



BOWEL SCREENING PILOT

INTERIM QUALITY STANDARDS

30 March 2013

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Overview of Quality Requirements for Bowel Screening

The interim Bowel Screening Pilot (BSP) Quality Standards are intended to be a working document and will be the subject of regular review and revision as bowel screening is implemented at the pilot site. These Standards have been reviewed by the Bowel Cancer Taskforce, the Colonoscopy Quality Working Group (CQWG)¹ and the BSP Quality Assurance Group. The Standards identified in this document will be monitored within the BSP and progress against them will be monitored by the BSP Quality Assurance Group during the four year pilot. Standards with associated timeframes will be monitored to ensure best outcomes for participants and stakeholders involved in the BSP.

1. Monitoring and Evaluation

Monitoring and evaluation of the BSP will be undertaken at a local level by the BSP Quality Assurance Group and nationally by the Ministry of Health (the Ministry) as well as through independent evaluation. Performance monitoring of the overall programme will be undertaken using agreed monitoring and evaluation measures at the BSP as well as using an audit and assessment process for the BSP Quality and Procedures Manual (the Manual). The Manual will contain the Quality Standards and Policy and Operational Procedures for the BSP. The BSP will ensure that they have internal audit processes in place to monitor the programme.

Evaluation for the BSP will be undertaken by an independent provider. The Ministry will provide oversight of the compliance with the monitoring and evaluation processes and indicators and, by exception, on any issues of concern or requiring further investigation.

The Ministry has developed a Monitoring Framework (including draft monitoring indicators) that provide a framework to monitor and evaluate the BSP. The independent evaluators have developed an evaluation strategy to inform the scope of the evaluation of the BSP.

2. Draft Quality Standards

The BSP Quality Standards have been collated based on the English, Welsh and Scottish bowel cancer screening programmes. These UK Standards are based on the outcome of the English and Scottish bowel screening pilot evaluation.

The BSP Quality Standards will be monitored to ensure they are appropriate within the New Zealand context, in particular the ability of service providers to meet the specific timeframes identified, for example the laboratory and endoscopy services.

Quality standards specific to endoscopic facilities and immunochemical faecal occult blood test (FIT) performance form part of the BSP Quality and Procedures Manual.

2.1 Faecal Immunochemical Test for Haemoglobin (FIT) Performance

Specific quality standards to monitor the performance of FIT will be monitored as part of the laboratory contract through Continuing Quality Improvement (CQI), audit and reporting process.

¹ Members of the CQWG are: Drs Tim King, Susan Parry, John Wyeth, Campbell White, Stephen Vallance, David Theobald, Ian Bisset, Mike Hulme-Moir.

2.2 Endoscopy Suite (Colonoscopy)

The Bowel Cancer Endoscopy Nurse Quality Group has provided recommendations to the Bowel Cancer Programme on the required standards for endoscopic facilities, guidelines on sedation, scope reprocessing, infection control, audit, and training requirements for endoscopy nurses and technicians. These Standards will be monitored through CQI and audit processes.

2.3 Colonoscopy Procedure

The Ministry's Bowel Cancer Colonoscopy Quality Working Group has evaluated international colonoscopy standards and has consulted with their parent bodies on the colonoscopy quality standards for use in New Zealand. Specific standards relating to colonoscopy have been developed within the BSP Quality Standards. Further to these standards, quality assurance of the procedure will need to be collected on all screening participants.

Colonoscopy service providers will be required to collect colonoscopy procedural data and monitor colonoscopy performance within the BSP site. These data will also form part of the BSP evaluation.

Standardised reporting for colonoscopy will also be developed for the BSP in collaboration with the Pilot site and professional bodies (where required).

2.4 Professional Requirements

All staff working in the BSP will be required to meet existing professional and training requirements and possibly further training requirements as identified by the quality working groups. The training requirements will be developed during the pilot timeframe with relevant professional bodies. Delivering a quality service depends on:

- enhancing the skills of existing staff through training and development and
- developing new groups of staff with the right skills and competencies to meet BSP priorities.

2.5 Histopathology

The Royal College of Pathologists Australasia (RCPA) have developed *Guidelines for Reporting for Colorectal Cancer (2010)*. These guidelines will form the development of standardised/synoptic reporting for the BSP for participants who have undergone surgery for bowel cancer. The English National Health Service (NHS) Bowel Cancer Screening Programme (BCSP) and the Australian BCSP have both developed synoptic reporting forms. These will be used to inform the development of a standardised/synoptic reporting format for the BSP with advice provided by those within the profession and from the College. The Regional Cancer Networks are also undertaking work on synoptic histopathology reporting for bowel cancer and malignant polyps; this work will inform the synoptic reporting format for the BSP.

- 3. Clinical Audit (Endoscopy)** Clinical audit will form part of the CQI process. Clinical audit seeks to improve the quality of patient care through a system whereby clinicians examine their practice and compare the results against agreed standards and best practice, modifying their practice where indicated.
- It is envisioned the National Endoscopy Service Improvement Lead and the National Clinical Lead (Gastrointestinal Endoscopy) will provide guidance on endoscopy service improvement from a national perspective but also work closely with the pilot site.
- 4. Risk Management** 'Failsafe' in a screening programme means that at any point of the screening pathway it is possible to identify what stage each individual is at within their screening episode. It also identifies if an individual has 'opted off' or if the system has failed to progress them through the screening pathway at any point. It ensures that the BSP can be adequately monitored and that there is an identified end point of screening for all individuals. Failsafe protocols have been identified in the BSP Business Processes and Operational Procedures. The BSP site will be required to have rigorous documented failsafe procedures in place to track every participant within the screening pathway.
- 5. Monitoring Indicators** Monitoring verifies that systems are operating as required. National Monitoring Indicators for the BSP are based on European guidelines for quality assurance in colorectal cancer screening and diagnosis.

Summary of Quality Standards

Where the target is less than 100%, the assumption is that this is the minimum standard to aim for, with the requirements always seeking to be maximised.

Number	Section	Requirement
1	Uptake QS 1, 2	<ul style="list-style-type: none"> Bowel Screening is offered to the target population within the Bowel Screening Pilot. 60% of all eligible people will participate (completed an FIT test) in the screening programme after 2 years.
2	Call/Recall QS 3	<ul style="list-style-type: none"> 95% of eligible participants are sent their first invitation for screening, though a pre-notification letter, within 2 years of commencement of the BSP. 95% of eligible participants are recalled for screening every 2 years (within 27 months) of their previous invitation for screening.
3	Informed Choice/Consent QS 3, 4	<ul style="list-style-type: none"> 95% of bowel screening participants surveyed report that they were appropriately informed about the process involved prior to participating in BSP. 90% of bowel screening participants receive appropriate information in a format that meets the needs of the individual. 95% of participants return an FIT consent form with their completed FIT sample 95% of participants surveyed report telephone contact was respectful, informative and culturally appropriate.
4	Failsafe QS 3	<ul style="list-style-type: none"> 100% of bowel screening participants with a negative screening result are returned to 2 yearly recall. 100% of bowel screening participants with a positive FIT result are followed up by the BSP Endoscopy Unit and/or their GP.
5	FIT Kit QS 4, 5	<ul style="list-style-type: none"> 100% of FIT logged within 1 working day of receipt in laboratory. 100% of correctly completed test kits received by the screening laboratory are tested and results released within 2 working days of receipt in the laboratory. 95% of individuals returning a correctly completed screening test are advised of their results by the GP or endoscopy unit within 10 working days of receipt of the test result from the laboratory. 100% of laboratory staff performing FIT testing must be appropriately qualified and receive relevant training before undertaking unsupervised work.

