INTRODUCTION

Methods – I

- Participation by MDs from 13 Canadian centres.
- Data collected before, during and immediately after procedures over a period of at least 2 weeks.
- Real-time data collection software (ReFormXT, Gaonyware Software, Tulsa OK) on a smartphone (Treo 650, Palm Inc., Mississauga, ON) allowed prompt download to a secure website.
- Data presented on a secure, confidential website (ECD Solutions, Atlanta, GA) for review by MDs, in compliance with PA requirements.

Methods – II

- Procedure data recorded included:
  - Patient’s age bracket
  - Reason for colonoscopy
  - Investigation of abnormality – INV
  - Screening – SCR
  - Surveillance – SUR
  - Indications for colonoscopy
  - Interval since the patient’s last colonoscopy
  - Extent of the examination (cecum, ileum, etc.)
  - Quality of bowel preparation (Ottawa scale)
  - Findings (number of polyps, biopsies)
  - Sedation
  - Immediate complications
- Data were then downloaded to the secure website for subsequent review and comparison of personal data with previous data and comparison with national data.

Results – I

- Preliminary results available from 02/08 to 09/08.
- Results of 822 colonoscopies reported by 45 MDs (35 gastroenterologists and 11 surgeons).

Methods – III

- Preliminary results available from 02/08 to 09/08.
- Results of 822 colonoscopies reported by 45 MDs (35 gastroenterologists and 11 surgeons).

Results – II

- Mean cecal intubation rates (% / MD):
  - Overall: 93.9%
  - INV: 92.1%
  - SCR: 93.7%
  - SUR: 97.2%
- Median polyp detection rates per MD (% 95% CI):
  - Overall: 33.3% (29.4-40.0)
  - INV: 32.3% (21.4-37.5)
  - SCR: 35.2% (20.0-50.0)
  - SUR: 40.0% (33.3-60.0)

Discussion

- This study demonstrates the utility of real-time data collection:
  - Prompt web-based presentation of an individual’s data
  - Confidential data presentation
  - Feedback on personal performance and comparison with peer practice
  - Practical practice audit tool
  - Potential for improving colonoscopy practice
- Quality indicators can be measured, tracked and compared using the point-of-care data collection.
- In this Canadian study:
  - Cecal intubation rates exceed 90%.
  - Polyp detection rates exceed 30%.
  - However in 47.7% of procedures, the mean withdrawal time was < 6 mins.

Conclusions

- Real-time, practice audit for endoscopic procedures is feasible in clinical practice.
- It is possible to collect relevant quality indicators for colonoscopy.
- Practitioners, in clinical practice, can compare their own practice easily with that of their peers.
- Currently, a high proportion of withdrawal times do not conform to published targets.
- The current program provides:
  - A convenient mechanism for repeated evaluations of colonoscopic practice
  - A tool to monitor performance and outcomes in forthcoming colon cancer screening programs
  - A mechanism that will facilitate continuing professional development, maintenance of competence, and renewal of privileges for endoscopists in a variety of practice settings.
  - A means of evaluating current practice and conduct relevant needs analyses as a basis for future educational programs
  - A tool for developing ‘personal report cards’

Support for this research was provided by the Canadian Association of Gastroenterology.