

Q28 Please list essential quality indicators of ER that should be prospectively monitored, recorded and acted upon if deficiencies are identified..

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Rates of intra-procedural and clinically significant post ER bleeding -Rates of residual or recurrent adenoma -Rates of unsuspected cancers -Rates of surgical management post ER	1/13/2018 6:50 AM
2	Severe procedural complications : perforations Incomplete and/or abandoned cases Local recurrence rate Late complication and readmission rate	12/7/2017 5:50 PM
3	- Complication rates - Recurrence rates - Requirement for surgery for complications - Requirement for surgery for incomplete ER - Requirement for surgery for malignancy on ER histology	12/3/2017 9:59 PM
4	% of radial resections	11/18/2017 9:39 PM
5	Unplanned readmission Significant delayed bleeding Perforations Surgical referral rate Residual/recurrence at SC1	11/14/2017 6:10 AM
6	1. Complication rate (especially perforation) 2. Incomplete resection rate at first procedure 3. Residual rate at follow-up	11/13/2017 1:55 PM
7	These can be classified as pre, intra and post procedural quality indicators: a. Pre-procedural quality indicators: - Rate at which documentation of a discussion of the risks, benefits, and alternatives to ER is obtained from the patient before embarking on this procedure (process measure, performance target >98%) - Centers in which colonic ER is performed should have available HD-WLE and optical chromoendoscopy and expertise in colonic ER (process measure) Intra-procedural metrics: - The rate at which the endoscopist describes the morphology using uniform grading systems (process measure, performance target >90%) - The rate at which the endoscopist achieves complete endoscopic resection (en bloc or piecemeal resection) (process measure, performance target >90%) - The rate of residual adenoma identified at surveillance endoscopy performed at 4-6 months and 16 months after the index colonoscopy (outcome measure, performance target for follow up at 4-6 months <20-30%, at 16 months <10%) Post procedural quality indicators: - The rate at which adverse events are being tracked and documented in individuals post colonic ER (process measure, >90%) - The rate at which adverse events are noted post colonic ER - post procedural bleeding and perforation (outcomes measure, bleeding rate <5% and perforation rate <1%) - The rate at which surveillance interval is documented post procedure (process measure, performance target >90%)	11/5/2017 3:58 PM
8	1. Intra and post procedural complications 2. Recurrence: Sydney resection quotient and if STSC was used 3. Patients referred to surgery prior to commencement of ER (i.e pre ER assessment deemed lesion to be more advanced) 4. Patients referred to surgery post/intra EMR for complications or more advanced pathology 5. Percentage of patients having/returning for surveillance colonoscopies	11/5/2017 3:40 AM
9	- Lesion characterization: accuracy for predicting SMIC and SM2 - R0 resections - Complication rate - Rate of Late recurrence - Rate of referred to surgery after endoscopic attempt	11/3/2017 3:11 PM
10	endoscopic completeness of excision complications photodocumentation adequacy of histology number of polyp cancers incompletely resected	11/3/2017 12:53 PM
11	Endoscopic radicality, recurrences, bleeding complications, perforations, other complications, adherence to follow-up	11/1/2017 11:50 AM
12	Number of procedure per year (lesions >20mm or complex referrals) Time from referral to procedure. Perforation. Hospitalisation post-procedure. Hospital admission post procedure with related complication. Recurrence of polyp. Referral to surgery for benign disease. Attempted resection of unrecognised malignancy. Timeliness of expected surveillance procedure. Patient satisfaction (including pain score)	10/31/2017 11:09 PM