6	Pre-Assessment QS 6	<ul style="list-style-type: none"> • The time interval following a positive result being entered into the BSP IT system and date of initial contact, for colonoscopy is within 15 working days for at least 95% of individuals. • 100% of participants are documented to have received a pre - assessment interview. • 100 % of participants deemed fit for colonoscopy are appropriately referred for colonoscopy. • For all participants with a positive FIT result who do not proceed for colonoscopy there is documentation that appropriate pathways were followed and action taken. • 95% of participants responding to patient satisfaction surveys report that they received appropriate information relating to colonoscopy and bowel preparation for the procedure. • 95% of participants responding to patient satisfaction surveys report that timely and appropriate advice regarding colonoscopy and bowel preparation was available. • For 90% of participants proceeding to colonoscopy there is evidence that a participant has completed the questionnaire relating to family history of bowel cancer. The questionnaire (yet to be finalised) is designed to facilitate on-referral to the New Zealand Familial Gastrointestinal Service, if appropriate.
7	Colonoscopy QS 7	<ul style="list-style-type: none"> • In at least 95% of cases, the interval between the pre-assessment appointment and the first date offered for colonoscopy is within 15 working days. • In at least 50% of cases, the interval between the notification (of the positive screening result and the date colonoscopy is completed) is within 25 working days (5 weeks). In at least 95% of cases, the interval between the notification of the positive screening result and the date colonoscopy is completed is within 55 working days (11 weeks). • 100% of screening colonoscopy outcomes site are reported in the BSP IT system. • 100% of screening colonoscopy results (excluding histopathology) are reported within 5 working days after the procedure to the participants nominated GP and to the CC. • 100% of participants will receive the results of all colonoscopy investigations (including histopathology) within 20 working days of the final procedure.

8	Colonoscopy Procedure QS 7	<ul style="list-style-type: none"> • All colonoscopists working in BSP are approved to work in the programme by the BSP Endoscopy Lead. • The minimum standards for performance of colonoscopy are met and reviewed three monthly by the Lead Endoscopist. These records are available for external audit as de-identified data. <p>Minimum Standards for performance of colonoscopy are:</p> <ul style="list-style-type: none"> • The caecal intubation rate for each proceduralist is 95% or greater for screening patients. • The mean colonoscope withdrawal time from the caecum is 6 minutes or greater for procedures where no polypectomy performed. • The polyp detection rate for each proceduralist is in line with the average polyp detection rate being documented in participants proceeding to colonoscopy within the WDHB bowel screening pilot • The Adenoma detection rate for each proceduralist performing colonoscopy within the bowel screening pilot should be \geq than 35% of screening colonoscopies • The rate of polyp recovery for pathological examination for each proceduralist is more than 95% for polyps > 5mm. <ul style="list-style-type: none"> • All colonoscopists working in BSP receive performance feedback from the BSP Endoscopy Lead and these records are available for external audit as de-identified data. • 100% of screening colonoscopy results are reported in the BSP IT system • 100% of screening colonoscopy results are reported within 5 working days after the procedure to the participant's nominated GP and the BSP IT system • All adverse events and hospital admissions within 30 days following performance of colonoscopy within the BCSP are documented and appropriately reviewed at a minimum of monthly intervals. The severity categorisation, root cause analysis and information to be recorded as per the United Kingdom NHS Quality Assurance Guidelines for Colonoscopy. • These records are available for external audit as de-identified data. • The rate of intermediate or serious colonoscopic complications relating to perforation or bleeding requiring hospital admission within 30 days of performance of colonoscopy within the BCSP shall be <10:1000 colonoscopies (this number is based on the fact that 70% of participants proceeding to colonoscopy in the WDHB pilot have a lesion detected).
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9	Alternative Investigation QS 7	<ul style="list-style-type: none"> • 95% of participants requiring a CT Colonography are given a date for the procedure on the day they are deemed unfit for colonoscopy or within 5 working days if pre-assessment is carried out by telephone. • 95% of participants requiring CTC receive the examination within 20 working days (4 weeks) from the day they are deemed unfit for colonoscopy/pre-assessment. • 95% of radiological reports will be sent to GPs within 7 working days from completion of the examination. • A date for CT Colonography is offered within 5 working days of the incomplete colonoscopy. • 90% of participants will be notified of their results of all final investigations within 7 working days. • 100% of providers of CT Colonography comply with the CT Colonography Standards as endorsed by RANZCR.
10	Histopathology QS 8	<ul style="list-style-type: none"> • 100% of BSP pathology specimens obtained during BSP colonoscopy or surgery are reported using BSP standardised/synoptic reports. • 95% of specimens submitted from colonoscopy are reported and relayed to the referring endoscopist/surgeon within 10 working days of receipt of the specimen in the laboratory.
11	Referral Pathways QS 9	<ul style="list-style-type: none"> • 95% of BSP participants requiring clinical follow-up have been referred and seen by an appropriate consultant within 10 working days of diagnosis (2 weeks). • 95% of BSP participants diagnosed with cancer are referred to the appropriate consultant for presentation at an MDT management meeting within 20 working days from diagnosis (4 weeks).

Scope and purpose

Introduction

The Bowel Screening Pilot (BSP) will be routinely monitored against monitoring indicators and the quality standards.

It is expected that the BSP Coordination Centre, endoscopy services and laboratory service will have quality assurance systems in place, including internal audit processes that ensure adherence to the BSP Quality and Procedures Manual on an ongoing basis. Ultimate responsibility for this process will rest with Waitemata District Health Board (WDHB) as the BSP provider

The 'evaluation processes' outlined in the draft BSP Quality Standards and draft quality standards for other components of the BSP Quality and Procedures Manual, for example, *Draft Standards for Endoscopy Facilities*, provide specific protocols to follow within the audit process. There is an expectation that, where shortcomings are identified as a result of internal auditing, steps will be taken by WDHB to meet the required Quality Standard and relevant indicators. Where the evaluation process includes surveys, it is expected these will be undertaken annually.

In addition, an evaluation framework will provide the basis for external assessment and review. The external assessment process enables a verification of adherence to each of the standards (at the time of writing, this process is yet to be determined).

Terminology used within the Quality Standards includes:

Standard

The Standard is the overall goal, and wherever possible is outcome-focused and relates directly to the BSP participant. The Standard will always specify the objective that is expected. The Standard is achieved when all indicators or criteria associated with it are met.

Quality Indicators

The quality indicators are measurable elements of service provision. Quality indicators relate to the desired outcome or performance of staff or services.

Essential Criteria

The essential criteria are components of service provision that are required to be in place in order to achieve the indicator.

Evaluation Process

The evaluation process is the means through which the criteria are assessed.

Evaluation Target

Evaluation targets are specified where quantitative measures are available. If no target has been set, the expectation is that full compliance with all criteria will be met. The evaluation target clearly identifies the level of compliance required to meet the specific standard, indicator or criteria.

The BSP Quality Assurance Group will provide oversight for the monitoring of the BSP and ensure the Pilot is meeting the BSP Quality Standards, Endoscopy Facility Standards (Colonoscopy), FIT Performance Quality Standards, and the BSP Business Processes and Operational Procedures.

Initial scope and timescales

The reporting requirements for the BSP include reporting timeframes for each of the BSP Quality Standards. Localised reporting to the Quality Assurance Group will be developed by the Group to enable quality improvement. The Ministry of Health will require quarterly, six monthly and annual reporting. It is envisaged the independent evaluators for the BSP will provide input into the reporting requirements.

Data Definitions and Data Elements

The Ministry of Health have developed data definitions and data elements to enable clear and concise reporting and monitoring of the BSP. These data definitions have been based on:

- recognised population screening priorities
- consensus between represented stakeholders
- once-only data collection (and agreed responsibility)
- source data based on robust definitions
- acceptable impact/burden on services
- collected with appropriate frequency and timeliness.

