**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 |
| **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 mg  Mean = 2.1mg | Midazolam:  Median = 2mg  Mean = 1.38 mg | | Fentanyl:  Median = 50 mg  Mean = 58.0 mg | Fentanyl:  Median = 50 mg  Mean= 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%. |
| **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. |
| **Final recommendation:**   1. Continue to review 6 monthly data from endoscopists performing colonoscopy. . 2. Congratulate endoscopists on high quality practice. |
| **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** |
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| 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: