Australian Commission on **Safety and Quality** in Health Care

Clinical Care Standards

Evidence Sources: Colonoscopy Clinical Care Standard 2025

Introduction

The quality statements for the *Colonoscopy Clinical Care Standard* were developed in consultation with the Colonoscopy Clinical Care Standard Topic Working Group based on best available evidence and guideline recommendations.

Literature searches are conducted by the Australian Commission on Safety and Quality in Health Care (the Commission) at different stages during the development and review of a Clinical Care Standard and include searching for current and relevant:

- Australian clinical practice guidelines, standards and policies
- International clinical practice guidelines
- Other high-level evidence, such as systematic reviews and meta-analyses.

Where limited evidence is available, the Commission consults with a range of stakeholders to explore issues and develop possible solutions.

Initial searches for the *Colonoscopy Clinical Care Standard* (the Standard) were conducted in 2015. A review of the key guidelines and other evidence sources underpinning the original Standard was conducted in 2024 to inform the review process.

An overview of the key evidence sources for the revised *Colonoscopy Clinical Care Standard* is presented in Table 1. A full list of the evidence sources for each of the quality statements is also included.

Table 1 Overview of the key evidence sources for the Colonoscopy Clinical Care Standard*

Evidence source	Relevance to the draft Quality Statements (QS)								
	QS1. Initial assessment and referral	QS2. Appropriate and timely colonoscopy	QS3. Informed decision making and consent	QS4. Bowel preparation	QS5. Sedation	QS6. Clinicians	QS7. Procedure	QS8. Discharge	QS9. Reporting and follow-up
Australian guidelines and standards									
Australian and New Zealand College of Anaesthetists. PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures. Melbourne: ANZCA; 2018.					✓			✓	
Australian and New Zealand College of Anaesthetists. PG09(G) Guideline on procedural sedation. Melbourne: ANZCA; 2023.					✓	✓		✓	
Cancer Council Australia. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Cancer Council Australia; 2023.	✓	✓							✓
Cancer Council Australia. Clinical practice guidelines for surveillance colonoscopy.	✓	✓							✓

Cancer Council Australia; 2019.									
International guidelines and standards									
Hassan C, East J, Radaelli F, et al. Bowel preparation for colonoscopy: European Society of Gastrointestinal Endoscopy (ESGE) Guideline – Update 2019. Endoscopy [Internet]. 2019 Aug;51(08):775–94.				✓					
ASGE Standards of Practice Committee, Saltzman JR, Cash BD, Pasha AF, et al. Guideline | Bowel preparation before colonoscopy. Gastrointest Endosc. 2015 Apr;81(4):781–94.				✓					
Other sources									
Rex DK, Anderson JC, Butterly LF, et al. Quality indicators for colonoscopy. Gastrointest Endosc. 2024 Sept;100(3):352-381.				✓			✓		

* Only key Australian and International sources are included in this table. Other evidence sources are listed in the following tables for each quality statement.

EVIDENCE SOURCES FOR EACH QUALITY STATEMENT

Quality Statement 1: Initial assessment and referral	**When a patient is referred for consideration of colonoscopy, the referring clinician provides sufficient information for the receiving clinician to assess the appropriateness, risk and urgency of consultation. The receiving clinician or service allocates the patient an appointment according to their clinical needs.**

Evidence sources

Australian guidelines and standards
Cancer Council Australia. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Cancer Council Australia; 2023.
Cancer Council Australia. Clinical practice guidelines for surveillance colonoscopy. Cancer Council Australia; 2019.

Quality Statement 2: Appropriate and timely colonoscopy	**A patient is offered timely colonoscopy when appropriate for the investigation of signs or symptoms of bowel disease, surveillance or screening, 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 alternative recommended management.**

Evidence sources

Australian guidelines and standards
Cancer Council Australia. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Cancer Council Australia; 2023.
Cancer Council Australia. Clinical practice guidelines for surveillance colonoscopy. Cancer Council Australia; 2019.

Quality Statement 3: Informed decision making and consent	**Before starting bowel preparation, a patient receives comprehensive patient-appropriate information about bowel preparation, the colonoscopy, and sedation or anaesthesia. The patient has an opportunity to discuss the reason for the colonoscopy, the risks, benefits, 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.**

Evidence sources

Australian guidelines and standards
Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards guide for hospitals. Sydney: ACSQHC 2017.
Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards guide for day procedure services. Sydney: ACSQHC 2017.
Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards guide for multi-purpose services and small hospitals. Sydney: ACSQHC 2017.

Quality Statement 4: Bowel preparation	**A patient booked for colonoscopy receives a bowel preparation product and dosing regimen individualised to their needs, comorbidities, 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.**

Evidence sources

International guidelines and standards

Hassan C, East J, Radaelli F, et al. Bowel preparation for colonoscopy: European Society of Gastrointestinal Endoscopy (ESGE) Guideline – Update 2019. Endoscopy [Internet]. 2019 Aug;51(08):775–94.

ASGE Standards of Practice Committee, Saltzman JR, Cash BD, Pasha AF, et al. Guideline | Bowel preparation before colonoscopy. Gastrointest Endosc. 2015 Apr;81(4):781–94.