The Data Definitions document will be part of the BSP Quality & Procedures Manual.

Composition / format of Quality Standards

Each Quality Standard has been defined according to a standard template, which specifies:

- name of the Quality Standard
- description
- rationale for collection
- achievable level and acceptable level of performance (where relevant)
- the quality indicator
- essential criteria in order to meet the Standard
- evaluation process and
- the evaluation target.

WDHB as the provider of the BSP will have oversight of the components of the bowel screening pathway to ensure compliance with the Standards. Although each of the service providers in the BSP such as the Endoscopy Unit and the Laboratories will have responsibility for ensuring they meet the Standards, the BSP Clinical Director, through the BSP Quality Assurance Group will monitor compliance and lead Continuous Quality Improvement (CQI) for the pilot.

Performance thresholds

Where possible, performance thresholds have been selected that align with existing screening programme standards and service objectives. Two thresholds have been defined in relation to one of the Quality Standards (Colonoscopy): an achievable threshold, that the BSP should aim to meet, and an acceptable threshold, that the pilot must meet. This allows monitoring as to the ability of the Endoscopy Unit to meet this standard.

The **desirable** threshold represents safe and robust performance; screening programmes should budget for and aspire towards performance at this level. Local constraints may sometimes result in the BSP failing to meet this threshold. Service improvement plans should focus on the delivery of a balanced service with as many standards as possible meeting the achievable threshold.

The **acceptable** threshold is the lowest level of performance considered safe. The BSP is expected to exceed the acceptable threshold, and to agree service improvement plans that develop performance towards an achievable level. If the BSP is not meeting the acceptable threshold it is expected to implement recovery plans to ensure rapid and sustained improvement.

1. Provision of Bowel Screening

Provision of Bowel Screening to the Target Population	
Standard 1: An effective bowel screening pathway is available in the Bowel Screening Pilot defined area.	
Definition	A high quality bowel screening service is available to the target population in the Waitemata District Health Board (WDHB) area.
Rationale	There is evidence that population-based screening can lead to a reduction in mortality from bowel cancer.
Quality Indicator	The bowel screening service has all components of the bowel screening pathway in place that meets the Bowel Screening Pilot (BSP) Quality Standards and BSP Policy and Operational Procedures and has documented Standards Operational Procedures in place.
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>1a There are clearly defined arrangements for governance for the BSP. Overall management responsibility for BSP participants lies with the Co-ordination Centre for the BSP.</p> <p>1b There is a dedicated <u>Population</u> Register to identify eligible participants. The <u>Programme</u> Register will store the participant's screening history.</p> <p>1c There is a designated BSP Quality Assurance (QA) team and lead clinician for the BSP at the service provider(s) or collective regional providers (if relevant). The QA team should comprise representation from the following services and utilises other expertise from the clinical governance group:</p> <ul style="list-style-type: none"> • Colonoscopy including endoscopy nursing • Laboratory (Quality Manager) • BSP Programme Manager • BSP Quality Lead • Colorectal Surgery • Data Management and analysis <p>1d The service provider(s) has a responsibility for meeting all criteria specified in the BSP Quality Standards.</p> <p>1e The service provider(s) must collect a Minimum Data Set (MDS) as identified in the BSP IT system and by the Bowel Cancer Programme, Ministry of Health.</p> <p>1f The service provider(s) must comply with all BSP Quality Standards, Business Processes and Operational Procedures.</p> <p>1g Data must be submitted within the required timeframes to populate the BSP monitoring framework.</p> <p>1h The Ministry of Health will monitor effectiveness of the programme through monitoring and evaluation.</p>

Evaluation Process	<ol style="list-style-type: none"> 1. Information is collected through a dedicated IT system for the BSP that includes a MDS for monitoring and evaluation purposes. 2. The Provider ensures that all criteria are complied with, and identified issues are addressed through a Continuous Quality Improvement (CQI) process. 3. The external audit process ensures all criteria are complied with along the bowel screening pathway.
Evaluation Targets	All the above criteria are met.

2. Invitation to Bowel Screening

Invitation of Bowel Screening to the Eligible Population	
Standard 2: All eligible people within the Bowel Screening Pilot will be offered bowel screening every two years. □	
Definition	Eligible people are invited to take part in the screening programme by a mailed pre-notification letter and/or an invitation letter with an FIT kit.
Rationale	There is evidence that the mortality rate from bowel cancer can be reduced by a high level of participation in a population-based screening programme.
Quality Indicator	All eligible people in the WDHB will be offered the opportunity to participate in the bowel screening pilot. The number of individuals responding to bowel screening is the proportion of those eligible for screening who are tested with a completed FIT kit.
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>2a There is a plan to maximise informed uptake, with particular attention to the local population profile and traditionally under screened communities, people from deprived communities, rural, Māori, Pacific and men in the eligible age range.</p> <p>2b The BSP will offer recall (further invitations) to all eligible residents every 2 years after each screening or invitation even if no test was returned previously or if they did not complete their last screening episode.</p>
Evaluation Process	<ol style="list-style-type: none"> 1. The information provided to participants meets the requirements of the Code of Health and Disability Services Consumers' Rights Regulation 1996, rights 5, 6 and 7 and that these are fully met. 2. Information is collected through the IT system for the BSP which includes the BSP MDS for monitoring and evaluation purposes. 3. The internal audit process ensures that all criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<ol style="list-style-type: none"> 1. 100 % of known eligible participants are sent an invitation for screening within two years (within 24 months) of commencement of the BSP. 2. At least 95% of eligible individuals are recalled for screening within 24 months of their previous invitation for screening. 3. All other criteria are met.

3. Participation in Bowel Screening

Participation of the Eligible Population within Informed Choice	
Standard 3.1: Effective call and recall arrangements are in place to ensure all eligible individuals with an NHI number and within the Bowel Screening Pilot are invited for screening once every two years.	
Definition	The invited are those members of the eligible population who have received an invitation for screening according to the programme policy/process (eg invited by mail, by primary care practitioner). NB not all invitations sent may be received.
Rationale	There is evidence that population-based screening amongst the age range 50-74 years leads to a reduction in incidence and mortality from bowel cancer. There is evidence that effective call and recall improves coverage.
Quality Indicator	Eligible individuals with an NHI number are invited to participate in bowel screening. There is a process to invite individuals who do not have an NHI number.
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>3.1a Plans are in place to reach groups of eligible people not accessible through the NHI database so they have access to the BSP.</p> <p>3.1b Each person in the eligible age group is sent their first invitation for screening within 24 months of eligibility to participate in bowel screening.</p> <p>3.1c Each person in the eligible age group is recalled so that they can be screened every 2 years (within 27 months of their previous invitation) for screening. They are recalled even if they did not respond to screening unless the person has requested to opt out or they are no longer eligible to participate in bowel screening.</p> <p>3.1d There are mechanisms to identify non responders and offer them a further opportunity to respond within the screening round.</p> <p>3.1e There are mechanisms in place to withdraw or suspend people from bowel screening at their request.</p> <p>3.1f There are failsafe procedures in place, appropriate to the outcome of the screening episode.</p>
Evaluation Process	<ol style="list-style-type: none"> Information is collected through the MDS for monitoring and evaluation purposes. The provider will ensure that all criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	At least 60% of all eligible people within the BSP site(s) will participate in bowel screening over 2 screening rounds (once every 2 years) (ie 60% Maori, 60% Pacific, 60% Asian)

