONSIN

	Target (%)
Preprocedure	
Frequency with which…	
1. Colonoscopy is performed for an appropriate indication and documented	> 80
2. Informed consent is obtained and fully documented	> 98
3. Colonoscopies follow recommended post-polypectomy and post-cancer resection surveillance intervals and 10-year intervals between screening colonoscopies in average-risk patients who have negative examination results and adequate bowel cleansing	≥ 90 ≥ 90
4. Ulcerative colitis and Crohn's colitis surveillance is recommended in proper intervals	
Intraprocedure	
Frequency with which…	
5.The procedure note documents the quality of preparation	> 98
6. Bowel preparation is adequate to allow the use of recommended surveillance or screening intervals of outpatient examinations	>85 of outpatient exams
7. Visualization of the cecum by notation of landmarks and photodocumentation of landmarks is documented	
Cecal intubation rate with photography (all examinations)	≥ 90
Cecal intubation rate with photography (screening)	≥ 95
8. Adenomas are detected in asymptomatic average-risk individuals (screening)	
Adenoma detection rate for male/female population	≥ 25
Adenoma detection rate for male patients	≥ 30
Adenoma detection rate for female patients	≥ 20
9. Withdrawal time is measured	>98
Average withdrawal time in negative-result screening colonoscopies	≥ 6 min
10. Biopsy specimens are obtained when colonoscopy is performed for chronic diarrhea	> 98
11. Recommended tissue sampling when colonoscopy is performed for surveillance of ulcerative and Crohn's colitis	> 98
12. Endoscopic removal of pedunculated polyps and sessile polyps < 2 cm is attempted before surgical referral	> 98
Postprocedure	
13. Incidence of perforation by procedure type and post-polypectomy bleeding	
Incidence of perforation—all examinations	< 1:500
Incidence of perforation—screenings	< 1:1000
Incidence post-polypectomy bleeding	< 1
14. Frequency with which post-polypectomy bleeding is managed without surgery	≥ 90
15. Frequency with which appropriate recommendation for timing of repeat colonoscopy is documented and provided to the patient after histologic findings are reviewed	≥ 90

1 List of potential quality indicators from Rex DK, Schoenfeld PS, Cohen J, et al. Quality indicators for colonoscopy. *Gastrointestinal Endoscopy.* 2015.81;1:31-53.
2 Endorsed by the American Society for Gastrointestinal Endoscopy (ASGE), and the American College of Gastroenterology (ACG)

Table A. US Multi-Society Task Force Recommendations for Post-Colonoscopy Follow-up in Average-Risk Adults with Normal Colonoscopy or Adenomas[2,3,4]

Baseline colonoscopy finding	*Recommended interval for surveillance colonoscopy*	*Strength of recommendation*	*Quality of evidence*
Normal	10 y	Strong	High
*1-2 tubular ade*nomas < 10 mm	7-10 y	Strong	Moderate
3-4 tubular adenomas < 10 mm	3-5 y	Weak	Very low
5-10 tubular adenomas < 10 mm	3 y	Strong	Moderate
Adenoma ≥ 10 mm	3 y	Strong	High
Adenoma with tubulovillous or villous histology	3 y	Strong	Moderate
Adenoma with high-grade dysplasia	3 y	Strong	Moderate
> 10 adenomas on a single examination	1 y	Weak	Very low
Piecemeal resection of adenoma ≥ 10 mm	6 mo	Strong	Moderate

Table B. US Multi-Society Task Force Recommendations for Post-Colonoscopy Follow-up in Average-Risk Adults with Serrated Polyps[2,3,4]

Baseline colonoscopy finding	*Recommended interval for surveillance colonoscopy*	*Strength of recommendation*	*Quality of evidence*
≤ 20 HPs in rectum or sigmoid colon < 10 mm	10 y	Strong	Moderate
≤ 20 HPs proximal to sigmoid colon < 10 mm	10 y	Weak	Very low
1-2 SSPs < 10 mm	5-10 y	Weak	Very low
3-4 SSPs < 10 mm	3-5 y	Weak	Very low
5-10 SSPs < 10 mm	3 y	Weak	Very low
SSP ≥ 10 mm	3 y	Weak	Very low
SSP with dysplasia	3 y	Weak	Very low
HP ≥ 10 mm	3-5 y	Weak	Very low
TSA	3 y	Weak	Very low
Piecemeal resection of SSP ≥ 20 mm	6 mo	Strong	Moderate

3 Gupta S. Lieberman D, Anderson JC, et al. Recommendations for Follow-up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. *Gastrointestinal endoscopy.* 2020; 91(3):463-485.

HP = hyperplastic polyp; SSP = sessile serrated polyp; TSA = traditional serrated adenoma

4 Endorsed by the MSTF on Colorectal Cancer, the ASGE, the ACG, and the AGA