

2017 REPORT CARD OF Benchmarks for Quality of Screening Colonoscopy

The American College of Gastroenterology supports that the available science demonstrates the clear superiority of colonoscopy in reducing colorectal cancer deaths when performed by a well-trained gastroenterologist. Screening should be performed on patients when they reach 50 years old, then continue getting screened at regular intervals. However, some patients need to be earlier than 50 or more often than other people if they have risk factors.

There has been increased emphasis in recent years on the quality of screening procedures, in addition to their appropriate use. To measure colonoscopy quality, gastroenterologists frequently use four benchmarks. All of the benchmarked data can be collected during a colonoscopy and measured. When compared with the national benchmark, these measurements give us a picture of the performance of our physicians. We describe these four benchmarks below.

Adenoma Detection: Of the colonoscopies performed so far this year, Dr. Erick Alayo had an Adenoma detection rate of 30.14%, well above the standard of 20%.

Colon Withdrawal time: Dr. Alayo overall average colon withdrawal time is 8.01 minutes.

Cecum Intubation: Of the colonoscopies performed so far this year, Dr. Alayo had a cecum (where the small intestine and the colon meet) intubation rate of 99.6%.

Bowel Preparation Quality: The number of patients who presented for colonoscopy with documented bowel preparation to have a thorough colonoscopy (excellent/good/fair/adequate) was 96 %.

