

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



ADVISORY

TITLE	Implementing the Colonoscopy Clinical Care Standard
Advisory number	AS18/12
Version number	2.0
TRIM number	D18-24500
Publication date	March 2019
Replaces	n/a
Compliance with this advisory	It is mandatory for approved accrediting agencies to implement this Advisory
Information in this advisory applies to	All approved accrediting agencies Health service organisations
Key relationship	Clinical Governance Standard Colonoscopy Clinical Care Standard
Attachment	Providers and responsibilities for Quality Statement
Notes	<ul style="list-style-type: none">The implementation of all other Clinical Care Standards issued by the Australian Commission on Safety and Quality in Health Care are addressed in Fact Sheet 11: Applicability of Clinical Care Standard.In version 2.0 of this advisory, the link to the Colonoscopy Clinical Care Standard has been added.
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To be reviewed	December 2020



ADVISORY

AS18/12: Implementing the Colonoscopy Clinical Care Standard

PURPOSE:

To describe assessment requirements for Actions 1.23, 1.24, 1.27b, and 1.28a of the National Safety and Quality Health Service (NSQHS) Standards (second edition) for health service organisations implementing the [Colonoscopy Clinical Care Standard](#).

ISSUE:

The Australian Government Department of Health asked the Commission to develop a safety and quality model for colonoscopy. The appointment was made in the context of the expanded screening of the Australian Government National Bowel Cancer Screening Program.

The Safety and Quality Model for Colonoscopy Services in Australia incorporated three key elements:

- A Colonoscopy Clinical Care Standard for the delivery of high quality services
- Certification and periodic re-certification of colonoscopist's performance
- Collation and review of indicators and performance targets in accordance with a standard national data set.

The Colonoscopy Clinical Care Standard has received endorsement by the clinical colleges and societies whose members perform colonoscopy. The Clinical Colonoscopy Standard was noted by the Australian Health Ministers' Advisory Council in June 2018.

The Colonoscopy Clinical Care Standard relates to the care of adult patients undergoing colonoscopy for screening, diagnosis, surveillance, and/or treatment. It covers the period from when a patient is referred for consideration of colonoscopy through to the planning of follow-up after the procedure. The Colonoscopy Clinical Care Standard is relevant to the care provided in primary and acute healthcare settings including general practice, day procedure services, private hospitals and public healthcare services. All patients undergoing a colonoscopy should be offered the care set out in each of the nine quality statements of the Colonoscopy Clinical Care Standard.

Health service organisations providing colonoscopy services are required to implement the Colonoscopy Clinical Care Standard taking into consideration the services provided and the patient risks associated with those services. As care spans primary and acute healthcare services, implementing the Quality Statements may be the responsibility of more than one provider.

Implementing the Colonoscopy Clinical Care Standard aligns with the following requirements in the NSQHS Standards (2nd ed.):

- Action 1.23: define the scope of clinical practice for clinicians, monitor clinician's practices and review scope of clinical practice periodically
- Action 1.24: conduct credentialing processes
- Action 1.27b: have processes that support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care
- Action 1.28a,b: monitor variation in practice against expected health outcomes and provide feedback to clinicians on variation in practice and health outcomes.

The guidance on roles and responsibilities of clinicians involved in colonoscopy, set out in Attachment 1, are consistent with codes of conduct of health professionals including *Good Medical Practice: A Code of Conduct for Doctors in Australia*. Senior clinicians have primary responsibility for the oversight and coordination of the processes of patient care and the outcome of care including the patient's experience, even when some care tasks are delegated to other clinicians.

Colonoscopists have primary responsibility for shared decision making about the appropriateness of a colonoscopy, including:

- informing patients of risks and benefits of procedures
- assigning clinical priority
- assessing and preparing patients for a colonoscopy
- performing the procedure and any required follow-up.

This Advisory applies to all health service organisations providing colonoscopy services.

REQUIREMENTS:

Health service organisations implementing the Colonoscopy Clinical Care Standard are required to:

1. define the scope of clinical practice and credential clinicians providing colonoscopy services
2. provide relevant clinicians including proceduralists (medical and surgical, generalist, endoscopy unit staff, nursing endoscopists), anaesthetist providing sedation, with access to the Colonoscopy Clinical Care Standard
3. review the Quality Statements against the services provided and the risks of providing services
4. document in a policy or procedure
 - a. the Quality Statements (or part of a quality statement) that are its responsibility and determine which indicators are to be monitored, in line with the guidance provided at **Attachment 1**
 - b. the clinical indicator data, which data will be provided to procedural specialists as feedback and where else the data may be reported
 - c. the requirement for procedural specialists to provide evidence of certification and recertification as part of the credentialing process
5. provide procedural specialist clinicians with a copy of the policy or procedure relating to its implementation of the Quality Statements and the indicators being monitored
6. implement the Quality Statements and monitor indicators that are its responsibility

7. use the Colonoscopy Clinical Care Standard indicators and other performance data to monitor variations in practice against expected health outcomes and to provide feedback to clinicians on their practice.

