

Implementation of the Updated 2024 Colonoscopy Quality Indicators: A Quality Improvement Project

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Problem. Colonoscopy quality indicators continue to evolve with emerging data and technological advancements. This Quality Improvement (QI) project aimed to incorporate updated 2024 colonoscopy metrics guidelines into our ongoing quality metrics database. Previous guidelines tracked metrics only for average-risk screening colonoscopies, while the new recommendations expand tracking to all colonoscopies regardless of indication. We examined the impact of this change on core metrics.

Baseline Measurement. Metrics measured included Adenoma Detection Rate (ADR), Adenomas Per Colonoscopy (APC), Sessile Serrated Lesion Detection Rate (SSLDR), and Withdrawal Time, as per the 2024 guidelines.

Design. This project began with a review of the updated guidelines, followed by education and training for endoscopy staff on new benchmarks. The revised quality indicators were implemented with ongoing monthly tracking and analysis using descriptive statistics and percentages.

Results. A total of 504 colonoscopies (October 2024-January 2025) were compared to 1,456 from the prior fiscal year (October 2023-September 2024). ADR increased from 58.5% to 66.8%. SSLDR increased from 11.2% to 13.4%. APC increased from 1.59 to 2.13 adenomas. Withdrawal time increased from 13.3 to 14.5 minutes.

Conclusions. Core metrics of ADR, APC, and SSLDR now include patients undergoing colonoscopy for any indication. Previously these were only tracked for average-risk screening colonoscopies. These updates aim to improve colonoscopy quality by ensuring more thorough exams, hence reducing colorectal cancer incidence. Implementing them into our practice reinforces the importance of continuous quality monitoring and improvement.