Informed Choice	
Standard 3.2: The number of individuals responding to invitation to participate in bowel screening is maximised within the principles of informed choice.	
Definition	<p>The Bowel Screening Pilot must comply with the Code of Health and Disability Services Consumer's Rights (amended 2004), in particular:</p> <ul style="list-style-type: none"> • Effective communication (Right 5) • Provision of information (Right 6) • Making an informed choice and giving informed consent (Right 7).
Rationale	<p>There is evidence that the mortality rate from bowel cancer can be reduced by a high level of participation in a population-based screening programme but eligible participants must feel they have been fully informed of the potential harms and benefits of bowel screening.</p>
Quality Indicator	<p>Each individual is appropriately informed through the use of effective information which is written, and verbal communication when required, enabling them to make an informed choice and provide informed consent where it is required.</p>
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>3.2a There is a plan to maximise informed participation, with particular attention to the local population profile and special groups such as ethnic minority groups and communities.</p> <p>3.2b Annual participant satisfaction surveys are undertaken.</p> <p>3.2c There is a process for review of written BSP information, and documented verbal communication protocols, annually or when a complaint has been made and makes required changes where an issue has been identified.</p>
Evaluation Process	<ol style="list-style-type: none"> 1. Information on uptake is collected through the BSP IT system for monitoring and evaluation purposes. 2. The internal audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process. 3. Annual survey of BSP participants.
Evaluation Targets	<ol style="list-style-type: none"> 1. 90% of bowel screening participants surveyed report that they were appropriately informed about the screening programme pathway prior to participating in the BSP. 2. 95% of participants return a FIT consent form with their completed FIT sample. 3. All other criteria are met.

Failsafe Procedures	
Standard 3.3: Failsafe procedures are in place and appropriate to the outcome of the screening episode.	
Definition	Fail safe systems are aimed to maximise follow-up compliance or adherence to standard procedures, by sending reminders or applying computer based or other automated checks.
Rationale	Failsafe procedures are important to ensure that individuals receive the follow-up appropriate to the outcome of the screening episode. In particular, it is important to ensure that all individuals with a positive screening test are provided with every opportunity to undergo colonoscopy or other diagnostic investigation.
Quality Indicator	Every individual who participates in the BSP is advised of the outcome of their screening episode and appropriately referred within the screening pathway, either to timely access to colonoscopy or to recall.
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>3.3a There are failsafe protocols to ensure that all individuals with a negative screening test result are returned to the routine recall system.</p> <p>3.3b There are failsafe protocols so that GPs, where known, receive notification of positive results.</p> <p>3.3c Individuals can opt out for an indefinite period of time from the call-recall system by advising the BSP Coordination Centre or through their GP and receive written information about reinstatement.</p>
Evaluation Process	<ol style="list-style-type: none"> 1. Information is collected through the BSP IT system for monitoring and evaluation purposes. 2. The internal audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<ol style="list-style-type: none"> 1. 100% of bowel screening participants with a negative screening result are returned to 2 yearly recall. 2. 100% of bowel screening participants with a positive FIT result are followed up by the BSP Endoscopy Unit and, for those that do not respond, through their GP or the BSP Endoscopy Unit, the outcome of follow up is documented in the BSP IT system. 3. All other criteria are met.

4. The Screening Process

Provision of Written Information to Eligible Participants	
Standard 4.1: Written information will be sent to all eligible people within the Bowel Screening Pilot with the faecal immunochemical test for haemoglobin (FIT) and invitation letter. The information will give a full explanation of the screening process, and provide balanced information on the potential benefits and risks of screening.	
Definition	All eligible people will receive a detailed booklet on the bowel screening process, 'All about Bowel Screening' with their pre-invitation letter. Participants will receive a Bowel Screening leaflet, 'BowelScreening – your quick reference guide', an instruction sheet on how to complete the FIT kit and a consent form with their invitation to bowel screening.
Rationale	There is a requirement through the Code of Health and Disability Services Consumers' Rights to provide accurate information about screening tests and diagnostic investigations in order to allow informed choice and informed consent.
Quality Indicator	All eligible individuals within the BSP will receive an invitation letter and bowel screening information in order to consider if they wish to participate in the BSP.
Essential Criteria	<p>The Bowel Screening Pilot will provide:</p> <p>4.1a Bowel screening written information will be given to all eligible people explaining the potential benefits and risks of screening and the significance of positive and negative results.</p> <p>4.1b All individuals invited for screening are given appropriate bowel screening information explaining how to undertake the screening test and return it to the designated FIT testing laboratory.</p> <p>4.1c All individuals invited for screening are given appropriate information explaining that a colonoscopy or other diagnostic test will be offered if their screening test result is positive.</p> <p>4.1d Information is made available in different formats and languages appropriate to the needs of the individual, when and where required (this may include a telephone call or face-to-face contact).</p>
Evaluation Process	1. The internal audit process ensures that the criteria are complied with and identified issues are addressed through a CQI process.
Evaluation Targets	<p>1. 90% of bowel screening participants receive appropriate information with their FIT test kit and invitation and it is available in a format that meets their needs.</p> <p>2. All other criteria are met.</p>

Provision of Written FIT Results	
Standard 4.2: Written results will be sent to all people who have returned a faecal immunochemical test for haemoglobin (FIT) kit . The information provided will give a full explanation of the meaning of results and the screening pathway.	
Definition	<p>A formal and completed assessment of the risk of a condition being screened for in a person, following testing of a satisfactorily completed FIT sample.</p> <p>Usually a result will be screen positive or screen negative. Spoilt and technical failed tests indicate a failure to obtain a result, and are not themselves results.</p>
Rationale	<p>There is an obligation through the Code of Health and Disability Services Consumers' Rights to provide accurate information about the outcome of screening tests and subsequent diagnostic investigations in order to allow informed decision making.</p>
Quality Indicator	<p>Individuals participating in bowel screening have a full understanding of the screening process, the potential benefits and risks of screening and the implications of their test results.</p>
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>4.2a Information is made available in alternative formats and languages appropriate to the needs of the individual.</p> <p>4.2b Individuals receiving a negative result are informed of the limitations of the screening test. Individuals are advised to be observant of and report relevant symptoms to their GP.</p> <p>4.2c Participants with a positive screening test result will be either contacted by their GP (if known) and/or by the BSP endoscopy unit. This contact will be followed up by a letter to the individual and accompanied by a bowel screening information leaflet to explain the significance of a positive result in terms of further investigation and possible outcome.</p> <p>4.2d The letter sent to individuals with a spoilt screening test result contains bowel screening information to explain the significance of a spoilt result and a further test kit.</p> <p>4.2e All participants with a positive screening test result are contacted by the BSP endoscopy nurse to arrange an appointment for colonoscopy pre-assessment at a time convenient to the participant, by telephone or face to face if more convenient or applicable.</p>
Evaluation Process	<ol style="list-style-type: none"> 1. Information is collected through the BSP IT system for monitoring and evaluation purposes. 2. The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation Targets	<ol style="list-style-type: none">1. 90% of bowel screening participants receive appropriate information in a format that meets their needs.2. All other criteria are met.
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Provision of a Free Telephone Helpline	
Standard 4.3: There is an adequately staffed free telephone helpline for all individuals receiving an invitation to participate in the Bowel Screening Pilot.	
Definition	A free telephone information line is available to enable further enquiries or information related to the Bowel Screening Pathway.
Rationale	Evidence from other New Zealand screening programmes and international bowel cancer screening programmes indicates that a number of individuals require verbal clarification or extra information regarding aspects of the screening process.
Quality Indicator	The free telephone information line is fully staffed during business hours and provides information on after-hours assistance if needed (eg Healthline or the bowel screening website). Communication by helpline operators is conducted in a respectful and culturally appropriate manner.
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>4.3a The free telephone information line is staffed continuously during normal business hours between 7.30am and 5.00pm, Monday to Friday, excluding public holidays.</p> <p>4.3b Outside working hours a recorded message advises callers of the hours the helpline is staffed and acts as a signpost to after-hours assistance (eg Healthline or to the bowel screening website).</p> <p>4.3c All staff involved with the screening information line receives relevant training before undertaking unsupervised work.</p> <p>4.3d All staff involved with the screening information line undertake annual update training provided by the bowel screening service provider.</p> <p>4.3e The time taken to answer calls to the telephone information line is internally monitored.</p> <p>4.3f The call volume, nature, date, and time of day will be monitored to ascertain if the information line is staffed appropriately.</p> <p>4.3g Gender representation at the Coordination Centre should be considered, in particular in regard to telephone enquiries.</p>
Evaluation Process	<p>Participant satisfaction survey across the pathway.</p> <ol style="list-style-type: none"> 1. The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<ol style="list-style-type: none"> 1. 95% of bowel screening participants surveyed report telephone contact was respectful, informative and culturally appropriate. 2. All other criteria are met.