Assessors are required to review evidence that the health service organisation has:

- implemented the Colonoscopy Clinical Care Standard, where relevant
- defined the scope of clinical practice for all clinicians providing colonoscopy services and credentialed relevant clinicians
- provided clinicians with access to the Colonoscopy Clinical Care Standard
- provided procedural specialist clinicians with written advice of the Quality Statement for which the organisation is responsible from the Colonoscopy Clinical Care Standard
- applied the requirements set out in the Quality Statements and monitored indicators for the Colonoscopy Clinical Care Standard
- continually monitored variation in practice and provided clinicians with feedback.

Where the health service organisation has met these requirements, this supports compliance with elements of Actions 1.23, 1.24, 1.27b, 1.28a,b.

Providers and responsibilities for Quality Statement

Key: - not responsible; +/- may or may not be responsible depending on the type of service; + responsible for part of the process; ++ primarily responsible

Responsibilities	General practitioner	Colonoscopist		Sedationist		Nurse (non-proceduralist)		Health service administration	
		Public	Private	Public	Private	Public	Private	Public	Private
1. Initial assessment and referral									
When a patient is referred for consideration of colonoscopy, the referral document provides sufficient information for the receiving clinician to assess the appropriateness, risk and urgency of consultation.	++	-	-	-	-	-	-	-	-
The patient is allocated an appointment according to their clinical needs.	-	++	++	-	-	-	-	++	-
2. Appropriate and timely colonoscopy									
A patient is offered timely colonoscopy when appropriate for screening, surveillance, or the investigation of signs or symptoms of bowel disease, as consistent with national evidence-based guidelines. Decisions are made in the context of the patient's ability to tolerate the bowel preparation and colonoscopy, and their likelihood of benefit. If colonoscopy is not appropriate, the receiving clinician advises the patient and their referring clinician of alternate recommended management.	-	++	++	-	-	-	-	++	+/-

Key: - not responsible; +/- may or may not be responsible depending on the type of service; + responsible for part of the process; ++ primarily responsible

Responsibilities	General practitioner	Colonoscopist		Sedationist		Nurse (non-proceduralist)		Health service administration	
		Public	Private	Public	Private	Public	Private	Public	Private
3. Informed decision making and consent									
Before starting bowel preparation, a patient receives comprehensive consumer-appropriate information about bowel preparation, the colonoscopy and sedation or anaesthesia. They have an opportunity to discuss the reason for the colonoscopy, its benefits, risks, financial costs and alternative options before deciding to proceed. Their understanding is assessed, and the information provided and their consent to sedation, colonoscopy and therapeutic intervention is documented.	-	++	++	+	+	+	+	+	+/-
4. Bowel preparation									
A patient booked for colonoscopy receives a bowel preparation product and dosing regimen individualised to their needs, co-morbidities, regular medicines and previous response to bowel preparation. The importance of good bowel preparation for a quality colonoscopy is discussed with the patient. They are provided with consumer-appropriate instructions on how to use the bowel preparation product and their understanding is confirmed.	-	++	++	-	-	-	-	+	+/-

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5. Sedation									
Before colonoscopy, a patient is assessed by an appropriately trained clinician to identify any increased risk, including cardiovascular, respiratory or airway compromise. The sedation is planned accordingly. The risks and benefits of sedation are discussed with the patient. Sedation is administered and the patient is monitored throughout the colonoscopy and recovery period in accordance with Australian and New Zealand College of Anaesthetists guidelines.	-	-	-	++	++	-	-	+	+
6. Clinicians									
A patient's colonoscopy is performed by a credentialed clinician working within their scope of clinical practice, who meets the requirements of an accepted certification and recertification process. Sedation or anaesthesia and clinical support are provided by credentialed clinicians working within their scope of clinical practice.	-	++	++	++	++	+	+	++	++
7. Procedure									
When a patient is undergoing colonoscopy their entire colon – including the caecum – is examined carefully and systematically. The adequacy of bowel preparation, clinical findings, biopsies, polyps removed, therapeutic interventions and details of any adverse events are documented. All polyps removed are submitted for histological examination.	-	++	++	-	-	-	-	+	+

Key: - not responsible; +/- may or may not be responsible depending on the type of service; + responsible for part of the process; ++ primarily responsible

Responsibilities	General practitioner	Colonoscopist		Sedationist		Nurse (non-proceduralist)		Health service administration	
		Public	Private	Public	Private	Public	Private	Public	Private
8. Discharge									
Following recovery and before discharge, the patient is advised verbally and in writing about the preliminary outcomes of the colonoscopy, the nature of any therapeutic interventions or adverse events, when to resume regular activities and medication, and arrangements for medical follow-up. The patient is discharged into the care of a responsible adult when it is safe to do so.	-	++	++	+	+	+	+	+	+
9. Reporting and follow-up									
The colonoscopist communicates the reason for the colonoscopy, its findings, any histology results and recommendations for follow-up in writing to the general practitioner, any other relevant clinician and the patient, and documents this in the facility records. Recommendations for surveillance colonoscopy, if required, are consistent with national evidence-based guidelines. If more immediate treatment or follow-up is needed, appropriate arrangements are made by the colonoscopist.	-	++	++	-	-	-	-	+	+