

2023

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 services.

Reporting Timeline



1st January -
31st December
2023

How is information collected and used by the Programme?

[CLICK HERE](#) FOR DETAILS



51

51 Hospitals
Contributing
Data



36

36 out of 36
Public &
Voluntary
Hospitals



15

15 out of 17
Private
Hospitals



898

898
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

National GI Endoscopy Quality Improvement Programme SUMMARY REPORT 2023

Colonoscopy



Caecal Intubation Rate

MINIMUM TARGET IS $\geq 90\%$

- 94% of hospitals met the target in 2023 (96% in 2022).
- 75% of endoscopists achieved the target in 2023 (76% in 2022).

Comfort Score

MINIMUM TARGET IS $\geq 90\%$

- All hospitals met the target in 2023 (similar to 2022).
- 89% of endoscopists met the target in 2023 (same in 2022).

Polyp Detection Rate

MINIMUM TARGET $\geq 20\%$.

- All hospitals met the target in 2023.
- 83.7% of endoscopists met this target in 2023 (2.7 % increase compared to 2022).

Bowel Preparation

MINIMUM TARGET IS $\geq 90\%$

- 45% of hospitals met target in 2023 (38% in 2022).

WHAT DOES THIS MEAN FOR PATIENTS?



The aim of reporting of these colonoscopy key quality indicators 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 $\geq 95\%$

- 88% of hospitals met the target in 2023 (3% decrease from 2022).
- 84.6% of endoscopists met the target in 2023 (0.4% decrease compared to 2022).

Retroflexion

MINIMUM TARGET IS $\geq 95\%$

- 94% of hospitals met the target in 2023 (2% decrease from 2022).
- 82.1% of endoscopists met the target in 2023 (1% decrease from 2022).

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). When looked at together, these KQIs 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 and over (reported on by NEQI Programme)

SEDATION DRUG	TARGET DOSE MEASURED	2023 REPORT FINDINGS
Midazolam	Patients Aged 70 and over: Median dose is $\leq 3\text{mg}$ administered per endoscopist.	Colonoscopies: 82.7% of endoscopists met the target in 2023, (a 0.2% increase from 2022). OGDs: 88.7% of endoscopists met the target in 2023, (a 5.4% increase from 2022).
Fentanyl	Patients Aged 70 and over: Median dose is $\leq 50\text{mcg}$ administered per endoscopist.	Colonoscopies: 88.7% of endoscopists met the target in 2023, (a 4.8% increase from 2022).

WHAT DOES THIS MEAN FOR PATIENTS?



The NEQI Programme also focusses on the safety of sedation for patients undergoing these procedures. Nowadays 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 enhanced patient information regarding bowel preparation is developed and provided to patients ahead of colonoscopies. The responsibility for this recommendation should rest with accountable management within endoscopy units in participating public, voluntary and private hospitals.
- The NEQI Programme recommends that participating endoscopy units make sure whether a colonoscopy or sigmoidoscopy is the most appropriate procedure for a given patient. Endoscopy units should ensure that an appropriate triaging policy is in place and that they closely monitor the ratio of sigmoidoscopies to colonoscopies. The responsibility for this recommendation should rest with accountable management within endoscopy units in participating public, voluntary and private hospitals.
- The NEQI Programme recommends that endoscopy teams are supported in implementing appropriate triaging methods where longer waiting lists are experienced as a result of increased workload. Endoscopy teams should triage using national or international guidelines for triage in endoscopy to ensure this recommendation is implemented using a standardised approach. National guidelines for triaging in upper and lower GI endoscopy can be found on the HSE Endoscopy Programme's website. Hospital management are encouraged to engage with consultants and endoscopy users' groups to determine whether triage could help address a demand/capacity mismatch. Careful consideration should be given to whether this is clinical or administrative validation. The responsibility for this recommendation should rest with accountable management within participating public, voluntary and private hospitals.



MESSAGE FROM OUR PPI REPRESENTATIVE

Ms. Ashling O'Leary

PPI Representative, NSQI Steering Committee
Vice Chair, Patients for Patient Safety Ireland



My name is Ashling O'Leary, from Patients for Patient Safety Ireland. I joined the NSQI Programmes as a patient partner this year, 2024, and in attending my first meeting was invited to assist on producing patient summary leaflets. As this was a new venture for all involved, there was lots of learning and plain English terms to be explored and measured. I learnt that by measuring audit information, it can improve patient

care by reviewing clinical performance against explicit standards [KQI]. This holds the endoscopy centres, as well as the medics involved, to a key set of standards, thus upholding best practice or patient experience in endoscopy care. But more importantly, it is the differences that we can measure, both in practices and standards, that result in identifying changes needed to improve both quality in care, and the experience we receive from accessing these procedures and outcome.

In working with this team, I was comforted and encouraged by how open and inclusive they were to my input, both positive and negative and we worked together to gain a better understanding of each other. By compiling this new summary leaflet, I hope it can give a better understanding on how care is monitored and achieved, in a short friendly version.

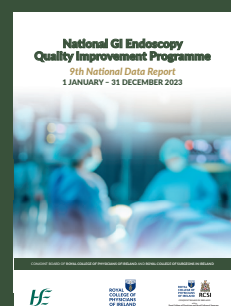
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National
Endoscopy
Quality
Improvement
Programme
**9th National
Data Report**

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