**Clinical audit report (fictitious example)**

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| **Title:** Colonoscopy audit – 1 April 2019- 31 March 2020 |
| **Audit Lead:**  |
| **Other Team Members:**  |
| Aim(s) of Audit:* To assess endoscopist performance in colonoscopy / flexible sigmoidoscopy
* To compare with BSG/JAG quality standards
* To improve the quality of endoscopy
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| **Method:**All data derived from the endoscopy reporting system to audit performance in lower GI endoscopyData, performance reviews undertaken 6 monthly and full audits complete annually to ensure endoscopists meet relevant BSG KPIs. |
| **Results:** * 14 Endoscopists carried out colonoscopy in the audited period of which:
	+ Gastroenterologists - 6
	+ Colorectal Surgeons - 4
	+ Clinical endoscopists - 4

**Caecal Intubation Rate:*** 12 colonoscopists achieved caecal intubation rates >90%
* 2 colonoscopists achieved caecal intubation rates >85%

**Sedation Levels:**

|  |  |
| --- | --- |
| **Sedation for Patients <70 years** | **Sedation for Patients >70 years o** |
| Midazolam: Median = 2 mgMean = 2.1mg | Midazolam: Median = 2mgMean = 1.38 mg |
| Fentanyl: Median = 50 mgMean = 58.0 mg | Fentanyl: Median = 50 mgMean= 32.4 mg |

**Bowel preparation:*** Bowel preparation was adequate or better in 94% of all colonoscopies performed

**Comfort scores:** * Comparative audit of patient comfort scores, nurse assessment and patient and satisfaction survey revealed that patient comfort scores were satisfactory and no specific concerns identified (see separate audit report)

**Polyp detection and retrieval rates:*** All endoscopists achieved a polyp detection rate of >15% and polyp retrieval rates of >90%.

**Rectal retroversion rates:*** All endoscopists achieved rectal retroversion rates of >90%.
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| **Discussion:** * 12 endoscopists performing colonoscopy have a caecal intubation rate of 90% and are equally achieving the required standards for polyp detection rates, retrieval rates, and rectal retroversion rates.
* 2 are not meeting the standard and their data has been discussed with a planned review in 6 months.
* There are no issues recorded with respect to sedation levels, comfort scores, use of reversal agents.
* This audit has been correlated with the 30-day mortality & 8-day unplanned admission, immediate or delayed complication post endoscopy inform nation with no issues to report.
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| **Final recommendation:** 1. Continue to review 6 monthly data from endoscopists performing colonoscopy. .
2. Congratulate endoscopists on high quality practice.
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| **Audit presentation:** Endoscopy users group meeting**Date:** 20/04/2020**Venue:** Meeting room 1 – treatment centre |

| **Actions** | **Person responsible for implementing actions (name & designation)** | **Date for completion** |
| --- | --- | --- |
| Write to endoscopists to thank them for their excellent practice. Follow up in 6 months. |  | 30/04/2020 |

Do you wish to re-audit this aspect of care? YES NO

Recommended Re-audit date: