2024

National GI Endoscopy Quality Improvement (NEQI) Programme

SUMMARY REPORT

What is the NEQI Programme?

The NEQI Programme was established in 2011 in response to cancer misdiagnosis reports to enhance quality improvements in local hospitals and nationally within endoscopy.

Reporting Period

1st January - 31st December **2024**

How is information collected and used by the Programme?

CLICK HERE FOR DETAILS

51
51 Hospitals Contributing Data

36
36/36 Public & Voluntary Hospitals

15
15/17 Private Hospitals

944
944 Endoscopists Involved

Key Quality Indicators

CLICK HERE FOR DETAILED DESCRIPTIONS AND TARGETS

COLONOSCOPY

- Caecal Intubation Rate
- Bowel Preparation
- Polyp Detection Rate
- Comfort Score

OESOPHAGOGASTRODUODENOSCOPY (OGD)

- Retroflexion
- Duodenal 2nd Part Intubation

SEDATION

- Midazolam (Over 70s) Colonoscopy and OGD
- Midazolam (Under 70s) Colonoscopy and OGD
- Fentanyl

Key Phrases and Words Help You Understand Report Findings

Endoscopist	Endoscope	Gastroenterologist
Gastrointestinal Endoscopy	Colonoscopy	Flexible Sigmoidoscopy
Oesophagogastroduodenoscopy		Recommendation
Key Quality Indicator	Median	Target

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Colonoscopy

Caecal Intubation Rate

MINIMUM TARGET IS ≥ 90%

- 96% of hospitals successfully met the target in 2024 (94% in 2023).
- 74.5% of endoscopists achieved the target in 2024 (75% in 2023).

Comfort Score

MINIMUM TARGET IS ≥ 90%

- In 2024, all hospitals met the target for comfort score, same as 2023.
- 93.2% of endoscopists met the comfort score target in 2024 (increase of 4.2%).

Polyp Detection Rate

MINIMUM TARGET ≥ 20%.

- All hospitals met the minimum target in 2024.
- 83.4% of endoscopists met this target in 2024 (0.3% decrease).

Bowel Preparation

MINIMUM TARGET IS ≥ 90%

- 43% of hospitals met the target in 2024 (2% decrease from 2023).

WHAT DOES THIS MEAN FOR PATIENTS?

The aim of reporting of these colonoscopy key quality indicators (KQI) is to try and ensure that patients experience a high-quality procedure. The information collected for these KQIs will tell us that a colonoscopy is complete, the procedure was thorough, how comfortable the patient was and how well the preparation for the procedure went for the patient. These factors in combination can help to reduce any possible errors and the risk of misdiagnosis while making sure that the patient's safety and experience goes well.

Oesophagogastroduodenoscopy (OGD)

Duodenal Second Part Intubation

MINIMUM TARGET IS ≥ 95%

- 94% of hospitals met the minimum target in 2024 (6% increase from 2023).
- 83.2% of Endoscopists met the target in 2024 (1.4% decrease from 2023).

Retroflexion

MINIMUM TARGET IS ≥ 95%

- 92% of hospitals met the target in 2024 (2% decrease from 2023).
- 81% of endoscopists met the target in 2024 (1.1% decrease from 2023).

WHAT DOES THIS MEAN FOR PATIENTS?

Gathering and reviewing information on duodenal second part intubation and retroflexion in upper GI endoscopy OGDs can help to confirm that the procedure was successful. This means that the endoscopist was able to reach the small bowel (duodenal second part) and that a full review of the stomach took place (retroflexion). These KQIs, when looked at together, help to make sure that an upper GI endoscopy procedure was carried out successfully and completed in full.

Sedation

AGE GROUPS ANALYSED

- Under 70 years of age (not reported nationally but available locally in each hospital).
- 70 years of age and older (reported in the NEQI programme).

SEDATION DRUG	TARGET DOSE MEASURED	2024 REPORT FINIDINGS
Midazolam	**Patients Aged 70 and over:** Median dose is ≤ 3mg administered per endoscopist.	**Colonoscopies:** 85.9% of endoscopists met the target in 2024 (an increase of 3.2% from 2023). **OGDs:** 90.6% of endoscopists met the target in 2024 (1.3% increase from 2023).
Fentanyl	**Patients Aged 70 and over:** Median dose is ≤ 50mcg administered per endoscopist.	**Colonoscopies:** 90.3% of endoscopists met the target in 2024 (1.6% increase from 2023).

WHAT DOES THIS MEAN FOR PATIENTS?

The NEQI Programme also focusses on the safety of sedation for patients undergoing these procedures. The report findings show us that patients are experiencing safer procedures and better outcomes. Higher doses of sedation can be linked with higher levels of risk for patients. The NEQI Programme recommends that sedation doses which minimise the patient's exposure to unnecessary risk are used. International evidence suggests this is particularly relevant for patients aged 70 years and older.

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KEY RECOMMENDATIONS

→ The NEQI Programme recommends that endoscopy teams are supported in implementing appropriate triaging methods, including nurse validation with appropriate administrative support, where longer waiting lists are experienced as a result of increased workload. National or international guidelines for triage in endoscopy should be used by endoscopy teams to ensure this recommendation is implemented using a standardised approach.

→ The NEQI Programme recommends that hospitals avail of formal pre-assessment with nurse involvement ahead of colonoscopies in order to help improve bowel preparation rates where appropriate. Increased bowel preparation scores are associated with more successful and complete procedures for patients. Reducing the need for repeat procedures as the result of poor preparation can positively impact waiting lists.

→ The NEQI Programme recommends that a standardised definition of a sedated procedure is developed. This is to be included in the NEQI guidelines and will improve the ability to analyse endoscopic procedures based on whether or not sedation was used. The responsibility for this recommendation should rest with the NEQI working group.

MESSAGE FROM OUR PPI REPRESENTATIVE

Ashling O'Leary

Patient and Public interest Representative, NSQI Steering Committee Vice Chair, Patients for Patient Safety Ireland

As a PPI representative in this team, we look at KQI's, which are the points of care monitored, thus the gold standards that are used to measure performance of care. These goals are set for every aspect of care we receive, from triage of requests to end of procedure. This ensures best practice is being monitored in all parts of our care, by all hospitals, and by all health care professionals involved, giving confidence that care is universally set to the same standard, in each health care setting. By having standards monitored regularly, we can also see areas that are not performing as well as expected. Any identified issues can be investigated by reviewing both national and international standards, and also by assessing past records, and records of other centres nationally. This ensures both staff and health care centres are aware of supports available to work with, and also that these results can be shared with management at all levels, thus keeping everyone involved and accountable for patient care.

Ashling O'Leary

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National Endoscopy Quality Improvement Programme
10th National Data Report

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