

Clinical care standard indicators: colonoscopy

Identifying and definitional attributes

Metadata item type:	Indicator Set
Indicator set type:	Other
METEOR identifier:	697168
Registration status:	<ul style="list-style-type: none">• Australian Commission on Safety and Quality in Health Care, Standard 11/09/2018• Health, Standard 26/03/2019

Description: The Australian Commission on Safety and Quality in Health Care has produced these indicators to assist with local implementation of the Colonoscopy clinical care standard (ACSQHC 2018).

The Colonoscopy clinical care standard relates to the care of adults undergoing [colonoscopy](#) for screening, diagnosis, surveillance, or treatment. It covers the period from when a patient is referred for consideration of colonoscopy through to discharge including planning for follow-up care. The Colonoscopy clinical care standard is relevant to the care provided in primary and acute healthcare settings, including general practice, and public and private hospitals including day procedure services.

A clinical care standard is a small number of quality statements that describe the clinical care that a patient should be offered for a specific clinical condition. The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities. The indicators have been specified to align with the performance indicators that form part of the certification and recertification processes led by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE), a national body comprising representatives of the Royal Australasian College of Physicians (RACP), the Gastroenterological Society of Australia (GESA), and the Royal Australasian College of Surgeons (RACS).

The quality statements that are included in the Colonoscopy clinical care standard are as follows:

1. **Initial assessment and referral.** When a patient is referred for consideration of colonoscopy, the referral document provides sufficient information for the receiving clinician to assess the appropriateness, risk and urgency of consultation. The patient is allocated an appointment according to their clinical needs.
2. **Appropriate and timely colonoscopy.** A patient is offered timely colonoscopy when appropriate for screening, surveillance, or the investigation of signs or symptoms of bowel disease, as consistent with national evidence-based guidelines. Decisions are made in the context of the patient's ability to tolerate the bowel preparation and colonoscopy, and their likelihood of benefit. If colonoscopy is not appropriate, the receiving clinician advises the patient and their referring clinician of alternate recommended management.
3. **Informed decision making and consent.** Before starting bowel preparation, a patient receives comprehensive consumer-appropriate information about bowel preparation, the colonoscopy and sedation or anaesthesia. They have an opportunity to discuss the reason for the colonoscopy, its benefits, risks, financial costs and alternative options before deciding to proceed. Their understanding is assessed, and the information provided and their consent to sedation, colonoscopy and therapeutic intervention is documented.
4. **Bowel preparation.** A patient booked for colonoscopy receives a bowel preparation product and dosing regimen individualised to their needs, co-morbidities, regular medicines and previous response to bowel preparation. The importance of good bowel preparation for a quality colonoscopy is discussed with the patient. They are provided with consumer-appropriate

instructions on how to use the bowel preparation product and their understanding is confirmed.

5. **Sedation.** Before colonoscopy, a patient is assessed by an appropriately trained clinician to identify any increased risk, including cardiovascular, respiratory or airway compromise. The sedation is planned accordingly. The risks and benefits of sedation are discussed with the patient. Sedation is administered and the patient is monitored throughout the colonoscopy and recovery period in accordance with Australian and New Zealand College of Anaesthetists guidelines.
6. **Clinicians.** A patient's colonoscopy is performed by a credentialed clinician working within their scope of clinical practice, who meets the requirements of an accepted certification and recertification process. Sedation or anaesthesia and clinical support are provided by credentialed clinicians working within their scope of clinical practice.
7. **Procedure.** When a patient is undergoing colonoscopy their entire colon – including the caecum – is examined carefully and systematically. The adequacy of bowel preparation, clinical findings, biopsies, polyps removed, therapeutic interventions and details of any adverse events are documented. All polyps removed are submitted for histological examination.
8. **Discharge.** Following recovery and before discharge, the patient is advised verbally and in writing about the preliminary outcomes of the colonoscopy, the nature of any therapeutic interventions or adverse events, when to resume regular activities and medication, and arrangements for medical follow-up. The patient is discharged into the care of a responsible adult when it is safe to do so.
9. **Reporting and follow-up.** The colonoscopist communicates the reason for the colonoscopy, its findings, any histology results and recommendations for follow-up in writing to the general practitioner, any other relevant clinician and the patient, and documents this in the facility records. Recommendations for surveillance colonoscopy, if required, are consistent with national evidence-based guidelines. If more immediate treatment or follow-up is needed, appropriate arrangements are made by the colonoscopist.

Relational attributes

Related metadata references:

Has been superseded by [Clinical care standard indicators: colonoscopy](#)

- [Health](#), Qualified 19/09/2019

Indicators linked to this Indicator set:

[Colonoscopy clinical care standard indicators: 1-Proportion of patients scheduled for a colonoscopy whose bowel preparation was adequate](#)
[Australian Commission on Safety and Quality in Health Care](#), Standard 11/09/2018
[Health](#), Standard 26/03/2019

[Colonoscopy clinical care standard indicators: 2-Proportion of patients undergoing a colonoscopy who have their entire colon examined](#)
[Australian Commission on Safety and Quality in Health Care](#), Standard 11/09/2018
[Health](#), Standard 26/03/2019

[Colonoscopy clinical care standard indicators: 3-Proportion of patients who had a colonoscopy that detected one or more adenoma\(s\)](#)
[Australian Commission on Safety and Quality in Health Care](#), Standard 11/09/2018
[Health](#), Standard 26/03/2019

[Colonoscopy clinical care standard indicators: 4-Proportion of patients who had a colonoscopy that detected one or more sessile serrated adenoma\(s\) or sessile serrated polyp\(s\)](#)
[Australian Commission on Safety and Quality in Health Care](#), Standard 26/06/2019

Collection and usage attributes

National reporting arrangement:

This indicator specification has been developed to assist with the local implementation of the Colonoscopy clinical care standard (ACSQHC 2018). These indicators are intended for local use by colonoscopists, to monitor their results over time and support quality assurance processes.

Most of the data required by the indicator specifications cannot be sourced from routine collections. Colonoscopists will need to conduct prospective collections or retrospective medical records audits of all patients undergoing colonoscopy, for a specific time period. For most of the indicators, the time frame over which data are collected, or sourced from medical records, will be guided by the expected sample size. Samples need to be large enough to identify a change in compliance with the quality statement that is deemed meaningful between audit periods. This will vary by indicator.

Comments:

Monitoring the implementation of the Colonoscopy clinical care standard will assist in meeting some of the requirements of the National Safety and Quality Health Service (NSQHS) Standards (ACSQHC 2017).

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: [Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017](#)

<https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2018. Colonoscopy clinical care standard. Sydney: ACSQHC.

<https://www.safetyandquality.gov.au/wp-content/uploads/2018/09/D18-31374-Colonoscopy-Brochure-WEB-version-SEP-2018.pdf>