



BON SECOURS HOSPITAL CORK

2024



ENDOSCOPY PATIENT SERVICE INFORMATION

Opening Hours

Monday - Friday 07.00 to 19.30



Visit Our Website

www.bonsecours.ie



Contact Us

(021) 454 2807



BON SECOURS HOSPITAL CORK

TABLE OF CONTENT

| | |
|---|----|
| • BSHC Introduction | 3 |
| • BSHC Our Governance | 5 |
| • BSHC Our KPIs | 6 |
| • BSHC Our Patients | 7 |
| • BSHC Our Accreditation & Staff | 8 |
| • BSHC Our Consultants | 9 |
| • BSHC Our Service | 10 |
| • BSHC Our Community | 11 |
| • Endoscopy Service Our Governance | 12 |
| • Endoscopy Service Our KPIs | 13 |
| • Endoscopy Service Our Patients | 14 |
| • Endoscopy Service Our Accreditation & Staff | 15 |
| • Endoscopy Service Our Sustainability | 16 |
| • Endoscopy Service Our Service | 17 |
| • Endoscopy Service Our FAQs | 19 |
| • Endoscopy Service Our Facilities | 23 |
| • Endoscopy Service Our Research | 26 |
| • Endoscopy Service Our Quality | 27 |
| Improvement Measures | |



BON SECOURS HOSPITAL CORK: OUR MISSION

To care for the sick, the dying and their families within a Catholic Ethos. Inspired by the Gospel and sharing in the healing mission of Jesus, we recognise the dignity and uniqueness of each person, seeking to provide high quality holistic care characterised by compassion, respect, justice and hope.

BON SECOURS HOSPITAL CORK: OUR VALUES



BON SECOURS HOSPITAL CORK: OUR VISION



A Leader in Healthcare



Empower Staff



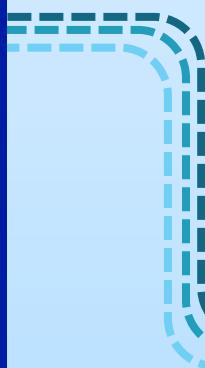
Reach out to the community



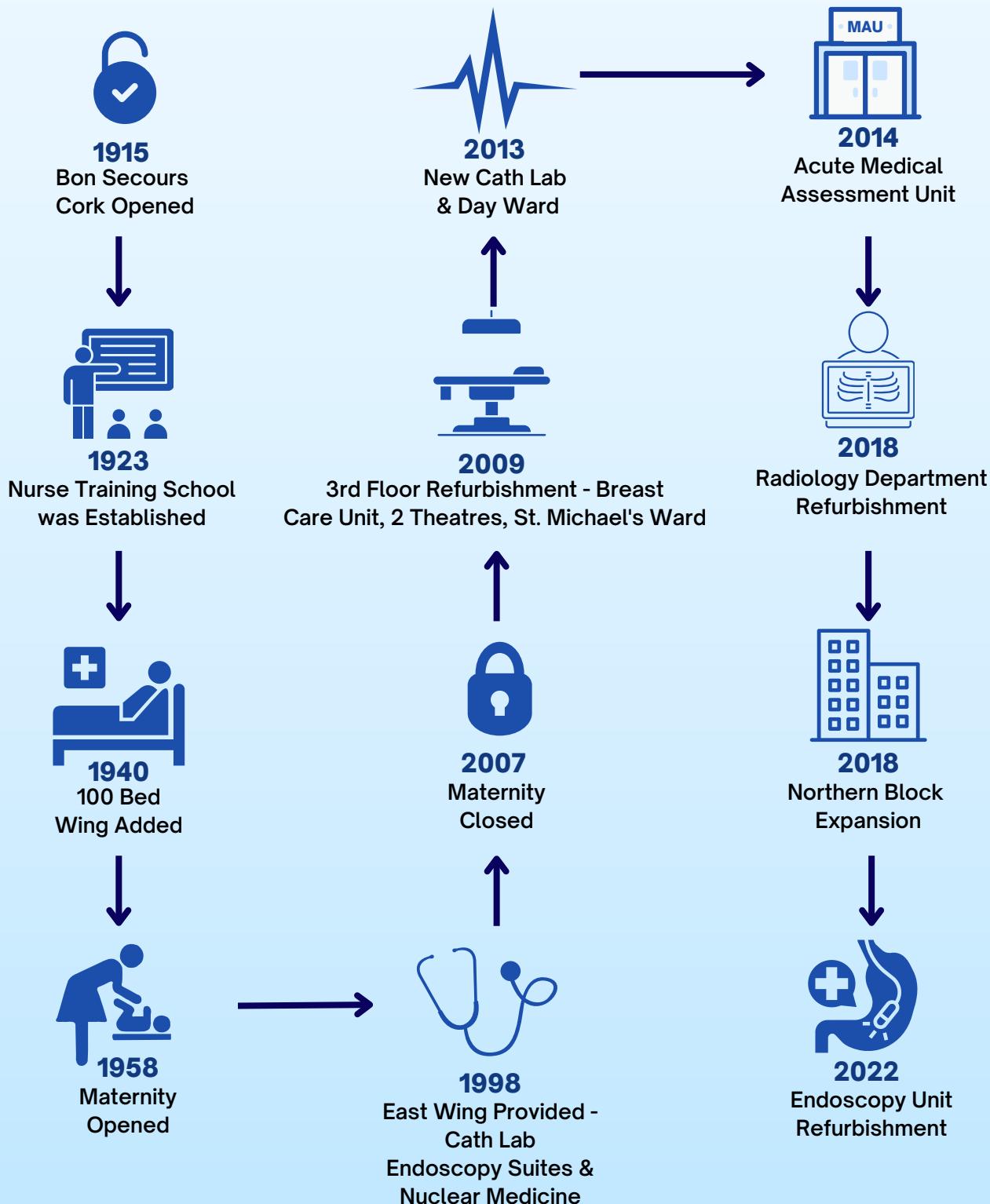
Be Innovative & Responsive to New Developments in Healthcare