Minimising the Time for Participants Receiving FIT Results	
Standard 4.4: The time between returning the faecal immunochemical test for haemoglobin (FIT) kit and receiving the result is minimised.	
Definition	The receipt of the FIT kit by the laboratory, testing of the sample and generation of result to the participant, the Coordination Centre, the Endoscopy Unit and the GP (if known) is efficiently managed.
Rationale	There is evidence that waiting for a screening test result can cause anxiety.
Quality Indicator	All individuals returning a screening test are notified of the result of the test by the BSP Endoscopy Unit and/or the BSP Co-ordination Centre, and their GP (if known) within the designated timeframes.
Essential Criteria	<p>The Bowel Screening Pilot FIT testing must ensure:</p> <p>4.4a There is a minimum of 1 mail delivery to the testing laboratory per day of returned FIT kits.</p> <p>4.4b All test kits received by the designated FIT testing laboratory are tested within 2 working days of receipt in the laboratory, with day 1 being when the test kit arrives and is logged at the laboratory.</p> <p>4.4c 100% of positive results will be validated within 1 working day of being tested.</p> <p>4.4d The BSP Co-ordination Centre and the GP (if known) is notified of a positive result on the day of validation.</p> <p>4.4e The GP will have an opportunity (10 working days) to contact their patients prior to the endoscopy unit contacting the participant for pre-assessment follow-up.</p> <p>4.4f The Co-ordination Centre has ultimate responsibility to ensure all participants who submit a FIT kit for testing receive a result of the test within the designated timeframe.</p> <p>4.4g All results are captured by the BSP IT system.</p>
Evaluation Process	<ol style="list-style-type: none"> 1. Regular reports shall be generated and reviewed by the laboratory facility as required by the BSP and as part of the internal quality assurance (IQA). 2. Participant participation surveys.
Evaluation Targets	<ol style="list-style-type: none"> 1. 100% of FIT kits are logged within 1 working day of arriving at the laboratory. 2. 100% of correctly completed test kits received by the screening laboratory are tested within 2 working days of receipt in the laboratory. 3. 95% of individuals returning a correctly completed screening test are advised of their results by the GP or endoscopy unit within 10 working days of receipt of the test result from the laboratory. 4. All other criteria are met.

5. The Laboratory Process

Accreditation of the FIT Testing Laboratory	
Standard 5.1: The laboratory providing bowel screening faecal immunochemical test (FIT) for haemoglobin analyses meets recognised professional standards.	
Definition	The laboratory must meet the requirements to hold International Accreditation New Zealand (IANZ) fulfilment.
Rationale	There is evidence that laboratories accredited and working towards agreed standards achieve the required high level of performance. Accreditation is regarded as a key element in ensuring good clinical governance.
Quality Indicator	The laboratory providing bowel screening test analyses must have policies and practices that ensure the quality of FIT analyses. Policies define staff responsibilities, laboratory procedures and documented internal quality control.
Essential Criteria	<p>The Bowel Screening Pilot FIT testing laboratory must ensure:</p> <p>5.1a All BSP laboratory staff receives relevant training before undertaking unsupervised work for FIT testing.</p> <p>5.1b All bowel screening laboratory staff undertake regular training provided by the laboratory contract holder and undertake appraisal and continuous professional development.</p> <p>5.1c The FIT testing laboratory holds accreditation from International Accreditation New Zealand (IANZ).</p>
Evaluation Process	<ol style="list-style-type: none"> 1. The laboratory must inform Waitemata DHB of the results of the International Accreditation New Zealand (IANZ) assessment (both annual surveillance process and the four-yearly reassessment) and any change to their accreditation status. 2. The laboratory must take part in internal and external audit processes.
Evaluation Targets	<ol style="list-style-type: none"> 1. 100% of laboratory screening staff performing FIT testing must be appropriately qualified and registered with an Annual Practising Certificate (APC) and receive relevant training before undertaking unsupervised work. 2. All other criteria are met.

Quality Control for the FIT Testing Laboratory

Standard 5.2: The quality of the bowel screening FIT laboratory test analyses is continually assessed and monitored, and there is evidence of internal quality control, external quality assessment and quality assurance.

Definition	The laboratory has in place a documented and structured quality framework to ensure quality assurance and quality control.
Rationale	Quality control, assessment and assurance are essential to provide independent assessments of the performance of the laboratory.
Quality Indicator	The BSP FIT testing laboratory undertakes CQI activities and these are evident through internal and external monitoring.
Essential Criteria	<p>The Bowel Screening Pilot FIT testing laboratory must ensure:</p> <p>5.2a Internal quality control procedures are undertaken and documented.</p> <p>5.2b The laboratory follows documented procedures for receiving, processing and reporting FIT samples.</p> <p>5.2c The BSP FIT testing laboratory demonstrates overall satisfactory performance in an independent external quality assessment scheme (EQAS).</p> <p>5.2d The BSP FIT testing laboratory participates in an independent national quality assessment scheme, where available.</p> <p>5.2e The quality manager ensures annual audit is undertaken to ensure continuing compliance with relevant Royal College of Pathologists Australasia (RCPA) and International Accreditation New Zealand (IANZ) standards (NZS/ISO15189).</p> <p>5.2f The laboratory adheres to the BSP FIT Performance Quality Standards.</p>
Evaluation Process	<ol style="list-style-type: none"> 1. The BSP FIT testing laboratory performance is assessed through internal and external monitoring and audit processes. 2. The internal and external audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<p>Regular reporting through the laboratory contract with Waitemata District Health Board</p> <ol style="list-style-type: none"> 1. Regular reporting to the BSP Quality Assurance Group. 2. The turnaround time (TAT) from receipt of the specimen in the laboratory to final pathology reporting back to the BSP Coordination Centre BSP IT system is met. 3. All other criteria are met.

