



CPSO

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OUT OF HOSPITAL PREMISES INSPECTION PROGRAM ENDOSCOPY/COLONOSCOPY CHECKLIST

Modifications and Additional Requirements have been made to the following Out-of-Hospital Premises Inspection Program Standards for Endoscopy/Colonoscopy:

- 4.2 Procedure Room/Operating Room Physical Standards**
- 6.6 Second Verification**
- 6.8 Intra-Procedure Patient Care for Sedation, Regional Anesthesia or General Anesthesia**
- 8.0 Quality Assurance (QA)- (Additional Quality Assurance Requirements)**
- Additional Quality Standards: Equipment**
- Additional Quality Standards: Policies and Procedures**
- Additional Quality Standards: Quality Improvement**

Please Note: Endoscopy/Colonoscopy must comply with all other requirements as listed in the Out-of-Hospital Premises Inspection Program Standards.

OHPIP STANDARD 4.2.2 Ventilation				
Indicator	C	NC	N/A	Notes
1. Ventilation must ensure patient and staff comfort; and fulfill occupational health and safety requirements.				
2. Where applicable, ventilation and air circulation should be augmented to meet manufacturer's standards and address procedure-related air-quality issues; e.g., cautery smoke, endoscopy, disinfecting agents (e.g., Glutacide venting is separate from the other internal ventilation).				
3. Where gas sterilization is used, a positive pressure outbound system is used, vented directly to the outside.				
4. Please Note: Endoscopy/colonoscopy premises must ensure ventilation of any virucide used during reprocessing (whether automated or manual) is in keeping with both occupational health and safety requirements, and the manufacturer's standards.				
OHPIP STANDARD 6.5 First Verification				
1. The first verification takes place in the pre-procedure area. 2. The patient is awake and aware. 3. The nurse preparing the patient for the procedure: <ul style="list-style-type: none"> a) Confirms the patient identity, procedure, site and/or side with the patient/substitute decision-maker/legal guardian. b) Documents the first verification on the "Surgical Safety Checklist." 				
OHPIP STANDARD 6.6 Second Verification				
1. The second verification must be conducted in the location where the procedure takes place, immediately before starting the procedure <u>Please Note: A "time-out" or "surgical pause" is not required for endoscopy/colonoscopy premises.</u> 2. The patient is not required to be awake. 3. The entire procedure team confirms the patient identity, procedure, site and/or side and acknowledges their agreement: nurse(s), attending physician, attending anesthesiologist [if applicable], and physician-assistant [if applicable].				
OHPIP STANDARD 6.8 Intra-operative Patient Care				
Additional Requirement: In addition to this standard, the OHP Medical Director must ensure appropriate staffing flow for patient safety.				

OHPIP STANDARD 8.1 Monitoring Quality of Care				
Indicator	C	NC	N/A	Notes
The OHP has a documented process in place to regularly monitor the quality of care provided to patients. These activities include, but are not limited to a review of:				
1. Non-medical staff performance				
2. Review of individual physician care to assess:				
a) patient and procedure selection are appropriate				
b) patient outcomes are appropriate				
c) adverse events (see 8.2)				
Additional Requirement: That endoscopy/colonoscopy premises document which scope, including serial number, was used on which patient if not done automatically by the endoscope technology				
3. Review a selection of individual patient records to assess completeness and accuracy of entries by all staff				
4. Review of activity related to cleaning, sterilization, maintenance, and storage of equipment				
5. Documentation of the numbers of procedures performed: any significant increase/decrease (>50% of the last reported assessment).				
Section II: Additional Quality Standards				
1. All equipment used for a colonoscopy and/or GI endoscopy procedure (e.g. cleaners and reprocessors) must be:				
a. Tracked and maintained with a log to ensure full equipment functionality and safety.				
b. Subject to compliance testing and certification where required by the Canadian				
c. Standards Association (CSA) or licensed for use in Canada.				
d. Subject to a regular quality control program. In addition, the specific piece of equipment used for a particular procedure is documented and readily accessible in the form of a log-book.				
e. Replaced where necessary to maintain an up-to-date and high standard of service				
2. All clinics must have:				
a. Have standard equipment to remove polyps and manage complications; including but not limited to: thermal devices, vasoconstricting agents, clipping devices and tattooing equipment.				
b. Use automatic endoscopic reprocessors (AERs) for all procedures.				
c. Have enough AER capacity to ensure that the necessary endoscopes are cleaned and ready for use before the next scheduled patient.				
d. Have an automatic irrigator available for every patient.				
e. Have technology to capture, store and review clinically relevant landmarks or pathology during endoscopy procedures.				
3. All colonoscopy procedures must be performed using a video colonoscope that must be maintained within manufacturer specifications.				

Additional Quality Standards: Policies and Procedures				
Indicator	C	NC	N/A	Notes
1. Clinics must have a documented process for the storage and retrieval of endoscopic images that identifies how each image is linked with a patient.				
2. Clinics must have a policy for: <ul style="list-style-type: none"> • Following up on pathology as outlined in the CPSO test results policy. • Documented identification of a care path to follow up on findings where subsequent therapy or surgery is required. 				
3. Clinics must manage the continuum of care for their patients and have processes or procedures in place to promote quality patient care, including: <ul style="list-style-type: none"> • Referral criteria that are readily available to referring physicians and the public to ensure that the appropriate patients have their procedures in the appropriate setting. • An internal process to review referrals to ensure the appropriateness of the: <ol style="list-style-type: none"> a) Indication/reason for the endoscopy. b) Timing of the endoscopy. c) Procedure to be completed in an out-of-hospital facility. • A policy that guides the criteria and conditions direct to procedure (i.e. open access) referrals to the clinic, as opposed to consultation prior to the procedure. A policy in place to ensure that post endoscopy, any findings and recommendations are communicated to the referring and other physicians. • Recommendations regarding the timing for the next colonoscopy. 				
Additional Quality Standards: Quality Improvement				
Clinics must prescribe and document individual quality improvement processes to address any identified quality issues (i.e. from quality assurance and other).				