

Appendix 6: Adherence to BSP quality standards

For the interim evaluation report, analysis was undertaken to identify 1) whether data was available against each of the quality standards and 2) any variance from targets set. Table 14 updates this table for the period ending 31 December 2015 drawing from existing data and communications with BSP Coordination Centre.

An independent review of the adherence of the BSP to the interim quality standards and their finalisation was recommended to inform a national programme. Such a review was outside the scope of the evaluation.

Table 14: Adherence to BSP quality standards dated 31 December 2015

Number	Section	Requirement	Results
1	Uptake QS 1, 2	<ul style="list-style-type: none"> Bowel Screening is offered to the target population within the BSP. 60% of all eligible people will participate (completed an iFOBT test) in the screening programme after 2 years. 	<ul style="list-style-type: none"> Refer section 3. Met for some groups but not all.
2	Call/Recall QS 3	<ul style="list-style-type: none"> 95% of eligible participants are sent their first invitation for screening, though a pre-notification letter, within 2 years of commencement of the BSP. 95% of eligible participants are recalled for screening every 2 years (within 27 months) of their previous invitation for screening. 	<ul style="list-style-type: none"> 97.50% of eligible people in Waitematā DHB region who were invited to participate during the first screening round¹ BSP Coordination Centre confirmed this standard was achieved.
3	Informed Choice/ Consent QS 3, 4	<ul style="list-style-type: none"> 95% of bowel screening participants surveyed report that they were appropriately informed about the process involved prior to participating in BSP. 90% of bowel screening participants receive appropriate information in a format that meets the needs of the individual. 95% of participants return an iFOBT consent form with their completed iFOBT sample. 95% of participants surveyed report telephone contact was respectful, informative and culturally appropriate. 	<ul style="list-style-type: none"> Not measured. See outcome from satisfaction surveys in section 5 below. This data can be accessed from a manual count but it cannot be reported off the Register. LabPLUS advise the BSP Coordination Centre each time a kit is received without a consent form. Where the participant is able to be identified, the BSP Coordination Centre arranges for a replacement kit to be sent with advice to the participant on including the consent form 97% of the survey participants said that the information line had met their needs.²

¹ Source <http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/bowel-screening-pilot/bowel-screening-pilot-monitoring-indicators> accessed 27 July 2016.

² Waitematā District Health Board (2015).

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Number	Section	Requirement	Results
4	Failsafe QS 3	<ul style="list-style-type: none"> 100% of bowel screening participants with a negative screening result are returned to 2 yearly recall. 100% of bowel screening participants with a positive iFOBT result are followed up by the BSP Endoscopy Unit and/or their GP. 	<ul style="list-style-type: none"> The BSP system automatically moves participants to two yearly recall and there is no reason to suspect that this is not happening as it should (BSP Coordination Centre communication). 100% – the system sends tasks to the Endoscopy Unit if the timeframe within which the referral should be received has not been met and the CNSs assume responsibility for contacting the participant. There is a formal process in place for when a participant is unable to be contacted at all.
5	iFOBT Kit QS 4, 5	<ul style="list-style-type: none"> 100% of iFOBT logged within 1 working day of receipt in laboratory. 100% of correctly completed iFOBTs received by the screening laboratory are tested and results released within 2 working days of receipt in the laboratory. 95% of individuals returning a correctly completed iFOBT are advised of their results by the GP or endoscopy unit within 10 working days of receipt of the test result from the laboratory. 100% of laboratory staff performing iFOBT testing must be appropriately qualified and receive relevant training before undertaking unsupervised work. 	<ul style="list-style-type: none"> BSP Coordination Centre confirmed this standard has been met for the full four year period BSP Coordination Centre confirmed this standard has been met for the full four year period BSP Coordination Centre noted that it is not known the date on which the GP advised the participants of their result. The only known date is the date on which the GP referred. It is known that the Endoscopy Unit consistently advises participants of results within 10 working days – where there is no GP involved. 100% - IANZ accreditation requirement.