6. Pre-Assessment for Referral to Diagnostic Investigation (Colonoscopy or other diagnostic investigation)

Minimising the Interval between Positive FIT test and Diagnostic Investigation	
Standard 6.1: The interval between receiving a positive faecal immunochemical test for haemoglobin (FIT) result and pre-assessment for colonoscopy (or alternative investigation) is minimised.	
Definition	Pre-assessment for colonoscopy (or alternative investigation) requires a formal assessment using a structured process and proforma to assess the suitability of a participant to undergo diagnostic investigation from their positive FIT test.
Rationale	There is evidence that the time interval between receiving a positive result and undergoing a colonoscopy pre-assessment can result in increased anxiety.
Quality Indicator	The time interval between receiving a positive FIT result and attending a colonoscopy pre-assessment appointment is minimised. The time interval between contact with the participant and first offered colonoscopy pre-assessment appointment is within BSP monitoring targets.
Essential Criteria	<p>The Bowel Screening Pilot Endoscopy Unit must ensure:</p> <p>6.1a There are arrangements to identify all individuals who are unable to be contacted, for example do not respond to telephone calls or postal letters, and offer a further colonoscopy pre-assessment appointment.</p> <p>6.1b Individuals with a positive result are contacted in the first instance by their GP (if known) or the BSP Endoscopy Unit. They are offered an appointment by the Endoscopy Unit for colonoscopy pre-assessment face-to-face. The pre-assessment can be performed by telephone at a time and location convenient to participants, if applicable.</p> <p>6.1c The first available appointment and attended appointment must be documented and recorded on the BSP IT system for audit purposes.</p>
Evaluation Process	1. The internal audit and external audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<p>1. The time interval following a positive FIT result on the system and date of initial contact, for colonoscopy is within 15 working days for at least 95% of individuals.</p> <p>2. All other criteria are met.</p>

Provision of Pre-Assessment for Colonoscopy	
Standard 6.2: Individuals with a positive faecal immunochemical test for haemoglobin (FIT) result are offered pre-assessment for colonoscopy by a senior endoscopy nurse. They are given appropriate information, and an explanation of why, how and when colonoscopy or other investigations could be undertaken.	
Definition	There are specific assessment criteria required prior to a participant attending a colonoscopy (or alternative investigation). The senior endoscopy nurse is the most experienced and competent health professional to undertake this process.
Rationale	There is evidence that providing information about tests, preparation and investigations reduces anxiety and encourages participation.
Quality Indicator	Individuals who undergo pre-assessment for colonoscopy are fully informed about the colonoscopy procedure or any other diagnostic investigations.
Essential Criteria	<p>The Bowel Screening Endoscopy Unit must ensure:</p> <p>6.2a All individuals with a positive FIT result are offered a colonoscopy and given a full explanation of the process of colonoscopy and the possible risks and outcomes. The opportunity to discuss any concerns is provided at this stage.</p> <p>6.2b Pre-assessment is carried out by a senior endoscopy nurse with appropriate skills and knowledge using documented local protocols.</p> <p>6.2c Pre- assessment or pre-admission procedures will include assessment of a participant's family history in relationship to bowel cancer with appropriate on-referral to the New Zealand Familial Gastrointestinal Cancer Service.</p> <p>6.2d Clear and appropriate pathways are followed for individuals with a positive FIT result who do not proceed for colonoscopy.</p> <p>6.2e 100% of participants deemed fit and who consent to colonoscopy are offered a date for the procedure at the time of the pre-assessment appointment.</p> <p>6.2f Written information on colonoscopy and bowel preparation will be sent or given to participants who have been deemed fit and have accepted the offer of colonoscopy.</p> <p>6.2g Bowel preparation medication will be given to participants (free of charge) and consistent with documented procedures, including provision of a free telephone helpline for further information.</p> <p>6.2h Information on colonoscopy or other appropriate tests will be available in other formats if required, including access to an interpretation service.</p>

Evaluation Process	<ol style="list-style-type: none"> 1. Reports that identify the number of participants who have undergone colonoscopy pre-assessment and undergone colonoscopy shall be generated quarterly and are reviewed by a quality assurance group and retained for future audit activities. 2. Appropriate policies and internal and external monitoring process ensure that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<ol style="list-style-type: none"> 1. 100% of participants are documented to have received a pre -assessment interview. 2. 100 % of participants deemed fit for colonoscopy are appropriately referred for colonoscopy. 3. For all participants with a positive FIT result who do not proceed for colonoscopy there is documentation that appropriate pathways were followed and action taken. 4. 95% of participants responding to patient satisfaction surveys report that they received appropriate information relating to colonoscopy and bowel preparation for the procedure. 5. 95% of participants responding to patient satisfaction surveys report that timely and appropriate advice regarding colonoscopy and bowel preparation was available. 6. For 90% of participants proceeding to colonoscopy there is evidence that a participant has completed the questionnaire (yet to be developed) relating to family history of bowel cancer. The questionnaire is designed to facilitate on-referral to the New Zealand Familial Gastrointestinal Service, if appropriate 7. All other criteria are met.

7. Colonoscopy

Provision of Colonoscopy	
Standard 7.1: The time between notification of a positive faecal occult blood test (FIT) and colonoscopy is minimised.	
Definition	The time period between when a participant is advised of a positive faecal occult blood test and given a colonoscopy appointment.
Rationale	There is evidence that waiting for colonoscopy creates increased anxiety.
Quality Indicator	The time between notification of positive FIT and colonoscopy is minimised and meets the BSP evaluation target.
Essential Criteria	<p>The Bowel Screening Pilot Endoscopy Unit must ensure:</p> <p>7.1a The first available colonoscopy appointment will be offered to the participant.</p> <p>7.1b A record of the first available appointment and the actual attended appointment for colonoscopy must be captured on the bowel screening IT system.</p> <p>7.1c Consent for colonoscopy must be captured using the documented service provider consent form.</p>
Evaluation Process	<ol style="list-style-type: none"> Information is collected through the bowel screening IT system for monitoring and evaluation purposes. The internal monitoring and external audit ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<ol style="list-style-type: none"> Desirable Target: In at least 50% of cases, the interval between the notification of the positive screening result and the date the colonoscopy is performed is less than 25 working days (4 weeks). Acceptable Target: The minimal target is, in at least 95% of cases, the interval between the notification of the positive screening result and the date the colonoscopy is performed is less than 55 working days (10 weeks). All other criteria are met.

Approval of Colonoscopists Working in Bowel Screening

Standard 7.2: Screening colonoscopy is only undertaken by screening colonoscopists who meet the Bowel Screening Pilot performance standards.

Definition	Colonoscopists must meet performance standards to work in the Bowel Screening Pilot. The Bowel Screening Pilot Endoscopy Lead will monitor individual colonoscopist's performance statistics.
Rationale	Colonoscopy can cause discomfort and complications and there is a very small mortality associated with the procedure. Failure to complete colonoscopy or incomplete visualization of the colonic mucosal surface may result in significant neoplasia being missed.
Quality Indicator	All screening colonoscopists are approved to work in the BSP endoscopy units and meet Colonoscopy Quality Assurance Standards.
Essential Criteria	<p>The Bowel Screening Pilot Endoscopy Unit must ensure:</p> <p>7.2a Screening colonoscopists shall perform more than 250 procedures per five years.</p> <p>7.2 b A robust and auditable system to record and review at a minimum of monthly intervals;</p> <ul style="list-style-type: none"> i. all adverse events relating to the performance of colonoscopy ii. all hospital admissions within 30 days following performance of colonoscopy within the BSP iii. The severity categorisation, root cause analysis and information to be recorded as per the United Kingdom NHS Quality Assurance Guidelines for Colonoscopy. * <p>7.2c The BSP Endoscopy Lead shall record the following data regarding complications and safety:</p> <ul style="list-style-type: none"> i. Perforation rate, which shall be <1:1000 colonoscopies ii. Post polypectomy perforation rate, which shall be <1:500 colonoscopies where polypectomy is performed iii. Post polypectomy bleeding shall be <1:100 colonoscopies where polypectomy is performed (this Includes EMR, endoscopic submucosal dissection and all other polypectomies at colonoscopy) iv. Rate of intermediate or serious colonoscopic complications relating to perforation or bleeding requiring hospital admission within 30 days of performance of colonoscopy within the BCSP shall be <10:1000 colonoscopies (this number is based on the fact that 70% of participants proceeding to colonoscopy in the WDHB pilot have a lesion detected)

