Measuring Quality in Pediatric Endoscopy

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KEYWORDS

• Quality • Metrics • Pediatric endoscopy • Pediatric colonoscopy • Training • GiECAT$_{KIDS}$ • Benchmarks • Quality improvement

KEY POINTS

- Quality measurements in pediatric endoscopy can be used to increase transparency about patient care processes and outcomes.
- Although the definition of quality for pediatric endoscopy is yet to be fully developed, it can be promoted by adhering to various established metrics for procedural documentation.
- The Gastrointestinal Endoscopy Competency Assessment Tool for Pediatrics Colonoscopy (GiECAT$_{KIDS}$) is a rigorously developed quality measure of procedural competence.
- Continuous quality improvement initiatives that engage trainees, as well as established pediatric endoscopists, to examine their own procedural processes and outcomes can be considered to be valuable at both the individual provider and endoscopy unit level.

INTRODUCTION

Measuring procedural quality should be expected to become an increasingly standard component of performing gastrointestinal endoscopy in children in the twenty-first century. Quality measurements in endoscopy, as in all aspects of medical practice, are increasingly being used to appraise clinical care processes, as health care in the United States and beyond continues down its current path of reformation.[1] Such metrics are also likely to be used to increase transparency about patient outcomes, as well as to influence payments for the procedure.[2–4] In turn, pediatric gastroenterologists must be open to defining aspects of high-quality endoscopy, as well as to begin to self-identify opportunities for improvement. The risk to not engage in the quality movement is that others (including regulatory boards, administrative agencies, or third-party payers) will define these measures for us.

Disclosure Statement: The author serves as a consultant for Medtronic, Perrigo, and Norgine.
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Gastrointest Endoscopy Clin N Am 26 (2016) 47–62
http://dx.doi.org/10.1016/j.giec.2015.09.005 giendo.theclinics.com
1052-5157/16/$ – see front matter © 2016 Elsevier Inc. All rights reserved.

Box 1 lists candidate quality metrics for pediatric endoscopy, which can be either process or outcomes oriented.[4,5] Regardless of their origin or intended use, it is reasonable to mandate that all metrics devised to assess quality of pediatric endoscopy be accurate, meaningful, and practical. Measuring quality in endoscopy involves assessing 2 dimensions of care: (1) appropriateness of a procedure and (2) the skill with which the procedure is performed.[6] It also should encompass the 6 domains of quality put forth by the Institute of Medicine, by ensuring that procedures are effective, patient-centered, safe, efficient, timely, and equitable.[7] The definition of pediatric endoscopic quality is still to be fully developed; however, when viewed at the societal level, it is plausible to assume that endoscopy should be recommended and performed, when indicated, in an expeditious, skillful, successful, safe, and comfortable manner. Performance of pediatric endoscopy also should be of high value, providing the best quality for the least cost.

To date, there are limited measures of endoscopic quality that have been universally accepted when treating either adult or pediatric patients. However, a number of high-stake interest groups, including the American Society of Gastrointestinal Endoscopy (ASGE), have put forward individual and multisociety consensus statements on the

Box 1
Elements of pediatric endoscopic quality that reflect individual processes of care, as well as clinical outcomes

Endoscopic Procedures
- Procedure volume by type
- Appropriateness of indications
- Absence of contraindications
- Patient comfort
- Adverse events
- Technical performance (eg, ileal intubation)
- Therapeutic success (eg, esophageal dilation, polyp removal)
- Accuracy of endoscopic diagnosis
- Completeness of documentation

Patient Based
- Waiting room time
- Patient satisfaction (eg, with discharge instructions, procedures, sedation)
- Parental satisfaction
- Family/patient complaints
- Rescheduled or canceled procedures
- Waiting time for transfer, transport, admission

Nursing/Support Staff
- Intravenous access difficulties
- Adequacy of bowel preparation
- Completeness of preprocedure assessments
- Completeness of sedation/anesthesia records
- Mislabeled specimens
- Follow-up care documented
- Room turnover time

Environment and safety
- Universal precautions use
- Emergency equipment readiness
- Safe stretcher use
- Expired drug disposal
- Radiation drug use
- Storage and disposal of chemicals/toxins
- Room turnover time

Infection Control
- Scope disinfection procedure followed
- Accessory reprocessing procedure followed
- Bacteremia following procedures
- Proper specimen handling
- Needle disposal

Other
- Procedure report sent to referring physician
- Specimen loss
- Missing consent forms
- Endoscope repairs (type, frequency, turnover)
- Missing prior authorization
- Billing rejection

Adapted from Brown RD, Goldstein JL. Quality assurance in the endoscopy unit. Gastrointest Endosc Clin N Am 1999;9(4):596; with permission.

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