JAG summary guide to quality and safety indicators

The Global Rating Scale (GRS) and JAG quality assurance (QA) standards include audit requirements for services to adhere to.

The BSG key performance indicators, standards and outcomes play a pivotal role in achieving standards e.g. safety, comfort and quality. It is important for services to demonstrate that they provide a safe, quality service to their patients.

The summary table on page 2 identifies the BSG safety and quality audits required from the following documents:

- BSG Quality and Safety Indicators for Endoscopy (2007 – updated 2009)
- ERCP - The way forward. A standards Framework (2014)
- UK Key Performance Indicators & Quality Assurance Standards for Colonoscopy (2015)
- Quality standards in upper gastrointestinal endoscopy (2017)

The summary clarifies which data and audits are required, what the minimum standard is, or for an auditable outcome, what should be monitored and reviewed.

Notes

- As all the BSG KPIs were felt to be as valid as any other, in the April 2016 GRS, audit levels have been removed, and all audits are now mandatory for accreditation.
- All monitoring and review of outcomes should be as required by national clinical audit and outcome review programmes (e.g. HQIP, CQC), the organisations clinical governance requirements, or at least twice yearly.
- 'JAG standardised spreadsheets' and 'JAG audit template reports' are available to support the audit and clinical governance process.

For further information, please contact the JAG Office askjag@rcplondon.ac.uk 020 3075 1620 www.thejag.org.uk

Domain **Clinical quality**

Standard **2. Safety**

The purpose of this standard is to ensure that the service has processes in place to identify, respond to and learn from expected and unexpected adverse events.

- The audits below are required for GRS measures 2.1 and 2.8.
- The audits are required for the JAG accreditation standards as key supporting evidence: Safety-CQ2.4

No	Measure	Audit required
2.1	There are systems in place for monitoring BSG outcome and other adverse events within the endoscopy service	• Use of flumazenil • Use of naloxone • Sustained drop in O_2 saturation <90% • Need for ventilation • Perforation by procedure • Bleeding by procedure • Unplanned operations within 8 days • Post colonoscopy colorectal cancer
2.8	A process is in place for identifying and reviewing all deaths occurring within 30 days of an endoscopic procedure and all unplanned admissions within 8 days of an endoscopic procedure.	• Audit of all known deaths occurring within 30 days of an endoscopic procedure • Audit of all known unplanned admissions within 8 days of an endoscopic procedure

Domain **Clinical quality**

Standard **4. Quality**

The purpose of this standard is to ensure that the service implements and monitors systems to ensure the clinical and technical quality of procedures.

- The 'outcome' and 'standard' columns below identify the information required in relation to GRS measures 4.1 and 4.2.
- The audits are required for the JAG accreditation standards as key supporting evidence: Safety-CQ4.4

Procedure	Outcome	Standard
All	Number of procedures performed by each operator	Auditable outcome
OGD - all	Success of intubation	Auditable Outcome
	Completeness of procedure	Auditable Outcome
	Repeat endoscopy for gastric ulcers within 12 weeks. (100%).	100%
OGD - Therapeutic	Haemostasis after endoscopic therapy (exact definition to be determined locally)	Auditable outcome
	Perforation for benign stricture dilatation	<1%
	Perforation for malignant stricture dilatation	<5%
	Perforation for achalasia dilatation	<5%
	Perforation for pyloric stenosis dilatation	<5%
	Satisfactory position of metallic stent	Auditable outcome
PEG	Satisfactory placement of PEG (satisfactory determined at the end of the procedure)	Auditable Outcome
	Infection requiring antibiotics	Auditable Outcome
	Peritonitis	Auditable Outcome
	Bleeding requiring transfusion	Auditable Outcome
EUS	Completion of diagnostic procedure	>90%
	Adequate FNA/biopsy mediastinum/LNs/other	>90%
	Adequate FNA/biopsy pancreas	>75%
	Major complications (perforation, acute pancreatitis, infection, bleeding)	<1%
ERCP	Number of cases per operator	75 cases
	Number of cases per facility	150 cases

Procedure	Outcome	Standard
	Cannulation of intended duct at first ERCP	>85%
	Common bile duct stone clearance at first ERCP	>75%
	Competence in level 1 and 2 procedures, plus extraction of stones >10mm in diameter	Auditable outcome
	Patients with extra hepatic stricture have stent sited and histo/cytopathology at first ERCP.	>80%
	Complication rate for level 1 and 2 procedures	<6%
Flexible sigmoidoscopy	Diagnostic flexible sigmoidoscopy perforation rate	<1:5000
	Rectal retroversion rate	90%
Colonoscopy	No of colonoscopies per operator	100
	Caecal intubation rate (unadjusted)	90%
	Adenoma detection rate	15%
	Polyp retrieval rate	≥90%
	Rectal retroversion rate	90%
	Withdrawal time	≥6mins
	Sedation and analgesia for age <70 Median total dose:- ≤5mg Midazolam ≤50mg Pethidine OR ≤100mcg Fentanyl Or equivalent drugs	Auditable outcome
	Sedation and analgesia for age ≥70 Median total dose:- ≤2mg Midazolam ≤25mg Pethidine OR ≤50mcg Fentanyl Or equivalent drugs	Auditable outcome
	Comfort level moderate/ severe discomfort	<10%
	Tattooing of all lesions >2cm and/or suspicious of cancer outside rectum and caecum.	100%
	Bowel preparation recorded adequate or above	90%

Procedure	Outcome	Standard
	Diagnostic rectal biopsies for unexplained diarrhoea	100%
	Overall colonoscopic perforation rate	<1:1000
	Post-polypectomy bleeding rate (intermediate severity or higher) requiring transfusion	<1:200
	Post-polypectomy perforation	<1:500
	Colonic dilatation perforation rate	<3%
	Colorectal stenting perforation rate	<10%
	Diagnostic perforation colonoscopy	<1:2000

*** Description of ERCP levels**

	Level 1	Level 2
ERCP levels	Deep cannulation of duct of interest via main papilla, biopsy/cytology Biliary stent removal/exchange	Biliary stone extraction < 10mm Treat biliary leaks Treatment of extrahepatic strictures (benign or malignant) Place prophylactic pancreatic stents