- 7.2d** The BSP Endoscopy Lead ensures that the following data are recorded and the indicated minimum standards attained.
- i. The caecal intubation rate for each proceduralist is 95% or greater for screening patients
 - ii. The mean colonoscope withdrawal time from the caecum is 6 minutes or greater for procedures where no polypectomy performed
 - iii. The polyp detection rate for each proceduralist is in line with the average polyp detection rate being documented in participants proceeding to colonoscopy within the WDHB bowel screening pilot
 - iv. The Adenoma detection rate for each proceduralist should be at least $\geq 35\%$ of screening colonoscopies
 - v. The rate of polyp recovery for pathological examination for each proceduralist is more than 95% for polyps $>5\text{mm}$.
- 7.2e** The BSP Endoscopy Lead shall perform analysis of overall and individual colonoscopy performance data on a three monthly basis.
- 7.2f** Individual colonoscopists must submit colonoscopy audit data as required by the BSP prior to performing colonoscopy within the WDHB bowel screening pilot
- 7.2g** The colonoscopist ensures that there is full documentation and reporting of information about patient risk and co-morbidity.
- 7.2h** The colonoscopist gains informed consent using a structured Proforma approach from all patients (or legal guardian where applicable) for all procedures prior to any procedure being undertaken.
- 7.2i** The Clinical Director/Endoscopy Lead or designated appropriately qualified health professional shall review all pathology reports resulting from the procedure and arrange patient follow up or referral in line with documented clinical guidelines.
- 7.2j** The colonoscopist shall adequately document every procedure and provide the colonoscopy result in a standardised format to the BSP.
- 7.2k** There is a system for collection of data on individual colonoscopist performance.
- 7.2l** Screening colonoscopists participate in local and regional multidisciplinary education sessions and management meetings.
- 7.2m** A Lead Screening Colonoscopist is identified and is responsible for local quality co-ordination for the endoscopy unit for the BSP.

	<p>7.2n There is a documented and agreed management strategy for colonoscopists who do not meet the colonoscopy quality assurance standards.</p>
<p>Evaluation Process</p>	<ol style="list-style-type: none"> 1. The internal and external monitoring process ensures that the criteria are complied with, and identified issues are addressed through a CQI process. 2. The internal and external monitoring process ensures that the criteria are complied with, and identified issues are addressed through a CQI process. 3. There is a system for review of all adverse events relating to the performance of colonoscopy 4. There is a system for review of individual colonoscopy procedural data at a regional level. 5. The external audit process ensures individual colonoscopist meet the criteria.
<p>Evaluation Targets</p>	<ol style="list-style-type: none"> 1. All colonoscopists working in BSP are approved to work in the programme by the BSP Endoscopy Lead. 2. The minimum standards for performance of colonoscopy are met and reviewed three monthly by the Lead Endoscopist. These records are available for external audit as de-identified data. 3. All colonoscopists working in BSP receive performance feedback from the BSP Endoscopy Lead and these records are available for external audit as de-identified data. 4. 100% of screening colonoscopy results are reported in the BSP IT system 5. 100% of screening colonoscopy results (excluding histopathology) are notified within 5 working days after the procedure to the participant's nominated GP and the BSP Register. 6. 100% of participants will be notified with the results of all colonoscopy investigations (including histopathology) within 20 working days of the final procedure. 7. All adverse events relating to the performance of colonoscopy and all readmissions within 30 days of performance of colonoscopy within the BSP, are documented and appropriately reviewed. These records are available for external audit as de-identified data. 8. The rate of intermediate or serious colonoscopic complications relating to perforation or bleeding requiring hospital admission within 30 days of performance of colonoscopy within the BCSP shall be <10:1000 colonoscopies (this number is based on the fact that 70% of participants proceeding to colonoscopy in the WDHB pilot have a lesion detected) 9. All other criteria are met.

Quality of Bowel Preparation

Standard 7.3 Bowel preparation is undertaken to a high standard.

Definition	Bowel preparation is the diet and bowel cleansing procedure carried out by the participant. This procedure is explained by the senior endoscopy nurse who will assess individual participants for their suitability to undertake this procedure.
Rationale	Bowel preparation that maximises pathology detection, minimise the need for additional procedures. Effective bowel preparation is key to detailed examination of the bowel. There are many published data to support a variety of regimens with variable tolerability. Good bowel preparation supports improved polyp detection and caecal intubation. Poor bowel preparation is associated with failure to reach the caecum and hinders the detection of lesions.
Quality Indicator	The colonoscopist ensures that high quality bowel preparation is performed that is appropriate for individual patient risk factors and preferences. The quality of bowel preparation is documented in the patient's clinical record at the time of the colonoscopy procedure.
Essential Criteria	The Bowel Screening Pilot Endoscopy Unit will ensure: 7.3a All patients receive bowel preparation education. 7.3b The type and quality of bowel preparation is documented in all patient clinical records. 7.3c Reasons for poor preparation should be documented in the patient's clinical notes.
Evaluation Process	The BSP endoscopy unit(s) will monitor effective bowel preparation while ensuring patient acceptability and tolerability.
Evaluation Targets	<ol style="list-style-type: none">1. Less than 5 per cent of patients require a repeat colonoscopy examination due to poor bowel preparation.2. All other criteria are met.

Provision of a high Quality Endoscopy Service	
Standard 7.4: Colonoscopy is performed in an endoscopy unit that meets the Bowel Screening Pilot Standards for Endoscopy (Colonoscopy) Facilities.	
Definition	The Bowel Screening Pilot Endoscopy Unit provides a safe, effective and efficient colonoscopy service and meets the Standards for Endoscopy (Colonoscopy) Facilities.
Rationale	Participants must receive an equitable high quality endoscopy service.
Quality Indicator	All endoscopy units that perform colonoscopy for BSP must meet the required criteria determined by the requirements in the BSP Quality and Procedures Manual.
Essential Criteria	<p>The Bowel Screening Pilot Endoscopy Unit must ensure:</p> <p>7.4a The endoscopy suite must meet BSP Quality Standards prior to providing colonoscopy for the BSP.</p> <p>7.4b All endoscopy suites must comply with the requirements in the BSP Quality and Procedures Manual which includes: <i>BSP Quality Standards (draft), BSP Business Process and Operational Procedures and Standards for Endoscopy (Colonoscopy) Facilities (draft)</i>.</p> <p>7.4c All endoscopy suites must submit data requested by the BSP.</p> <p>7.4d All endoscopy suites providing BSP colonoscopies must participate in internal audit and external assessment.</p> <p>7.4e All endoscopy suites are expected to participate in clinical assessment visits by peer review assessors as part of the external assessment process.</p> <p>7.4f All endoscopy suites will facilitate visits from the BSP when necessary and as requested as part of the external assessment process.</p>
Evaluation Process	The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	All criteria are met.

Provision of Alternative Diagnostic Investigation

Standard 7.5: If a participant is not deemed fit for colonoscopy by a clinician or had an incomplete colonoscopy, yet might be suitable for radiological investigation, further investigation is carried out to ensure the entire large bowel has been examined.