Maintaining our Patient Friendly Environment

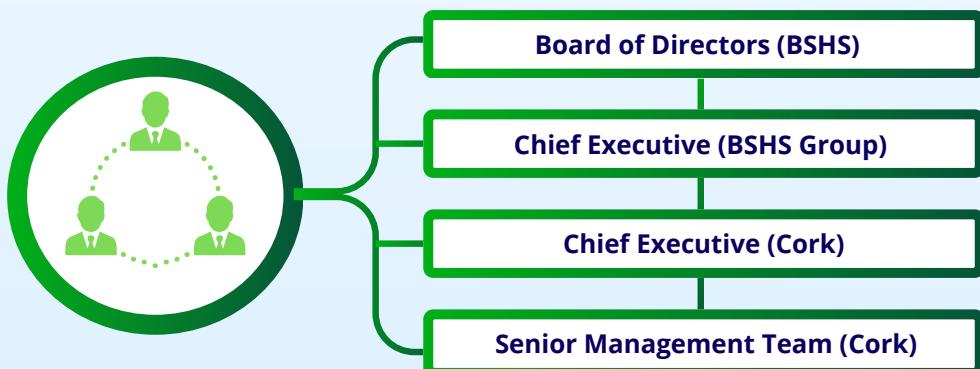


BON SECOURS HOSPITAL CORK: OUR HISTORY



BON SECOURS HOSPITAL CORK: OUR GOVERNANCE

BSHC is a member of the Bon Secours Health System Ireland (BSHS) along with four acute care services in Limerick, Galway, Dublin, Tralee and a care of the elderly service in St. Joseph's Care Village in Cork. BSHS is committed to ensuring that all patients and residents across the group receive the highest standard of care. BSHS has established robust and effective governance structures as a mechanism to ensure the hospital is accountable for all of its actions. BSHS is responsible for the safe and effective provision of services and has delegated responsibility for the management of the hospital to the Chief Executive Officer (CEO) and the Senior Management Team as shown below.



The Senior Management team in BSHC is led by the Chief Executive Officer and comprises of:

| | |
|--|---|
|  Cork CEO |  Business Manager |
|  Director of Nursing |  Quality & Risk Manager |
|  Mission Lead |  Head of Finance |
|  Head of HR |  Clinical Director |

Bon Secours Hospital Cork Senior Management Team - Led by Harry Canning (Cork CEO)

| | | | | | | | |
|---|---|--|---|---|---|---|---|
|  Harry Canning Cork CEO |  Paul Reidy Head of HR |  Nollaig Crowley Business Manager |  Ber Mulcahy Director of Nursing |  Fr. Dwayne Gavin Mission Lead |  Kieran Murphy Quality & Risk Manager |  Michael Russell Head of Finance |  Dr. Denise McCarthy Clinical Director |
|---|---|--|---|---|---|---|---|

BON SECOURS HOSPITAL CORK: KPI'S

Hospital Managerial Indicators

Indicators

- Bed Utilisation
- Theatre Utilisation
- Endoscopy Utilisation
- Cath Lab Utilisation
- Debtor Days
- Employee Incidents
- Net Promoter Score
- Profit & Loss