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Number	Section	Requirement	Results
6	Pre-Assessment QS 6	<ul style="list-style-type: none"> The time interval following a positive result being entered into the BSP IT system and date of initial contact, for colonoscopy is within 15 working days for at least 95% of individuals. 100% of participants are documented to have received a pre -assessment interview. 100% of participants deemed fit for colonoscopy are appropriately referred for colonoscopy. For all participants with a positive iFOBT result who do not proceed for colonoscopy there is documentation that appropriate pathways were followed and action taken. 95% of participants responding to patient satisfaction surveys report that they received appropriate information relating to colonoscopy and bowel preparation for the procedure. 95% of participants responding to patient satisfaction surveys report that timely and appropriate advice regarding colonoscopy and bowel preparation was available. For 90% of participants proceeding to colonoscopy there is evidence that a participant has completed the questionnaire relating to family history of bowel cancer. The questionnaire (yet to be finalised) is designed to facilitate on-referral to the New Zealand Familial Gastrointestinal Service, if appropriate. 	<ul style="list-style-type: none"> BSP Coordination Centre confirmed this standard has been consistently met over the four year period. 100% of participants are documented to have received a pre-assessment interview (BSP Coordination Centre communication). 100% of participants deemed fit for colonoscopy are appropriately referred for colonoscopy (BSP Coordination Centre communication). All are documented on the system (BSP Coordination Centre communication). 95% in Round 1 and 93% in Round 2³ 97% rated very good or good 'provide clear information to prepare you for your colonoscopy'.⁴ The questionnaire has not been implemented.
7	Colonoscopy QS 7	<ul style="list-style-type: none"> In at least 95% of cases, the interval between the pre-assessment appointment and the first date offered for colonoscopy is within 15 working days. In at least 95% of cases, the interval between the notification of the positive screening result and the date colonoscopy is completed is within 55 working days (11 weeks). 100% of screening colonoscopy outcomes site are reported in the BSP IT system. 100% of screening colonoscopy results (excluding histopathology) are reported within 5 working days after the procedure to the participants nominated GP and to the CC. 100% of participants will receive the results of all colonoscopy investigations (including histopathology) within 20 working days of the final procedure. 	<ul style="list-style-type: none"> 100% - There is no interval because the date is offered at the time of the pre-assessment. 95% 100% (BSP Coordination Centre communication). 100% - Participant receives the procedure report to take home on the day and also on the same day it is put in the mail to the GP. Difficult to calculate as result letter not generated from BSP system. Estimated at 98% (BSP Coordination Centre communication).

³ Source <http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/bowel-screening-pilot/bowel-screening-pilot-monitoring-indicators> accessed 27 July 2016.

⁴ Waitematā District Health Board (2013, 2015).

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Number	Section	Requirement	Results
8	Colonoscopy Procedure QS 7	<ul style="list-style-type: none"> All colonoscopists working in the BSP are approved to work in the programme by the BSP Endoscopy Lead. The minimum standards for performance of colonoscopy are met and reviewed three monthly by the Lead Endoscopist. These records are available for external audit as de-identified data. Minimum Standards for performance of colonoscopy are: <ul style="list-style-type: none"> The caecal intubation rate for each proceduralist is 95% or greater for screening patients. The mean colonoscope withdrawal time from the caecum is 6 minutes or greater for procedures where no polypectomy performed. The polyp detection rate for each proceduralist is in line with the average polyp detection rate being documented in participants proceeding to colonoscopy within the WDHB BSP. The Adenoma detection rate for each proceduralist performing colonoscopy within the BSP should be \geq than 35% of screening colonoscopies. The rate of polyp recovery for pathological examination for each proceduralist is more than 95% for polyps > 5mm. All colonoscopists working in BSP receive performance feedback from the BSP Endoscopy Lead and these records are available for external audit as de-identified data. 100% of screening colonoscopy results are reported in the BSP IT system. 100% of screening colonoscopy results are reported within 5 working days after the procedure to the participant's nominated GP and the BSP IT system. All adverse events and hospital admissions within 30 days following performance of colonoscopy within the BSP are documented and appropriately reviewed at a minimum of monthly intervals. The severity categorisation, root cause analysis and information to be recorded as per the United Kingdom NHS Quality Assurance Guidelines for Colonoscopy. These records are available for external audit as de-identified data. The rate of intermediate or serious colonoscopic complications relating to perforation or bleeding requiring hospital admission within 30 days of performance of colonoscopy within the BSP shall be <10:1000 colonoscopies (this number is based on the fact that 70% of participants proceeding to colonoscopy in the WDHB Pilot have a lesion detected). 	<ul style="list-style-type: none"> Yes. Yes – noted by all relevant stakeholders. BSP Coordination Centre confirmed this standard is met BSP Coordination Centre confirmed this standard is met. The number of polyps detected is recorded on the Register within the participant's record, but the name of the proceduralist is not captured. An aggregated polyp detection rate number is therefore used for the proceduralists as a group. BSP Coordination Centre confirmed this standard is met on the aggregated data. BSP Coordination Centre confirmed this standard is met on the aggregated data. Yes – noted by all relevant stakeholders interviewed. 100% of screening colonoscopy results are reported in the BSP IT system. 100% (BSP Coordination Centre communication). Yes - The BSP adheres to the National Policy for the Management of Healthcare Incidents. All incidents are entered onto the RiskPro system and managed, recorded and reported according to a standardised process. All hospital admissions reported to the Ministry of Health in de-identified form. A record of participant readmission review is retained at endoscopy unit. Adverse events reviews, subsequent reports and other actions are undertaken in accordance with Ministry of Health requirements of DHBs for management and reporting of adverse events. Perforation or bleeding 3.3 per 1000 Other events not perforation or bleeding 0.3 per 1000

