

Implementation Tips

Background

In August 2024, The American College of Gastroenterology (ACG) and the American Society for Gastrointestinal Endoscopy (ASGE) issued latest recommendations on quality indicators for colonoscopy, the gold standard for colorectal cancer screening (CRC). This marks the latest update to the ASGE-ACG quality standards for colonoscopy.

This latest set of guidelines, published online and in the September print issues of [The American Journal of Gastroenterology \(AJG\)](#) and [GIE Gastrointestinal Endoscopy](#), emphasize the importance of determining, and measuring, priority quality indicators. While quality measurements related to extremely important measures, called *priority quality indicators*, are *essential* to the quality of colonoscopy, *other quality indicators* are *important* but *not essential* to the quality of colonoscopy. The *priority quality indicators* are *essential* to the quality of colonoscopy, and the *other quality indicators* are *important* but *not essential* to the quality of colonoscopy.

Implementation Tips

[Z'E HæZ'YJ EJO'RYHEO "CEHR'TR "CU'HY EJ "ZEHR'UO HZ ~fAE' HZE HæJ "JEnZE U CU'TJ OJCE UR' HæJ] fÆMf9
 • MÇUR'EJ] TÜR'UR'TÇU] CHC'EJO'RYHEO AE9?Ç HæJ U JCYMEJ UZÖR'T HZE ?Ç EJ U ÇR'UY HC'YJ] ZU YTEJJUR'UO
 colonoscopy only EæzMü] fÆMf9 HJ Ç "EZÜJ] HZ YJEÜJ CY Ç AE9?Ç HZE HæJ "JEnZE U CU'TJ OJCE
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FAQ3: Where should our team begin to implement the updated recommendations?

Priority indicators BJEJ R J JÜHREJ] to guide practices on indicators to focus on 7CYJ] ZU TÜR'UR'TÇU
 EJÜJÜCU'TJ JÜR] JÜTJ ZH ÖCER'CHÜJ "JEnZE U CU'TJ CU] JJC'YR'HRURHO ZH U JCYMEJ U JÜH HæJ "ERZERHO RÜ] RT'CHZEY
 for colonoscopy outlined are CY HZÜZB'Y BRHæ HæJ M " JCHJY UZHJ] They are ordered based on ease of
 implementation – from no change to change in performance thresholds to change in measure
 Y "JTRETCRZUY HZ Ç UJB U JCYMEJ

Rate of using recommended screening and surveillance intervals

Frequency with which colonoscopies follow recommended post-polypectomy and post-cancer resection surveillance intervals and frequency of 10-y intervals between screening colonoscopies in average risk patients who have negative examination results and adequate bowel cleansing.

- Measures assessing uYJ ZH Ç "EZ "ERCHJ YTEJJUR'UO CU] YMEÜJÜRÜCU'TJ RÜHJEÜCÜY remain unchanged.

Cecal intubation rate

Percentage of patients undergoing colonoscopy with intact colons who have full intubation of the cecum with photo documentation of cecal landmarks.

- The performance threshold for all T ZUZUZYTZ "RJY æCY HJJU RÜTEJC'YJ] HZE U HZ

Bowel preparation adequacy rate

Percentage of patients undergoing colonoscopy with adequate bowel preparation, preferably as Boston Bowel Preparation Scale score each of 3 colon segments or by description of the preparation as excellent, good, or adequate.

- ÓæRY U JCYMEJ EJ U ÇR'UY HæJ YC U J BRHæ JUTZMECÖJ U JÜH HZ U ZÜJ HZ Ç] Z "HRZU ZH HæJ 7ZYHZU 7ZBJÜ AEJ "CECHRZU ETÇUJ HZE JÜCUMCHRZU ZH HZBJÜ "EJ " Ç] J • MCTH
- The performance threshold has been increased from HZ 90%. For EURP honorees, HæJ ÖZÇU BCY CUEJC] H

Withdrawal time

Average withdrawal time in normal colonoscopies without biopsy sampling or polypectomies in persons aged 45 y undergoing screening, surveillance, or diagnostic colonoscopy. Patients with positive noncolonoscopy screening tests, genetic cancer syndrom

- The updated performance threshold applies to all colonoscopists – from high- to low-performing colonoscopists

diagnostic indications other than positive noncolonoscopy screening tests (e.g., fecal tests or CT ed by pathology. Patients with positive noncolonoscopy screening tests, genetic cancer syndromes (e.g., polyposis), IBD, or undergoing colonoscopy for therapy of known neoplasms are excluded from the calculation.

- The denominator has expanded for this measure to include all outpatient colonoscopies.
- The performance threshold $\frac{\text{Number of Colonoscopies with Adequate Preparation}}{\text{Total Number of Colonoscopies}} \geq 0.85$ should be used for the calculation, as an exception. While this does not represent a true threshold, it is the best estimate of the threshold for this measure. $\frac{\text{Number of Colonoscopies with Adequate Preparation}}{\text{Total Number of Colonoscopies}} \geq 0.85$ should be used for the calculation, as an exception. While this does not represent a true threshold, it is the best estimate of the threshold for this measure.
- The exclusions (FIT, Cologuard, blood test or CT colonography) should be excluded from the ADR calculation.
- Since publication of the last *quality indicators for colonoscopy* paper, stool-based $\frac{\text{Number of Colonoscopies with Adequate Preparation}}{\text{Total Number of Colonoscopies}} \geq 0.85$ should be excluded from the ADR calculation.

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- ÓæŕŸ ũ ĴčŸMEĴ ŸæZMü ĤĴ čŸŸĴŸŸĴ ĆĤ ČŮ žŮĴEčŮŮ EčĤĴ čŮ ĽžĤ ŸHEčĤREĴ Ĥθ ~čĤŖĴŮĤ ŸĴŋ čĤ ĤæŕŸ time.