Hospital Clinical Indicators

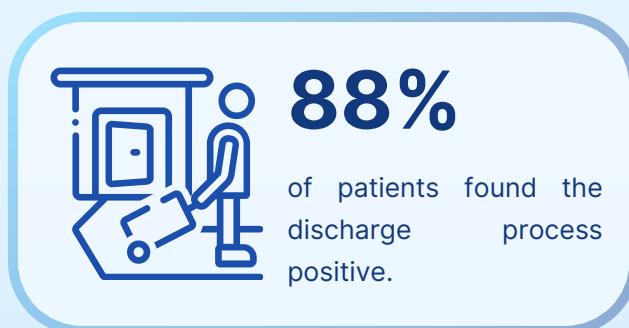
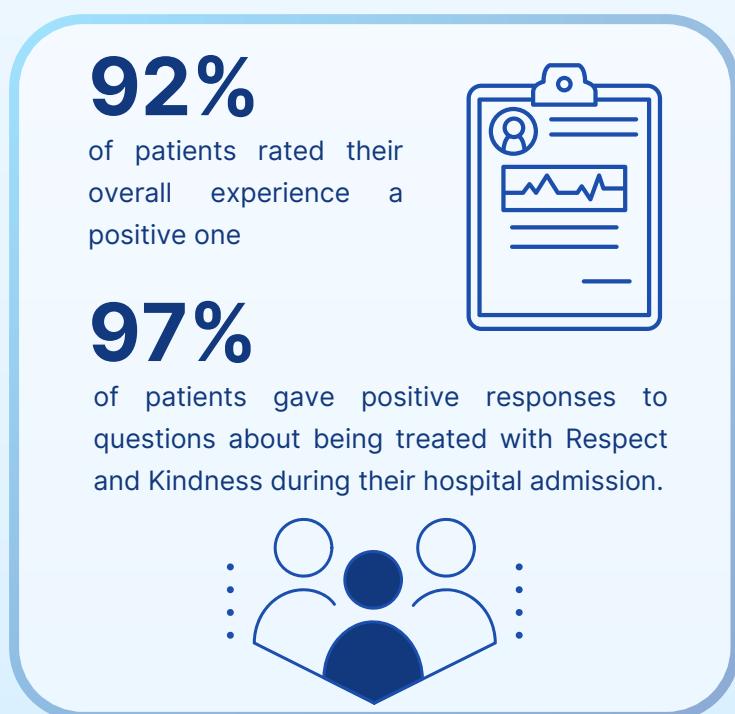
Categories

- Inpatient Admissions
- Day Case Admissions
- Number of Patient Deaths
- Rate of Mortality per 1,000 Discharges
- Falls per 1,000 Bed Days
- Medication Error Rate per 1,000 Bed Days
- Total Number of Returns to Theatre (Within Same Admission)
- Total Number of Returns to Theatre (Not Within Same Admission)
- Total Number of Employee Incidents
- Total Number of Complaints Received
- Medical Re-Admissions within 30 Days
- Surgical Re-Admissions within 30 Days
- Total Number of Critical Transfers

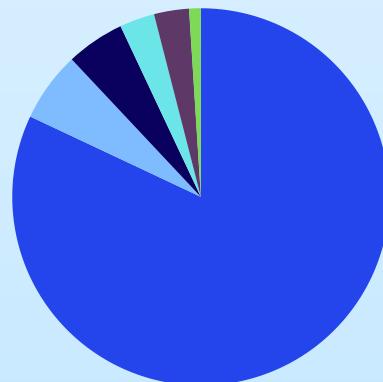
BON SECOURS HOSPITAL CORK: OUR PATIENTS

A link between organisational objectives and values is patient engagement. Over the last 3 years, patients of BSHC have reported an overall positive experience in our Patient Experience Survey. Our results have led to recognition within the Bon Secours Health System for our quality initiatives, including projects on communication.

In 2022, there were 4,150 respondents to the Patient Experience Survey. 92% of participants rated their overall experience in BSHC as positive. The hospital also scored highly for all stages of care.



BON SECOURS HOSPITAL CORK: ADMISSIONS



BON SECOURS HOSPITAL CORK: ACCREDITATIONS



Joint Commission International
Hospital Accreditation



INAB Accreditation



KeepWell Mark Workplace
Wellbeing Accreditation from Ibec



IFSO Bariatric
Accreditation

BON SECOURS HOSPITAL CORK: OUR STAFF

BSHC has a workforce of 1,458 staff providing complex diagnostic, medical and surgical services. BSHC is affiliated with University College Cork (UCC) and we provide medical training facilities for medical, nursing and health & social care students. In 2022, a number of our Consultant staff were appointed as Professors in conjunction with UCC.



BSHC has also invested in our staff with the provision of the Education Centre and a Research Library for students and staff. BSHC staff have presented at conferences and published peer reviewed journals that have resulted in substantial improvements in quality of care & services across healthcare.



In 2022, a number of our staff and teams were recognised for the quality of the work with winning entries at the Bon Secours Health System staff awards.



BON SECOURS HOSPITAL CORK: OUR SERVICES

The Bon Secours Hospital Cork (BSHC) came into existence in 1915 under the auspices of the Bon Secours Sisters. We are a unique private hospital that has been providing a full range of hospital services to the people of Cork, Munster and beyond for over 100 years. We pride ourselves on the excellence of the care provided to our patients and we are the largest private hospital in Ireland.

|  Services Provided |  Services not Provided |
|--|---|
| Bariatric Surgery Breast Care Cardiology Dental / Oral Surgery Dermatology Radiology E.N.T. Endocrinology Radiotherapy Endoscopy Gastroenterology General Medicine General Surgery Gynaecology Haematology | Critical Care Unit Acute Medical Assessment Unit Neurology Occupational Therapy Oncology (Medical & Surgery) Ophthalmology Orthopaedics Paediatrics Pain Medicine Pathology Plastic Surgery Respiratory Medicine Rheumatology Urology Elective Vascular Surgery |

Main Contracted Services



BON SECOURS HOSPITAL CORK: OUR COMMUNITY

Each year we support local projects in our community as an expression of our mission, good help to those in need. Registered charities submit projects for consideration. Successful applicants are determined by the management team. There are group wide guidelines and oversights. Staff can also suggest projects, however priority is given to local charities.

Community Initiatives 2022 - 2023

Good Help Dental Initiative

Le Cheile Africa

Respite Initiative

Syria Earthquake Appeal

St. Vincent de Paul Funding

Cancer Connect

Westgate Foundation
Replacement Minibus

International Family
Fun Day

Changing Room / Bathroom Facilities
Conservation at Crann

Funding to 'Nurture Room'
in Midleton CBS

Shine Centre for
Autism, Cork

New AED Defibrillator
for Mayfield G.A.A.



ENDOSCOPY SERVICE: OUR GOVERNANCE

Our focus is ensuring that patient care and best practice is at the centre of everything we do in the unit. The unit provides a wide range of high-quality diagnostic and therapeutic gastrointestinal (GI) endoscopic, respiratory, urology procedures which cater for both inpatients and outpatients over the age of 16 years.

Multi Disciplinary Team

- Consultant
- Nursing
- Clinical Nurse Specialist
- Decontamination Manager
- GI Physiologist



Facilities

- Admission Area
- Four Procedure Rooms
- Decontamination Unit
- Communication Room
- Recovery Room
- GI Lab



Endoscopy Service

- Colonoscopy
- Gastroscopy
- Flexible Sigmoidoscopy
- Cystoscopy
- ERCP
- Bronchoscopy
- Endobronchial Ultrasound



BSHC Endoscopy Service treats over 10,000 patients on an annual basis.



ENDOSCOPY SERVICE: OUR KPI'S

Hospital Managerial Indicators

Indicators

Withdrawal of Consent
Incomplete Scope Due to Poor View or Obstruction
Return to Procedure Room
Specimens Audited by Lab
Hand Hygiene Audits
Reversals
Day Case to Inpatient
Time out Audits
Daily Endoscopy Statistics
Quarterly Reports of GI Procedures
Quarterly Reports for Endoscopy Procedures
Consultant Individual Patient Comfort Score
Labelling of Medication



Participation in the National Quality Assurance Intelligence System Covering:

Categories

Successful Intubations for Both Upper & Lower Endoscopies
Retroflexion Rate for Upper GI Endoscopy
Duodenal Second Part Intubations
Repeat Endoscopy Requested
Sedation & Reversals
Comfort Levels
Tattooing
Caecal Intubation Rate
Polyp Detection Rate
Polyp Recovery
Bowel Preparation Quality
Diagnostic Colo Rectal Biopsies for Persistent Diarrhoea
Post Polypectomy Perforation
Post Polyp Bleeding

ENDOSCOPY SERVICE: OUR FEEDBACK

**95%**

of patients said they have had positive interactions with endoscopy staff during their hospital admission

**95%**

of patients rated their care and treatment as a positive experience

**98%**

of patients rated their care and treatment on the wards as a positive experience.

**93%**

of patients rated their overall experience a positive one

99%

of patients gave positive responses to questions about being treated with Respect and Kindness during their hospital admission.

**83%**

of patients found the discharge process positive.

**89%**

of patients responded positively when asked about communication with staff on the ward both during their hospital stay and in preparation for discharge

**85%**

Net Promoter Score for Q3 2023

ENDOSCOPY SERVICE: OUR ACCREDITATION

BSHC is on an accreditation pathway with Joint Advisory Group on GI Endoscopy.

Accredited services submit evidence annually to demonstrate that they are continuing to meet the standards and have a 5 yearly on-site assessment carried out by our experienced assessment team.

The standards cover all aspects of a high-quality clinical service and are organised into three domains:

Clinical Quality



Consultants



Endoscopy Nurses



Endoscopy Assistants



ESSD Technicians

Patient Experience



Health Care Assistants



Clerical Officer



Catering Officer



ISS (Household)

Workforce

BON SECOURS HOSPITAL CORK: OUR ENDOSCOPY STAFF

There are fifteen consultants practicing within the unit. The consultant team is supported by a team of highly skilled professional nursing, healthcare assistants, clerical and catering staff to ensure a quality patient exposure.



