

GI Quality Improvement Consortium



General and Colonoscopy Data Collection Form

Patient Sociodemographic Information

Patient Identifier:									
Patient Type:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient								
Patient Zip Code:	<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>								
Patient Birth Date:	<table border="1" style="width: 150px; height: 20px;"> <tr> <td style="width: 20px;">m</td> <td style="width: 20px;">m</td> <td style="width: 20px;">d</td> <td style="width: 20px;">d</td> <td style="width: 20px;">y</td> <td style="width: 20px;">y</td> <td style="width: 20px;">y</td> <td style="width: 20px;">y</td> </tr> </table>	m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y		
Patient Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female								
Patient Ethnicity:	<input type="checkbox"/> African American <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Unknown								
Patient Height (inches):	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>								
Patient Weight (pounds):	<table border="1" style="width: 70px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 20px;"></td> </tr> </table>								

Endoscopy Suite Information

Endoscopy Facility ID:	<table border="1" style="width: 80px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 20px;"></td> </tr> </table>				Endo Suite Type:	<input type="checkbox"/> Hospital <input type="checkbox"/> ASC/AEC <input type="checkbox"/> Physician Office								
Physician ID (NPI):	<table border="1" style="width: 300px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>												Endo Suite Teaching Status:	<input type="checkbox"/> Teaching Facility <input type="checkbox"/> Non-Teaching Facility
Fellow Physician ID (NPI):	<table border="1" style="width: 300px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>												Did the Fellow Physician perform the procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Fellowship:	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4													



General and Colonoscopy Data Collection Form

General Quality Indicators

Procedure Date:	<input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Endoscopy Procedure:	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> ERCP <input type="checkbox"/> EGD <input type="checkbox"/> EUS
Current History & Physical Documented on Chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed Consent Documented in Medical Record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASA Category:	<input type="checkbox"/> ASA I <input type="checkbox"/> ASA II <input type="checkbox"/> ASA III <input type="checkbox"/> ASA IV <input type="checkbox"/> ASA V <input type="checkbox"/> ASA-E
Discharge Instructions	
<i>Note: If the procedure is for an inpatient, please fill out only the questions on Diet Instructions and Medication Resumption. If the procedure is for an outpatient, please fill out all the instruction questions below.</i>	
Written <i>Discharge Instructions</i> provided to patient before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diet Instructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Resumption / Orders Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Return to Activities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Potential Delayed Complications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Emergency Contact Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticoagulation / Anti-platelet Therapy	
Anticoagulation / Anti-platelet Therapy: Patient given instructions relative to resumption of therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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Colonoscopy Procedure Quality Indicators

Colonoscopy Type: <i>(If Endoscopy procedure type is not Colonoscopy please leave this question blank)</i>	<input type="checkbox"/> Colon Cancer Screening <input type="checkbox"/> Surveillance <input type="checkbox"/> Diagnostic			
	If Screening or Surveillance, Year of <i>previous colonoscopy</i> : <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> </tr> </table>	y	y	y
y	y	y	y	
Bowel Prep Quality: <i>(Bowel Prep is adequate if sufficient to accurately detect polyps ≥ 6 mm in size; Inadequate if it is NOT sufficient to accurately detect polyps ≥ 6 mm)</i>	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate			

Colonoscopy Indication – Select at least one (1) reason for performing the colonoscopy

<input type="checkbox"/>	Evaluation of unexplained GI bleeding
<input type="checkbox"/>	Unexplained iron deficiency anemia
<input type="checkbox"/>	Screening for colonic neoplasia
<input type="checkbox"/>	Inflammatory bowel disease of the intestine if more precise diagnosis or determination of the extent / severity of activity of disease will influence immediate / future management
<input type="checkbox"/>	Clinically significant diarrhea of unexplained origin
<input type="checkbox"/>	Evaluation of barium enema or other imaging study of an abnormality that is likely to be clinically significant, such as filling defect or stricture
<input type="checkbox"/>	Intraoperative identification of a lesion not apparent/found at surgery (e.g. polypectomy site or bleeding source)
<input type="checkbox"/>	Treatment of bleeding from such lesions as vascular malformation, ulceration, neoplasia, & polypectomy site
<input type="checkbox"/>	Foreign body removal
<input type="checkbox"/>	Excision of colonic polyp
<input type="checkbox"/>	Decompression of an acute nontoxic megacolon or sigmoid volvulus
<input type="checkbox"/>	Balloon dilation of stenotic lesions
<input type="checkbox"/>	Palliative treatment of stenosing or bleeding neoplasms



