


**Cancer Care Ontario**      Confidential and Not for Distribution  
**Action Cancer Ontario**

## **ColonCancerCheck Update**

**Sharpening the Focus on Colonoscopy Quality**

**Dr. Linda Rabeneck**  
VP, Prevention and Cancer Control



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### **Outline**

- Background
- Colonoscopy standards
- Performance

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### **Background**

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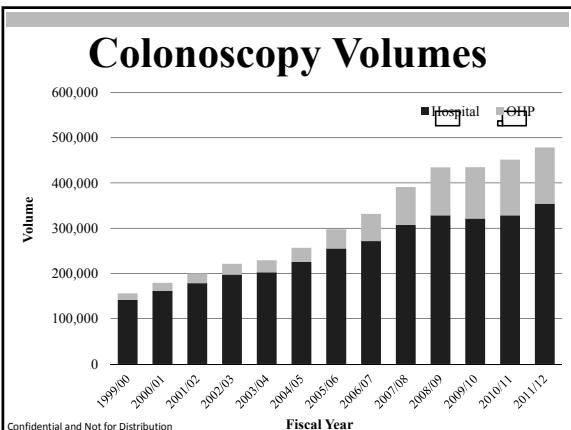
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- ### Volume of Colonoscopies (FY 2011/12)
- Surgeons: 50%
  - Gastroenterologists: 32%
  - Internal medicine: 17%
  - Family physicians: 1%
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- ### Colonoscopy Interim Reporting Tool (CIRT)
- 61 hospitals (~50%)
  - Submit data monthly
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### Data Elements

- CIRT
  - Indication
  - Completeness
  - Bowel prep
  - Other
- OHIP
  - Extent
  - Polypectomy

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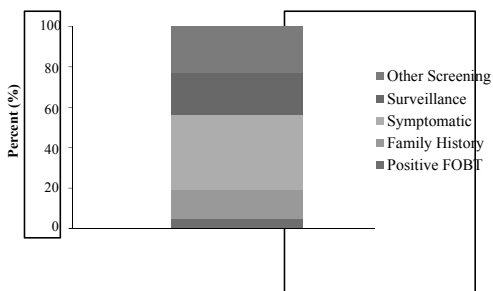
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### Volume by Indication (FY 2012/13)



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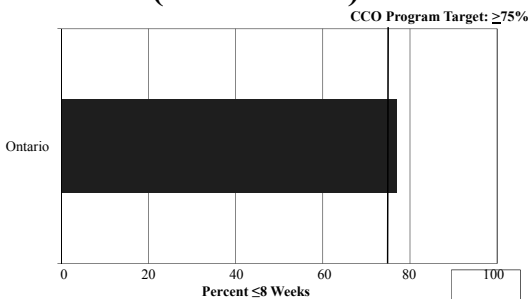
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### FOBT+ Colonoscopy Wait Times (FY 2012/13)



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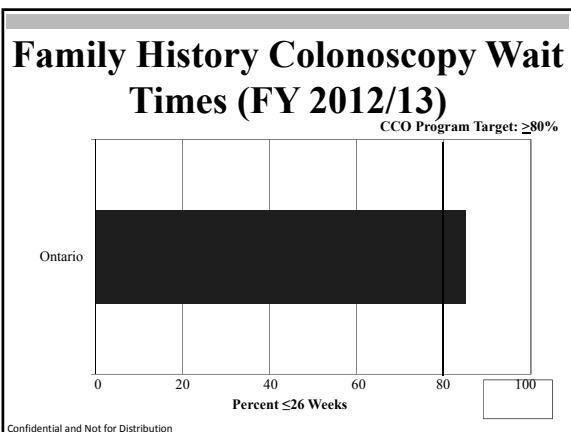
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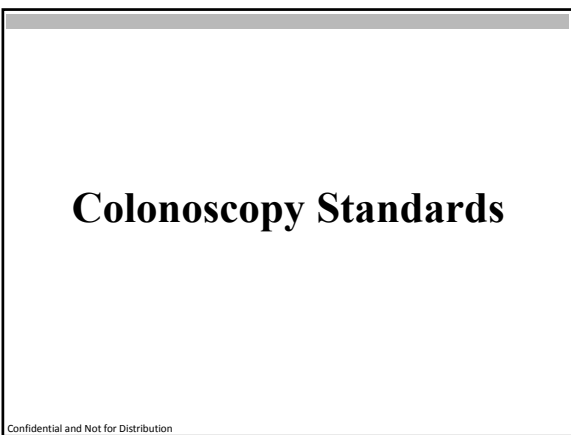
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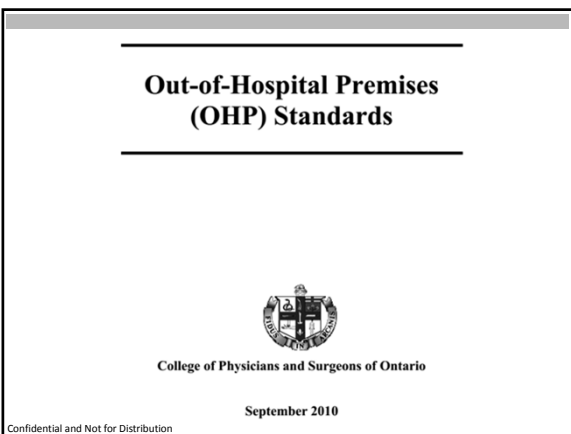
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## CCO Standards