ENDOSCOPY SERVICE: OUR SUSTAINABILITY



**Cleaning Equipment at a Lower Temperature
with Enzymes**



Reduced Clinical Yellow Bag Usage by 32%



ENDOSCOPY SERVICE: OUR SERVICE

The Bon Secours Hospital Cork Endoscopy unit cares for adults, both inpatients and outpatients, who are undergoing investigative and therapeutic procedures via an endoscope which look inside the body. The Endoscopy department provides a compassionate and understanding approach to the patient who is at a vulnerable and uncertain stage in their diagnosis and treatment.



(021) 480 1693



08.00 - 16.00



The Bon Secours Hospital Cork has a newly refurbished Endoscopy unit, built with patient safety and comfort in mind. There are five endoscopy rooms equipped to the highest standards and we pride ourselves on providing an informative and friendly service.

The Endoscopy department at the Bon Secours Hospital Cork offer a range of procedures and services which are:



- **Bronchoscopy:** Examination of the trachea (windpipe), the bronchi (airway branches and some of the lungs).
- **Colonoscopy:** Examination of the lining of the large bowel.
- **Cystoscopy:** Examination of the inner lining of the bladder.
- **ERCP:** Detailed x-ray examination of the bile duct and / or pancreas to remove stones or to place a tube if there are narrowed areas.
- **Gastroscopy:** Examination of the lining of the oesophagus (gullet) stomach, and duodenum which is the first part of the small intestine.
- **Helicobacter Pylori / Breath Test:** A test performed to detect bacteria in the stomach using fasting breath samples (GI Physiology Laboratory).
- **24 Hours PH Manometry Study:** (GI Physiology Laboratory).
- **Flexible Sigmoidoscopy:** An examination of the lower bowel.



The Endoscopy Department is open from Monday - Friday for general procedures and services. In addition to this, an on-call service via theatre on staff is provided which provides extended / emergency service offering where applicable. This service is in operation outside the standard working hours described above and is available every day that the hospital is open.

ENDOSCOPY SERVICE: OUR SERVICE



Sigmoidoscopy

A sigmoidoscopy is a diagnostic test used to check the sigmoid colon, which is the lower part of your colon or large intestine. This section of your colon is close to your rectum and anus.



EBUS

Endobronchial Ultrasound (EBUS) is a minimally invasive but highly effective procedure used to diagnose lung cancer, infections & other diseases causing enlarged lymph nodes in the chest.



Colonoscopy

During a colonoscopy, a long flexible tube (colonoscope) is inserted into the rectum. A tiny video camera at the tip of the tube allows the doctor to view the inside of the entire colon.



Bronchoscopy

Bronchoscopy is a procedure to look directly at the airways in the lungs using a thin, lighted tube (bronchoscope). The bronchoscope is put in the nose or mouth. It is moved down the throat and windpipe (trachea) and into the airways.



Helicobacter Pylori / Breath Test

The H. Pylori Breath Test involves breathing into a balloon like bag. It's a safe & easy way to detect H. Pylori bacteria, diagnose H. Pylori infection, & determine if treatment cured the infection. H. Pylori infection is a major cause of peptic ulcer disease.



ERCP

Endoscopic Retrograde Cholangiopancreatography or ERCP is a procedure to diagnose and treat problems in the liver, gallbladder, bile ducts and pancreas. It combines X-Ray & the use of an endoscope - a long, flexible, lighted tube.



Gastroscopy

A gastroscopy is performed using a thin, flexible tube (gastroscope) which has a camera and a light on the tip used to look at the area being examined.



Cystoscopy

Cystoscopy is a procedure that lets the healthcare provider view the urinary tract, particularly the bladder, the urethra and the opening to the ureters.

ENDOSCOPY SERVICE: OUR SERVICE FAQS

FREQUENTLY ASKED QUESTIONS



What do I do if I take Medicine to Thin the Blood?

If you take drugs such as Aspirin, Clopidogrel, Warfarin, Apixaban, Dabigatran or other medicines that thin the blood you do **NOT** need to stop these for a routine endoscopy procedure such as a gastroscopy, flexible sigmoidoscopy or colonoscopy. However, if you are having a more specialist procedure such as having a feeding tube inserted (PEG or PEJ), a dilation of a stricture, polyp or potential polyp removal or HALO then you will need to stop the medications that thin the blood. In this instance or if you are uncertain please contact the endoscopy department.

Why do I Have to Arrive so Early?

The time that you are given is the time that you will be admitted into the department, it is not the procedure time. It does take time to admit you prior to your procedure. This time is when your notes are made ready and the nurses undertake their pre-endoscopy checks.

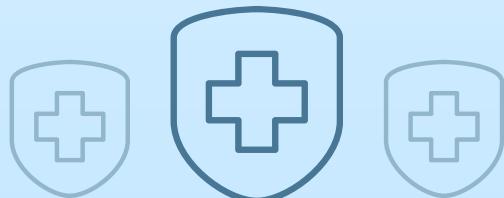


Why do I end up Waiting for my Procedure to Start?

Whilst we endeavour to start your procedure in a timely fashion there are a few factors that mean that you might have to wait longer than expected. For example, a patient scheduled after you could be sicker and need to be brought to the front of the queue. Also, because everybody is different, their procedure can take a different amount of time. A patient with a longer large bowel will take more time.

Why Does it Take 2 - 4 Hours?

The appointment time is measured from the time you register at Endoscopy reception to your departure from the department. It includes pre procedure checks, the time you spend waiting for the examination, the time the actual examination takes, the time you need to recover from it and the time taken getting yourself ready to go home.



ENDOSCOPY SERVICE: OUR SERVICE FAQS



How Long Should I Allow for my Appointment in Endoscopy?

You need to allow between 2 - 4 hours for your visit to the Endoscopy Department.

How Long Does the Examination Take?

The actual time spent on the examination varies between patients and examinations. In general, an examination of the stomach (gastroscopy) will take 5 - 15 minutes, a flexible sigmoidoscopy takes 10 minutes and one of the colon (colonoscopy) 20 - 40 minutes.



Do I Need to Bring Anything With Me?

You don't need to bring anything specific with you (no change of clothing etc). You might like to bring the instructions sent to you with your appointment details and something to read whilst you wait.

Do I Need to Fast Beforehand?

The instructions sent to you with your appointment details explain what you will need to do to prepare for the endoscopy.



What Does the Bowel Preparation Involve?

In order for your bowels to be examined you will need to take a bowel preparation. This is a drink that helps you to empty your bowels.

I Started my Preparation But Have Not Had a Bowel Movement Yet?

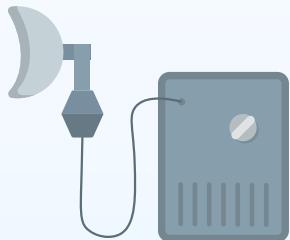
It is not uncommon for your first bowel movement to occur several hours after you begin your prep.



What Should I Do if I Experience Bloating, Nausea or Vomiting During my Prep?

Take a thirty minutes to one hour break from your preparation, then restart your preparation at the same pace as originally instructed. Drink plenty of other clear liquids. Do the best you can.

ENDOSCOPY SERVICE: OUR SERVICE FAQS

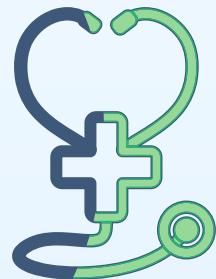


Do I Need to Have Sedation?

For many of the procedures performed in our department you do not necessarily need to have sedation. For Example, a colonoscopy and gastroscopy can be performed using light IV sedation. For some procedures such as ERCP we would advise that you do have sedation. You will have the opportunity to discuss your sedation with the team on the day of the procedure.

What Kind of Sedation Can I Have?

Most procedures in the endoscopy department are performed using 'moderate sedation.' The sedative we use most often is Midazolam (a type of valium) which makes you feel sleepy and more comfortable but does not actually send you to sleep. Some people do not remember anything about the examination afterwards. These sedatives start to work very quickly but take hours to wear (up to 24 hours). Occasionally some procedures require a deeper sedation or propofol.



Will I Feel Pain During the Procedure?

Everyone's response to pain is different. Some people may feel some discomfort during the procedure but you are constantly being monitored by the Endoscopist and nurses in the procedure room. If necessary more sedative can be given. Other people are amazed to awake in the recovery room with little or no recollection of the procedure.

How Long Does it Take?

The actual procedures take between 15 minutes and one hour, depending on the procedure. However, you should expect to be in the department between 3 - 4 hours.



What Does Recovery Involve?

If you have had no sedation then recovery is very quick. You can walk through to the step down area and wait a short while for a copy of the procedure report. If you have had sedation you will be moved to the recovery area, and you will be allowed time to sleep off the effects of the sedation. When you are awake you will be offered a drink and a biscuit before walking to the step down area where you wait for a copy of the procedure report.

ENDOSCOPY SERVICE: OUR SERVICE FAQS



Can I Drive After My Procedure if I Have Had Sedation?

No, you must have someone with you that is able to drive you home due to the effects of the deep sedation you received during your procedure. You may not drive the rest of the day.

Do I Need to Bring Someone With Me?

Whether you need to bring someone with you as an escort depends on whether you will have a sedative for the endoscopy. If you have a sedative, it is important that you have someone to help you home afterwards, including being driven home and staying with you overnight. For some examinations, you can opt not to have a sedative and therefore, do not need to bring an escort with you.



