



National quality requirements for colonoscopy centres

Subject	Goal	Indicator	Description	Acceptance criteria	Audit criteria	
Organisation	Uniform quality in the implementation of the screening programme and the subsequent diagnostics	Endoscopy performed under work agreement	Endoscopists working in a colonoscopy centre that performs endoscopies after referral from the screening programme meet the prescribed national quality requirements for the screening programme.	demonstrable	demonstrable	
		Pathology agreements	Agreements with pathology laboratories that meet the prescribed national quality requirements for the screening programme.	demonstrable	demonstrable	
		Radiology agreements	Agreements with radiology laboratories that meet the prescribed national quality requirements for the screening programme.	demonstrable	demonstrable	
	Appropriate facilities to enable all the functions required for the screening programme to be performed effectively	Location, construction, size and equipment	The location, construction and size of the colonoscopy centre as well as its equipment meet the specified criteria (ARBO legislation - <i>occupational safety, health and welfare</i>).	demonstrable	demonstrable	
		Layout	The layout of the colonoscopy centre meets the specified criteria (NVMDL inspection criteria).	demonstrable	demonstrable	
		Equipment	The equipment in the endoscopy rooms and cleaning room meet the specified criteria (NVMDL inspection criteria).	demonstrable	demonstrable	
	Prevention of waiting times	Capacity	Periodic supply of the required information on available capacity.	demonstrable	demonstrable	
		Intake interview agreements	Compliance with the conditions set by the referring practitioner for the intake interview.	-	demonstrable	
		Time slots	Provide access to a record of the time slots that are available for a given period.	-	demonstrable	
		Continuity of the service	Guarantee the continuity of the service.	demonstrable	demonstrable	
	Internal quality assurance for the work that is to be performed	Periodic inspections	Participation in periodic inspections by the professional body.	demonstrable	demonstrable	
		Accreditation	Compliance with inspection criteria of the professional body.	demonstrable	demonstrable	
		Internal audits	Annual internal audit of the critical duties that have to be performed.	-	demonstrable	
		Certification	An organised, maintained and certified (in year that has yet to be determined by the LCIBD) internal quality system that guarantees the relevant aspects of safety management.	-	demonstrable	
	Personnel	Qualified employees	Professional registration	Employees are responsible for their professional registration and re-registration.	demonstrable	demonstrable
		Employee expertise	Competences	Employees have the required competences.	demonstrable	demonstrable



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	Sufficient employees	Staffing	The number of assistants within the colonoscopy centre.	≥ 3	≥ 3
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Frameworks	Performance of the duties within the specified frameworks	Legislation	Compliance with and working in accordance with the applicable legislation and regulations.	demonstrable	demonstrable
		Implementation framework	Compliance with and working in accordance with the agreements contained in the prescribed national implementation framework for the bowel cancer screening programme.	-	demonstrable
		Guidelines	Compliance with and working in accordance with the applicable guidelines as prescribed by the professional body.	demonstrable	demonstrable
		Protocols	Compliance with and working in accordance with the applicable national protocols and criteria.	demonstrable	demonstrable
		Preparation for colonoscopy	An implemented procedure for the preparation for colonoscopies.	demonstrable	demonstrable
		Risk management	Compliance with and working in accordance with the prescribed national risk management protocol for the bowel cancer screening programme.	-	demonstrable
		Dealing with incidents	An implemented procedure for dealing with incidents.	demonstrable	demonstrable
		Evaluation of incidents	Incidents that could lead to improvements in the screening programme are discussed with the RCMDL during the periodic audit.	-	demonstrable
		Reporting incidents	Incidents or calamities that could be a risk to the safety or quality of the screening programme for the participant must be reported immediately to the RCMDL.	-	demonstrable
		Dealing with complaints	An implemented procedure for dealing with complaints.	demonstrable	demonstrable
Evaluation of complaints	Complaints that could lead to improvements in the screening programme are discussed with the RCMDL during the periodic audit.	-	demonstrable		
Intake interview	Uniform quality of the pre-colonoscopy intake interview	Personal contact	The intake interview takes place face to face.	-	demonstrable
		Expertise	The intake interview is performed by an expert, qualified and competent employee.	-	demonstrable
		Responsibility	If the patient has any relevant medical history and there has been no contact with the GP before the intake interview, the colonoscopy centre is responsible for requesting this data from the GP or other care professional.	-	demonstrable
	Determination of whether a colonoscopy can be performed	Case history	The medical history taking during the intake interview includes inquiries into all the aspects specified in the Acceptance and Auditing Protocol.	-	demonstrable