- To provide the basis for a quality assurance program for all colonoscopy procedures in Ontario

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## CCO Colonoscopy Standards

- Original: 2007
- Updated: 2013

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[www.cancercare.on.ca](http://www.cancercare.on.ca)

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Evidence-Based Series #15-5 Version 2

A Quality Initiative of the  
Program in Evidence-Based Care (PEBC), Cancer Care Ontario (CCO)

Guideline for Colonoscopy Quality Assurance in Ontario

*J. Timmouth, E. Kennedy, D. Baron, M. Burke, S. Feinberg, M. Gould, N. Baxter, N. Lewis and  
the Colonoscopy Quality Assurance Guideline Expert Panel*

Original Report Date: October 9, 2007  
Current Report Date: September 9, 2013

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Can J Gastroenterol 2014;28:251-74.

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## **CCO Colonoscopy Guidelines (2013)**

- 1) Training and maintenance of competency
- 2) Institutional recommendations
- 3) Colonoscopy performance

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## **Training**

- GI: 2-year subspecialty training
- Others: cognitive and technical training over 6 months

Armstrong D et al. Can J Gastroenterol 2007;21(12):797-801.

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## **Attaining Competency**

- 85% cecal intubation rate (CIR)
- $\geq$  300 colonoscopies during training
- Cognitive proficiency

Sedlack RE. Gastrointest Endosc 2011;74(2):355-66.  
Spier B et al. Gastrointest Endosc 2010;71(2):319-24.

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**Granting, Maintaining and Renewing Privileges**

- $\geq 200$  colonoscopies/year with 95% CIR
- Change scope of practice: individualized education process (CPSO)
- Facility guidelines for privileging

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**Granting, Maintaining and Renewing Privileges: Evidence**

- Low volume endoscopists have higher complication rates
- Low volume endoscopists and post-colonoscopy CRC in some studies

Rabeneck L et al. Gastroenterology 2008;135(6):1899-906.  
Shah H et al. Gastroenterology 2007;132(7):65-72.  
Wexner SD et al. Surgical Endoscopy 2001;15:251-61.

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**Institutional Recommendations**

- Patient assessment
- Infection control
- Use of sedation
- Monitoring: conscious sedation
- Resuscitation capacity
- Video colonoscope

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**Colonoscopy Performance**

- Quality indicator
  - Sufficient evidence to recommend target
- Auditable outcome
  - Insufficient to recommend target but should be monitored

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Chilton A et al. NHS Cancer Screening Programmes 2010.  
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**Quality Indicators**

Indicator	Target
CIR	<ul style="list-style-type: none"> <li>• 95% (adequate bowel prep)</li> <li>• 90% (overall)</li> </ul>
Post-polypectomy bleeding	≤ 1 per 100 colonoscopies with polypectomy
Perforation	< 1 per 1,000 overall

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**Auditable Outcomes**

- Adenoma detection rate
- Polypectomy rate Monitor
- Bowel preparation
- Post-colonoscopy CRC
- Colonoscopy intervals

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# Performance

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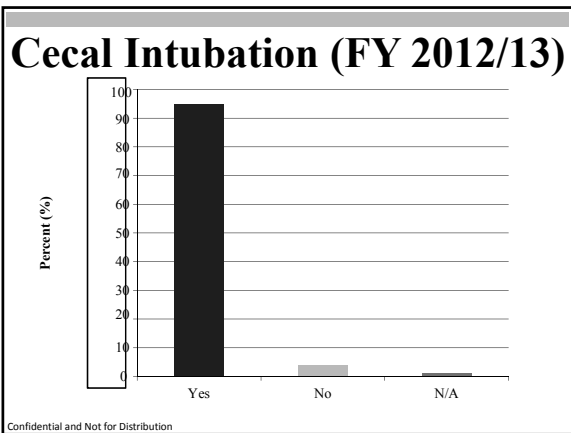
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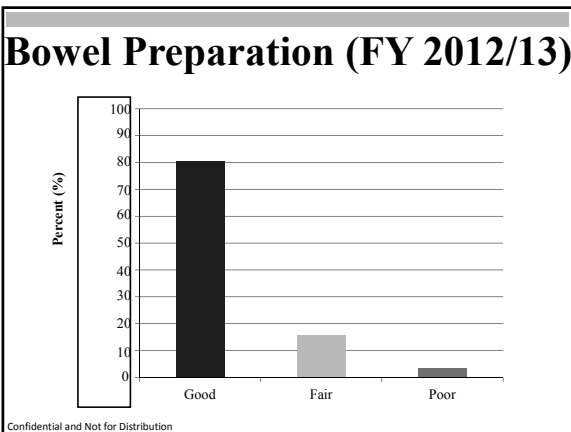
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## Summary

- Background
- Colonoscopy standards
- Performance

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## Thank You

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