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Number	Section	Requirement	Results
9	Alternative Investigation QS 7	<ul style="list-style-type: none"> 95% of participants requiring a CTC are given a date for the procedure on the day they are deemed unfit for colonoscopy or within 5 working days if pre-assessment is carried out by telephone. 95% of participants requiring CTC receive the examination within 20 working days (4 weeks) from the day they are deemed unfit for colonoscopy/pre-assessment. 95% of radiological reports will be sent to GPs within 7 working days from completion of the examination. A date for CTC is offered within 5 working days of the incomplete colonoscopy. 90% of participants will be notified of their results of all final investigations within 7 working days. 100% of providers of CTC comply with the CTC Standards as endorsed by the Royal Australian and New Zealand College of Radiologists. 	<ul style="list-style-type: none"> No data, but the process is that when the CNS pre-assesses and is of the view that the participant may be unsuitable for colonoscopy the Lead Colonoscopist will make a decision within 5 days and refer for CTC. Data is not kept on whether the Radiology Department contacts the participant with an appointment within 5 days. No data kept on this – the date of the CTC appointment is not captured on the system. No data kept on this – letters not generated by the system therefore unable to report. In most instances the person receives the CTC on the same day or the next day. This is not able to happen for people from a Friday afternoon list who are referred for an appointment – again. The date of the appointment is not captured on the BSP system. As above – letters not generated from BSP system so unable to report. 100%.
10	Histopathology QS 8	<ul style="list-style-type: none"> 100% of BSP pathology specimens obtained during BSP colonoscopy or surgery are reported using BSP standardised/synoptic reports. 95% of specimens submitted from colonoscopy are reported and relayed to the referring endoscopist/surgeon within 10 working days of receipt of the specimen in the laboratory. 	<ul style="list-style-type: none"> 100% – this is the only report used by LabPLUS for the BSP (BSP Coordination Centre communication). This standard is reported by LabPLUS to BSP as part of their quarterly contract report and has been consistently met for the period to 30 June (BSP Coordination Centre communication).
11	Referral Pathways QS 9	<ul style="list-style-type: none"> 95% of BSP participants requiring clinical follow-up have been referred and seen by an appropriate consultant within 10 working days of diagnosis (2 weeks). 95% of BSP participants diagnosed with cancer are referred to the appropriate consultant for presentation at an MDM within 20 working days from diagnosis (4 weeks). 	<ul style="list-style-type: none"> This standard has not been achieved and only 40% of participants requiring clinical follow up have an FSA within 10 days. In mitigation of this result it should be noted that all of these participants do have what is in effect an FSA at the time of the discovery of cancer at the colonoscopy unit (BSP Coordination Centre communication). 90% of participants diagnosed with cancer at the BSP Endoscopy Unit are discussed at an MDM within 20 working days (BSP Coordination Centre communication).