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		Anticoagulant	A modified method is used if anticoagulant medicine is being taken.	-	demonstrable
		Familial loading	The intake interview investigates whether the patient could be predisposed to hereditary bowel cancer.	-	demonstrable



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Intake interview (cont.)	Determination of whether a colonoscopy is necessary	Power of decision	The colonoscopy centre has documented work practices regarding the responsibilities for taking the decision to provide treatment.	-	demonstrable
		Exclusion criteria	Exclusion for colonoscopy is based on the case history and the exclusion criteria specified with regard to the bowel cancer screening programme.	-	demonstrable
		Alternative to colonoscopy	The provision of an alternative for patients that cannot undergo a colonoscopy, but where a detected abnormality will have therapeutic consequences.	-	demonstrable
		Transfer to specialist	Proper transfer of the patient's data to the relevant specialist, if a good quality colonoscopy is not possible.	-	demonstrable
	Performance of the duties within the specified frameworks	Sedation	If sedation is required, the guidelines from the professional body are adhered to.	-	demonstrable
	Uniform provision of information to colonoscopy patients	Information	During the intake interview, the information provided to the patient includes all the aspects of information specified in the Acceptance and Auditing Protocol.	-	demonstrable
		Written information	During the intake interview, the patient receives written information about the preparations for the colonoscopy and the procedure itself.	-	demonstrable
		Interval carcinomas	During the intake interview, the patient is informed of the risk of interval carcinomas following a colonoscopy.	-	demonstrable
	Treating personal information with care	Informed consent	Informed consent for medical procedures and permission for the registration and exchange of data with care professionals outside the screening programme is obtained in compliance with the applicable hospital policy.	-	demonstrable
		Permission for data exchange	During the intake interview, permission is requested from the patient to share the data obtained during the interview and colonoscopy with the screening programme body.	-	demonstrable
	Support of the primary process	Registration of the intake interview	Structured recording of the required data from the intake interview in the allocated care provider's portal.	-	demonstrable
		Timely registration	The maximum time after the intake interview within which the required interview data must be registered.	-	≤ 5 working days
Colonoscopy (high quality)	Colon fully examined	Colon preparation	The percentage of colonoscopies whereby the colon is sufficiently clean to enable a proper examination.	≥ 90%	≥ 90%



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Patient welfare	Minimising the risk of damage to the screened population	Protocol-based working practices	Employees work in compliance with protocols, guidelines and working procedures, as far as is required for patient safety.	demonstrable	demonstrable
		High risk procedures	Employees are qualified and competent to perform high-risk procedures.	demonstrable	demonstrable
		Assessment of procedures	An employee's professional performance with respect to high-risk procedures is assessed in compliance with a specified method.	-	demonstrable
	Prevention of infection	Personal hygiene	Employees adhere to the specified requirements for personal hygiene.	demonstrable	demonstrable
		Scopes	Cleaning, disinfecting and microbiological checks of the scopes is performed in compliance with the specified requirements.	demonstrable	demonstrable
	Optimising the patient's experience	CO ₂ insufflation	The percentage of colonoscopies in which CO ₂ insufflation is used.	equipment present	100%
		Measurement of satisfaction	Measurement of the participant's satisfaction and their perception of the quality, safety and comfort of the care provided.	-	demonstrable
		Language	Employees are able to talk to the participants in Dutch.	-	demonstrable
	Providing results and aftercare	Uniform patient information after the colonoscopy	Uniform patient information	After the colonoscopy and pathology test results, the participant receives verbal and written information about the findings and aftercare.	-
Consistent patient information			The verbal and written information is consistent with the information contained in the leaflet 'If blood is found in your faeces'.	-	demonstrable
Uniform patient information after a colonoscopy without pathology test		Verbal patient information after a colonoscopy without pathology test	The verbal explanation of results obtained from a colonoscopy without pathology test, will include all the aspects specified in the Acceptance and Auditing Protocol.	-	demonstrable
		Results letter after a colonoscopy without pathology test	The percentage of participants who receive the prescribed national results and aftercare form following a colonoscopy without pathology test.	-	≥ 95%
Uniform patient information after a colonoscopy with pathology test		Verbal patient information after a colonoscopy with pathology test	The verbal explanation of results obtained from a colonoscopy with pathology test, will include all the aspects specified in the Acceptance and Auditing Protocol.	-	demonstrable