Additional sources

Australian and New Zealand College of Anaesthetists, Australian Diabetes Society, Gastroenterological Society of Australia, National Association of Clinical Obesity Services. Clinical Practice Recommendations regarding patients taking GLP-1 receptor agonists and dual GLP-1/GIP receptor co agonists prior to anaesthesia or sedation for surgical and endoscopic procedures. Melbourne: ANZCA; 2025 Apr [cited 2025 Apr 8]. Available from: www.anzca.edu.au/safety-and-advocacy/standards-of-practice/clinical-practice-recommendations-regarding-patients-taking-glp-1.

Therapeutic Goods Administration. Sodium glucose co-transporter 2 inhibitors [Internet]. Canberra: Australian Government; 2018 Jul [cited 2024 Jul 22]. Available from: www.tga.gov.au/news/safety-alerts/sodium-glucose-co-transporter-2-inhibitors.

Australian Diabetes Society, Australian and New College of Anaesthetists, Australian Diabetes Educators Association, Diabetes Australia, New Zealand Society for the Study of Diabetes. Periprocedural diabetic ketoacidosis (DKA) with SGLT2 inhibitor use in people with diabetes. Sydney: ADS; 2023 May [cited 2024 Jul 22]. Available from: www.diabetessociety.com.au/guideline/https-www-diabetessociety-com-au-wp-content-uploads-2023-05-ads-adea-anzca-nzssd_dka_sglt2i_alert_ver-may-2023-pdf.

Quality Statement 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 use of 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.**

Evidence sources

Australian guidelines and standards
Australian and New Zealand College of Anaesthetists. PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures. Melbourne: ANZCA; 2018.
Australian and New Zealand College of Anaesthetists. PG09(G) Guideline on procedural sedation. Melbourne: ANZCA; 2023.
Additional sources
Australian and New Zealand College of Anaesthetists. PS26(A) Position statement on informed consent for anaesthesia or sedation 2021. Melbourne: ANZCA; 2021.
Australian and New Zealand College of Anaesthetists. PS59(A) Position statement on roles in anaesthesia and perioperative care 2015. Melbourne: ANZCA; 2015.

Quality Statement 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.**

Evidence sources

Australian guidelines and standards
Australian and New Zealand College of Anaesthetists. PG09(G) Guideline on procedural sedation. Melbourne: ANZCA; 2023.
Australian Commission on Safety and Quality in Health Care. Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners. Sydney: ACSQHC; 2015.

Quality Statement 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.**

Evidence sources

Australian guidelines and standards

Cancer Council Australia. Clinical practice guidelines for surveillance colonoscopy. Cancer Council Australia; 2019.

Additional sources

Rex DK, Anderson JC, Butterly LF, Day LW, Dominitz JA, Kaltenbach T, et al. Quality indicators for colonoscopy. Gastrointest Endosc. 2024 Sept;100(3):352-381.

Rex DK, Schoenfeld PS, Cohen J, Pike IM, Adler DG, Fennerty MB, et al. Quality indicators for colonoscopy. Gastrointest Endosc. 2015 Jan 1;81(1):31–53.

Kastenberg D, Bertiger G, Brogadir S. Bowel preparation quality scales for colonoscopy. World J Gastroenterol. 2018 Jul 14;24(26):2833–43.

Australian Health Practitioners Regulation Authority. Meeting your professional obligations when using Artificial Intelligence in healthcare. [Internet]: Ahpra 2024 [cited 2024 Sep 2]. Available from: www.ahpra.gov.au/Resources/Artificial-Intelligence-in-healthcare.aspx#.

Australian Commission on Safety and Quality In Health Care. AI Implementation in Hospitals: Legislation, Policy, Guidelines and Principles, and Evidence about Quality and Safety. Sydney: ACSQHC; 2024.

Australian Medical Association. Artificial Intelligence in Healthcare. Barton (ACT): AMA; 2023 [cited 2024 Sep 2]. Available from: www.ama.com.au/articles/artificial-intelligence-healthcare.

The Royal Australian and New Zealand College of Radiologists. Artificial Intelligence. [Internet] 2023 [cited 9 Dec]. Available from: www.ranzcr.com/our-work/artificial-intelligence.

Quality Statement 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 medicines, and arrangements for medical follow up. The patient is safely discharged into the care of a responsible adult, in accordance with Australian and New Zealand College of Anaesthetists guidelines.**

Evidence sources

Australian guidelines and standards
Australian and New Zealand College of Anaesthetists (ANZCA). PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures Melbourne: ANZCA; 2018.
Australian and New Zealand College of Anaesthetists (ANZCA). PG09(G) Guideline on procedural sedation Melbourne: ANZCA; 2023.

Quality Statement 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. This information is recorded in the facility records and other electronic shared record management systems to enable accurate follow-up by other clinicians. Recommendations for surveillance colonoscopy, if required, align with national evidence-based guidelines. If more immediate treatment or follow-up is needed, the colonoscopist makes appropriate arrangements.**

Evidence sources

Australian guidelines and standards
Cancer Council Australia. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Cancer Council Australia; 2023.
Cancer Council Australia. Clinical practice guidelines for surveillance colonoscopy. Cancer Council Australia; 2019.