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- Marking a neoplasm for localization
- Other, specify: _____

Cecal Landmarks – Documentation provided in medical record

Ileocecal Valve Photographed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendiceal Orifice Photographed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminal Ileum Photographed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Colorectal Neoplasm Risk Assessment

Colorectal Neoplasm Risk Assessment for this procedure:	<input type="checkbox"/> Avg Risk <input type="checkbox"/> High Risk <input type="checkbox"/> N/A
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If High Risk, select all that apply:

- Colon or Rectal Adenocarcinoma, specify:
 Personal History Family History (1st degree relative < 60 years old) Both
- Advanced Neoplasm (≥ 10 mm, high grade dysplasia, villous component, etc.)
- 3 or More Adenomas
- Non Advanced Neoplasm (< 3 adenomas, < 10 mm, no villous component, etc.)
- High Risk Genetic Family Cancer Syndrome (e.g. Familial Adenomatous Polyposis Syndrome, HNPCC/Lynch Syndrome, etc.)
 Personal History Family History Both
- History of Colon Adenoma, specify:
 Personal History Family History (1st degree relative < 60 years old with advanced adenoma(s)) Both
- Inflammatory Bowel Disease (≥ 8 years pancolitis or ≥ 15 years left sided colitis)
- Inflammatory Bowel Disease with Known Dysplasia



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Polyps	
Number of Polyps Removed During Colonoscopy Procedure:	<input type="text"/>
Number Polyps Partially Removed During Colonoscopy Procedure:	<input type="text"/>
Number Polyps Retrieved During Colonoscopy Procedure:	<input type="text"/>
Polyp Morphology Described:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Polyp Size Described:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Procedure Duration	
Specify the number of <u>minutes</u> required to complete the following: (ie: 7.4 min)	
Time between insertion and reaching the cecum (in minutes):	<input type="text"/>
Withdrawal time from Cecum to anus (in minutes):	<input type="text"/>
Pathology	
Pathology Tissue Obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Type of Polyp: (select all that apply)
	<input type="checkbox"/> Adenomatous Polyp(s): (select all that apply)
	<input type="checkbox"/> Advanced Neoplasm (≥ 10 mm, high grade dysplasia, villous component, etc.)
	<input type="checkbox"/> 3 or More Adenomas
	<input type="checkbox"/> 1 or 2 Tubular Adenomas < 10 mm
	<input type="checkbox"/> Hyperplastic Polyp(s)
	<input type="checkbox"/> Adenocarcinoma
<input type="checkbox"/> Other, specify: _____	

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Follow-up Interval – Select follow-up interval for next Colonoscopy

- | | | |
|-------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 Year | <input type="checkbox"/> Other |
| <input type="checkbox"/> < 3 Months | <input type="checkbox"/> 2 Years | |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 3 Years | |
| <input type="checkbox"/> 6 Months | <input type="checkbox"/> 5 Years | |
| <input type="checkbox"/> 9 Months | <input type="checkbox"/> 10 Years | |

Follow-up Interval for Next Colonoscopy Changed Due to Bowel Preparation?

Adverse Events

Please specify immediate adverse event(s) occurring the same day, before the patient leaves the endoscopy facility

- | | |
|--------------------------|---|
| <input type="checkbox"/> | No Adverse Events |
| <input type="checkbox"/> | Bowel Perforation |
| <input type="checkbox"/> | Bleeding (Unplanned Intervention or Hospital Admission) |
| <input type="checkbox"/> | Emergency Dept visit related to colonoscopy procedure |
| <input type="checkbox"/> | Hospital Admission related to colonoscopy procedure |
| <input type="checkbox"/> | Sedation Related (Unplanned Intervention) |
| <input type="checkbox"/> | Death |
| <input type="checkbox"/> | Other, specify: _____ |