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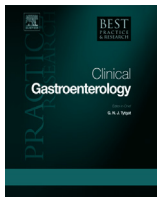

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Accrediting for screening-related colonoscopy services: What is required of the endoscopist and of the endoscopy service?

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A B S T R A C T

Colorectal cancer (CRC) screening is widely implemented to reduce CRC incidence and related mortality. The impact of screening as well as the balance between screening burden and benefits strongly depends on the quality of colonoscopy. Besides quality, safety of the endoscopic procedure and patient satisfaction are important outcome parameters for a screening program. Therefore the requirements for both CRC screening endoscopy services and endoscopists focus on technical aspects, patient safety, and patient experience. Stringent quality assurance by means of routine monitoring of quality indicators for the performance of endoscopists and endoscopy units is recommended. This allows setting minimum standards, targeted interventions, and enhancement of the overall quality of population screening. This reviews deals with guidelines and quality standards for colorectal cancer screening, with focus on both endoscopist and endoscopy services.

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Introduction

In recent years, more than 50 countries have implemented organized or opportunistic population colorectal cancer (CRC) screening [1]. It has been convincingly demonstrated that CRC screening can reduce CRC-related mortality, as well as depending on the screening method, the incidence of the disease. Screening aims to lower the burden of cancer by discovering disease at an early, preclinical stage [2–5]. Population-based screening for CRC and precursor lesions can be effective provided that services and colonoscopies are of high quality [6]. Therefore, the European Union recommends to use evidence-based methods with quality assurance of the entire screening process [7]. To ensure that the experience is of high quality, safe and efficient, as well as people-oriented, services must take different domains of quality assurance into account. These are endoscopy/technical aspects, patients safety, and patients satisfaction [8]. The level of competency to perform high-quality endoscopy and to remove advanced lesions is not only dependent on the skills of the endoscopist, but also on the support team and the available facilities and equipment [9]. Screening enables known finite health gains, but also potential harms. Therefore, quality assurance of screening services and endoscopists is of utmost importance in CRC screening programs. This review describes the requirements for accrediting screening centers as well as individual endoscopists in a CRC screening program.

Organized versus opportunistic screening programs

The organization of CRC screening differs between countries [1]. In some countries, such as the United States, opportunistic programs have been in place for a long time, and cover a significant proportion of the population with proven effects on CRC incidence and mortality [10]. In most settings however, opportunistic programs are characterized by low or unknown participation rates, simultaneous frequent overuse of services by those subjects who do undergo screening, and lack of impact on national CRC incidence and mortality data. For these reasons, the European Union recommends organized screening programs [11]. In contrast to case-finding or opportunistic screening, organized programs provide a comprehensive data collection structure, which ensures evaluation and quality assessment. Centrally organized screening programs follow a predefined protocol, which enables systematic monitoring of the effectiveness of the program and process quality [12]. Also, potential harms can be surveyed, both at individual and systemic levels. If flaws in the screening program are identified, measures can be taken to improve and optimize the proposed screening.

Requirements for the endoscopy service

To ensure high-quality CRC screening programs, endoscopy services need to be efficient, safe, person-oriented and able to monitor key outcomes [9,13]. In organized screening programs, accreditation of endoscopy services ensures that these conditions are met, in order to provide a minimum standard level of safety for participants.

The European guideline divides recommendations concerning endoscopy services into two categories. The first deals with planning and location of endoscopy services and the second with infrastructure and equipment [9]. Planning and location recommendations include that screening services be located in convenient locations for participants, that clinical services be accessible in a timely manner, and without compromising access to endoscopy services for symptomatic patients [9]. Infrastructure recommendations include proper facilities for pre-procedure assessment and post-procedure recovery with sufficient privacy to maintain dignity for the patient. The guideline also includes disinfection policies and procedures with the important remark that these should be compliant with national or international guidelines.

To perform high-quality endoscopy, remove advanced lesions and deal effectively with adverse events, a competent team and adequate equipment are required. Carbon dioxide insufflation is recommended for colonic endoscopic procedures since this has been proven to improve safety and reduce post-procedural discomfort. The available equipment needs to undergo regular safety checks and its use needs to be regularly trained. The risk of adverse events should be routinely assessed with every patient. In case of serious adverse events, which cannot be managed locally, the patient needs to be

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