Can I Speak to the Doctor that Did the Procedure

The Endoscopist will speak with you afterwards whilst you are still in the procedure room. However, any sedation that you may have been given can cloud your memory of this conversation. Once you have recovered from the procedure, a nurse will sit down with you and explain the findings of the report and answer any questions that you may have. It is not always possible for the doctors who did the procedure to come out and speak with you at this stage as they will be doing another procedure. If however it is important for you to speak with the endoscopist then let one of the nurses know and they will try to accommodate your wishes.

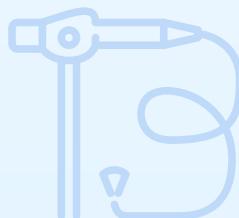
When Can I Get the Test Results?

Either your GP will be written to with the results or you will be given an outpatient appointment.



ENDOSCOPY SERVICE: OUR FACILITIES

The Bon Secours Hospital Cork Endoscopy unit care for adults, both inpatients and outpatients who are undergoing investigative and therapeutic procedures via an endoscope which looks inside the body. The Endoscopy department provides a compassionate and understanding approach to the patient who is at a vulnerable and uncertain stage in their diagnosis and treatment.



The Bon Secours Hospital Cork has a newly refurbished endoscopy unit, built with patient safety and comfort in mind. There are five endoscopy rooms equipped to the highest standards and we pride ourselves on providing an informative and friendly service. There are fourteen consultants' practicing within the unit. The consultant team is supported by a team of highly skilled professional nursing, healthcare assistants clerical and catering staff to ensure a quality patient experience.

The Endoscopy Department is open Monday to Friday from 07.00 to 19.30. The unit can be contacted on (021) 454 2807. Patients requiring an emergency service out of hours will be processed in theatre. Patients who require endoscopy procedures under the age of 16 are accommodated in the theatre department, with prior communication with theatre management to schedule a session.

LOCATION

The Endoscopy Unit at Bon Secours Hospital Cork (BSHC) is situated on the second floor in Block 11 (new wing) and can be accessed from the main hospital entrance or rear entrance to Block 11 via the link bridge.



There is a lift at the entrance to Block 11 and the Endoscopy Unit is on the second floor. There is clear signage and signposting leading to the endoscopy service from the main hospital entrance and within each area of the unit. Patients are discharged via St. Joseph's corridor. It is clearly signposted from the main hospital reception area.



ADMISSION AREA

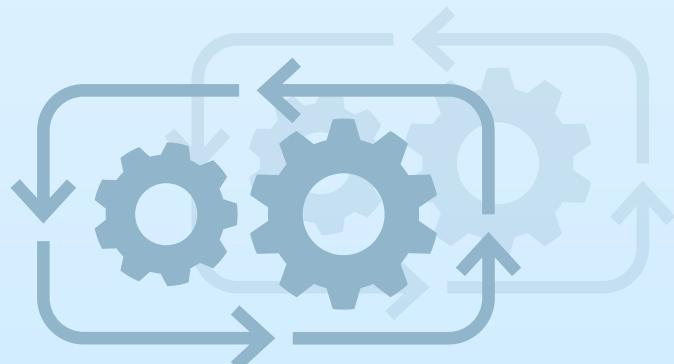
1. A waiting room for patients on arrival to the unit (see 1 below).
2. 4 individual admission bays, two individual patient toilet facilities, one of which is wheelchair accessible, a nurses station (see 2 below).
3. Five single patient pods, with nurses' station (see 3 below).



PROCEDURAL AREA

Four Procedural Rooms:

- Procedure Room 1: COSMOS
- Procedure Room 2: EVIS
- Procedure Room 3: LUCERA
- Procedure Room 4: OLYMPUS



RECOVERY AREA

1. Thirteen individual recovery bays comprising of:
 - a. Seven individual rooms with ensuite toilet facilities
 - b. Two recovery rooms each containing three recovery pods with toilet facilities

RECOVERY AREA

2. A discharge lounge comprising of two rooms:

- One room containing six recliner chairs, with two toilet facilities one of which is wheelchair accessible.
- Second room contains 3 recliner chairs with one toilet facility.
- Each area has a nurse's station.



In the event that the patient required bowel preparation pre procedure, the patient is facilitated in one of the seven individual rooms.

Other accommodation consists of:

- Decontamination Facilities (separated into clean and dirty areas), with swipe access.
- Sluice room with chemical cupboard.
- Storeroom.
- A resource room which functions as communication room.

All areas within the unit are equipped with piped oxygen, suction, emergency bell, patient call bells and a resuscitation trolley.



ENDOSCOPY SERVICE: QUALITY IMPROVEMENT MEASURES

Nurse Practice Development Unit

| Department | Quality Improvement Initiative | Standard |
|--------------|---|------------------------|
| Diabetes | Critical Value Audit on Blood Glucose Level | IPSG 2.1 |
| Orthopaedics | PROMs (Patient Reported Outcome Measures) | PCC 4 |
| Nursing | ACQM (Acute Care Quality Metrics) Audits | AOP1.5, AOP2 |
| Nursing | Pressure Care Area Audit | AOP1.3, AOP2 |
| Nursing | Fluid Balance / Nutrition (MUST) | AOP1.4, ACC2.1 |
| Nursing | Handover Audits | IPSG2.1GLD 11.1, QPS.2 |

CSSD

| Department | Quality Improvement Initiative | Standard |
|------------|--|----------|
| CSSD | Deconex ATP spray trial | PCI 6 |
| CSSD | Passive air sampling in HSSD cleanroom | PCI 7 |
| CSSD | Manual cleaning efficacy testing in Endoscopy. Trial of ATP monitor to assess level of surface bioburden following manual endoscope disinfection | PCI 6 |
| CSSD | ISO17665/EN285 Geobacillus Steatheramophilis Challenge | PCI 6 |



ENDOSCOPY SERVICE: QUALITY IMPROVEMENT MEASURES

| Endoscopy |
|-----------|
|-----------|

| Department | Quality Improvement Initiative | Standard |
|------------|--|-------------------------|
| Endoscopy | 30 day mortality rate post GI endoscopy procedure | JAG CQ2.9, CQ1.5 |
| Endoscopy | NQAIS Audit: Number of procedure performed by each Endoscopist (Number of OGDs, Colonoscopies & flexible Sigmoidoscopes per Endoscopist) | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of successful intubations expressed as % of all 'intend to' OGD cases per Endoscopist | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of cases where Retroflexion was performed expressed as % of all OGD cases per Endoscopist | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of cases where Duodenal second part intubation was achieved expressed as % of all OGD cases per Endoscopist | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of repeat endoscopies requested to be performed within 12 weeks due to the presence of gastric ulcer expressed as a % of total OGD cases with gastric ulcer detected per endoscopist | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of Colonoscopies with a comfort score of 1 to 3 expressed as % of total colonoscopies per Endoscopist | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of colonoscopies where the terminal ileum / caecum / [10] anastomosis have been reached expressed as a % of total colonoscopies per endoscopist | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Colonoscopies with at least one polyp detected expressed as a % of total colonoscopies per Endoscopist | JAG CQ1.5, CQ4.1, CQ4.4 |

ENDOSCOPY SERVICE: QUALITY IMPROVEMENT MEASURES

| Endoscopy | | |
|------------|---|-------------------------|
| Department | Quality Improvement Initiative | Standard |
| Endoscopy | NQAIS Audit: Reversal Agent Usage in colonoscopies & OGDs should take place in less than or equal to 1% of all cases | JAG CQ2.9, CQ1.5 |
| Endoscopy | NQAIS Audit: Median quantity of Pethidine used in Colonoscopies & OGDs | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | <i>NQAIS Audit: Total number of colonoscopies with Adequate and Excellent scores in bowel preparation as a % of all colonoscopies</i> | JAG CQ2.9, CQ1.5 |
| Endoscopy | <i>NQAIS Audit: Number of colonoscopies with mucosal biopsies taken expressed as a % of cases which present with persistent diarrhoea per Endoscopist</i> | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | <i>NQAIS Audit: Number of colonoscopies with tattooing of suspected malignant tumours outside the rectum or caecum expressed as a % of all colonoscopies with suspected malignant tumours outside the rectum or caecum detected per Endoscopist</i> | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of polyps with histology requested expressed as a % of all polyps excised per Endoscopist | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of incidents of colonic perforation expressed as a % of all colonoscopies | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Number of incidents of post polypectomy perforation expressed as a % of colonoscopies where polypectomy is performed | JAG CQ1.5, CQ4.1, CQ4.4 |

ENDOSCOPY SERVICE: QUALITY IMPROVEMENT MEASURES

Endoscopy

| Department | Quality Improvement Initiative | Standard |
|------------|--|-------------------------|
| Endoscopy | NQAIS Audit: Number of incidents of intermediate or major post-polypectomy bleeding expressed as a % of colonoscopies where polypectomy is performed | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Median quantity of Midazolam used in Colonoscopies & OGDs | JAG CQ1.5, CQ4.1, CQ4.4 |
| Endoscopy | NQAIS Audit: Median quantity of Fentanyl used in Colonoscopies & OGDs | JAG CQ1.5, CQ4.1, CQ4.4 |

Gastroenterology

| Department | Quality Improvement Initiative | Standard |
|------------------|--|--------------|
| Gastroenterology | Activity in GI Physiology Lab | GLD 11, QPS2 |
| Gastroenterology | DNA (%) to GI Physiology Lab | GLD 11, QPS2 |
| Gastroenterology | DNT (%) patients who did not tolerate HRiM & 24hr pH/Z studies | GLD II, QPS2 |