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Provision of results and aftercare (cont.)	Uniform patient information after a colonoscopy with pathology test	Consultation	The consultation in which the participant receives a verbal explanation of the results, includes all the aspects specified in the colonoscopy protocol.	-	demonstrable
		Results letter after a colonoscopy with pathology test	The percentage of participants with pathology test that receive a written confirmation of the pathology test results and the follow-up policy.	-	≥ 95%
	Minimising the risk of damage to the screened population	Follow-up	The percentage of participants for whom the time interval between the colonoscopy without pathology test and the contact with the patient to inquire about complications is a <i>maximum of one month</i> .	-	≥ 95%
Durations	Minimise participant anxiety	Time between results letter and pre-colonoscopy intake interview	The percentage of participants for whom the time interval between sending the results letter, with a referral because of a positive iFOBT, and the pre-colonoscopy intake interview is a <i>maximum of 15 working days</i> .	-	≥ 95%
		Time interval between the pre-colonoscopy intake interview and the colonoscopy itself	The percentage of participants for whom the time interval between the primary planned pre-colonoscopy intake interview and the colonoscopy itself is a <i>maximum of ten working days</i> .	-	≥ 95%
		Time between the pre-colonoscopy intake interview and the colonoscopy appointment	The percentage of participants for whom the time interval between the pre-colonoscopy intake interview and the primary planned appointment for the colonoscopy is a <i>maximum of ten working days</i> .	-	≥ 95%
		Time between the results letter and performing the colonoscopy	The percentage of participants for whom the time interval between sending the results letter, with a referral because of a positive iFOBT, and performing the colonoscopy is a <i>maximum of 20 working days</i> .	-	≥ 95%
		Time between the pre-colonoscopy intake interview and the results letter	The percentage of participants for whom the time interval between the appointment for the pre-colonoscopy intake interview and when the definitive results letter (after colonoscopy and relevant pathology) is sent by the gastroenterologist to the participant is a <i>maximum of 25 working days</i> .	-	≥ 95%
		Time between the colonoscopy with polypectomy or biopsy and the verbal consultation	The percentage of participants for whom the time interval between the colonoscopy with a polypectomy or biopsy and the subsequent verbal consultation is a <i>maximum of five working days</i> .	-	≥ 95%
		In the case of a colonoscopy with a polypectomy or biopsy, the time between the verbal	The percentage of participants for whom the time interval between the verbal consultation and when the definitive results letter is sent to the participant by the gastroenterologist is a	-	≥ 95%



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Subject	Goal	Indicator	Description	Acceptance criteria	Audit criteria
		consultation and the results letter	<i>maximum of five working days.</i>		
Data management	Support for the primary process; monitoring and evaluating quality	Data registration and image storage	Structured data registration and image storage.	up-to-date system	demonstrable
		Keeping records of the activities	Full record keeping of the activities performed within the scope of the screening programme.	-	100%
		Provision of data	Provision of access to the required data and its structured delivery.	up-to-date system	demonstrable
		Data exchange	The availability of a secure internet connection for the electronic data exchange.	demonstrable	demonstrable
		Data management	Periodic updates and backups of the applicable registration systems and its data.	up-to-date system	demonstrable
		Access to data	Managing access to the sensitive data in the intake module of ColonIS.	-	demonstrable
Follow-up care	Guarantee the transfer to follow-up care.	Transfer to follow-up care	Proper transfer of the patient and data to the appropriate specialist, if treatment is required.	-	demonstrable
	Guarantee surveillance and return to the screening programme	Surveillance	If surveillance is required, the guidelines from the professional body are adhered to.	-	demonstrable
		Return to the screening programme	Electronic message if a participant can return to the screening programme after a surveillance colonoscopy.	-	demonstrable