Definition	The alternative diagnostic investigation will be by a Computerised Tomographic Colonoscopy (CTC).
Rationale	Failure to visualise the large bowel as a result of a positive FIT may result in significant neoplasia being missed.
Quality Indicator	All participants who are deemed not fit for colonoscopy by a clinician (the endoscopy nurse or consultant) or have had an incomplete colonoscopy are offered an alternative investigation.
Essential Criteria	<p>The Bowel Screening Pilot Endoscopy Unit and the Radiology department must ensure:</p> <p>7.5a There is a documented and agreed process for management of all participants deemed unfit for colonoscopy or who have an incomplete colonoscopy.</p> <p>7.5b CT Colonography (CTC) is offered if participants are deemed fit and consent to alternative investigations.</p> <p>7.5c 95% of participants requiring a CT Colonography are given a date for the procedure within 5 working days from when they have an incomplete colonoscopy or deemed unfit to have a colonoscopy.</p> <p>7.5d Radiological investigations must be reported by a radiologist who can demonstrate that they are appropriately trained.</p> <p>7.5e All providers of CT Colonography comply with the Royal Australasian and New Zealand College of Radiologists (RANZCR) Requirements for the Practice of Computed Tomography Colonography (CTC) including:</p> <ul style="list-style-type: none"> • Training Requirement: 75 cases (50 with endoscopic correlation and 25 "live" cases) see 2.3 Training 3a (Page 4). • Ongoing Competency: minimum 30 live cases per year with log book. See 2.3 Training 3d Ongoing Competency (page 5). <p>7.5f Radiological reports will be sent to participant nominated GP within seven working days.</p> <p>7.5g Participants will be notified of the results of all investigations within 10 working days of the final procedure.</p> <p>7.5h A record of the first available appointment and the chosen appointment for further investigation must be captured on the BSP IT system.</p>
Evaluation Process	The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation Targets	<ol style="list-style-type: none">1. The first available appointment offered for an alternative investigation is within 5 working days of the consultant's decision (if deemed unfit for colonoscopy) for 95% of participants.2. CT Colonography is carried out within 20 working days of the clinician's decision if participant deemed unfit for colonoscopy for 95% of participants.3. A date for CT Colonography is offered within 5 working days of the incomplete colonoscopy.4. Following incomplete colonoscopy further investigations will be undertaken within 20 working days for 95% of participants. For participants who underwent polypectomy CTC to be undertaken after 30 working days but within 50 working days.5. 100% of participants will be notified of all final investigations within 10 working days.6. 100% of providers of CT Colonography comply with the <i>CT Colonography Guidelines (2011)</i> as endorsed by RANZCR7. All other criteria are met.
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8. Histopathology

Laboratories Providing Histopathology must hold IANZ Accreditation	
Standard 8.1: All histopathology laboratories participating in the Bowel Screening pilot must hold IANZ accreditation and must retain IANZ accreditation.	
Definition	The laboratory must meet the requirements to hold International Accreditation New Zealand (IANZ) fulfilment.
Rationale	There is evidence that laboratories accredited and working towards agreed standards achieve the required high level of test accuracy.
Quality Indicator	All BSP histopathology laboratories must be IANZ accredited.
Essential Criteria	<p>The Bowel Screening Pilot histopathology laboratory must ensure:</p> <p>8.1a Every laboratory must be under the supervision of a Lead pathologist who is responsible for ensuring that standards for reporting are in place for reporting all histopathology results. The lead pathologist shall be responsible for the laboratory delivering a quality service.</p> <p>8.1b In every laboratory there must be clear documented evidence of who is responsible for what and who is accountable to whom.</p> <p>8.1c BSP screening cases must only be undertaken by suitably trained medical staff and non-medical staff (ie scientists/technicians).</p> <p>8.1d All BSP screening results must be validated by a named pathologist.</p> <p>8.1e The histopathologist must attend Multidisciplinary Team (MDT) meetings when required.</p> <p>8.1f When there is uncertainty over a histological diagnosis an external opinion should be obtained using documented local pathology laboratory protocol for management of difficult to read specimens.</p> <p>8.1g There is a documented pathway for discussion of polyps or other lesions that are difficult to interpret.</p>
Evaluation Process	The internal and external audit processes ensure that the criteria are complied with and identified issues are addressed through the CQI process.
Evaluation Targets	All criteria are met.

Histopathology Reporting Requirements

Standard 8.2: Histopathology must be reported in a timely manner using recognised professional standards.

Definition	The laboratory meets the turnaround times and reporting requirements of the Bowel Screening Pilot.
Rationale	Subsequent management of individuals with screen detected neoplasia must be based on accurate histopathology.
Quality Indicator	Accurate pathological assessment of BSP biopsies and excised tissue shall be provided within 10 working days of receipt of the specimen using bowel screening standardised data format.
Essential Criteria	<p>The Bowel Screening Pilot histopathology laboratory must ensure:</p> <p>8.2a Histopathology reports include a clear indication of the main diagnosis, in accordance with the RCPA <i>Structured Reporting for Colorectal Cancer Guidelines (2010)</i> for surgical specimens and RCPA <i>Structured Reporting for CRC Biopsy Guidelines (2011)</i> for biopsies from colonoscopy.</p> <p>8.2b Histology will be reported using standardised (synoptic) reporting format.</p> <p>8.2c All bowel specimens are sectioned on three levels and stained with hematoxylin and eosin stain (H&E).</p> <p>8.2d The latest version of TNM Classification of Malignant Tumours is used (currently version 7 at time of writing, 2011) and if changed the BSP and the Ministry is informed.</p> <p>8.2e 95% of specimens submitted from colonoscopy and/or surgery are reported and relayed to referring endoscopist/surgeon within 10 working days of receipt of the specimen in the laboratory.</p> <p>8.2f There is an updated archive and storage policy for the storing of BSP specimens and slides that is documented and followed.</p> <p>8.2g Results must be collected and submitted to the BSP Endoscopy Unit, for input into the BSP IT system, in the agreed codes and electronic format.</p> <p>8.2h The recommendations of the European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis (chapter 7) will be followed whenever applicable.</p>
Evaluation Process	The internal and external audit processes ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	All criteria are met.

Histopathologist Staffing Requirements

Standard 8.3: All histology slides must be examined and reported by a qualified histopathologist. □

Definition	A qualified histopathologist must report BSP pathology specimens. Pathologists working in the Bowel Screening Pilot must meet the professional requirements under The Royal College of Pathologists of Australasia (RCPA) including registration with the New Zealand Medical Council (NZMC) with Annual Practising Certificate (APC).
Rationale	A suitably trained and qualified histopathologist provides the required expertise for the BSP.
Quality Indicator	All pathologists working in the BSP shall be appropriately qualified and meet the professional requirements to work in the BSP.
Essential Criteria	<p>The Bowel Screening Pilot histopathology laboratory must ensure:</p> <p>8.3a All pathologists working in the BSP will be medically qualified and registered to practice in New Zealand. All BSP pathologists shall hold recognized postgraduate qualifications in pathology and be enrolled on the New Zealand Medical Council's Vocational Register in anatomic or general pathology.</p> <p>8.3b Participating pathologists working in the BSP must be enrolled in the RCPA's Continuing Professional Development scheme (CPD) and complete the appropriate requirements for participation in the BSP.</p> <p>8.3c All participating laboratories will be enrolled in the RCPA anatomic pathology external quality assurance programme (EQA).</p> <p>8.3d All BSP pathologists must have sufficient exposure to relevant material to develop and maintain competence in reporting of all cases. The Lead Pathologist should endeavour to make material from larger centres available to pathologists working with smaller volumes as a teaching/learning resource, where required.</p>
Evaluation Process	The internal and external audit processes ensure that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	All criteria are met.

Ongoing Training and Competency of Histopathology Laboratory Staff

Standard 8.4: The Bowel Screening Pilot pathology laboratory staff must remain up to date in their knowledge base and be appropriately trained and monitored according to the local management structure.

Definition	The laboratory must have documented professional development plans and ongoing training for all staff.
Rationale	Subsequent management of individuals with screen detected neoplasia must be based on accurate histopathology.
Quality Indicator	All pathology staff working within the BSP must meet professional requirements to work in bowel screening.
Essential Criteria	<p>The Bowel Screening Pilot histopathology laboratory must ensure:</p> <p>8.4a All staff involved in BSP reporting will be required to undertake training in processing and reporting bowel specimens -</p> <p>8.4b All staff involved in BSP reporting are required to participate in regular updates provided by the BSP laboratory</p> <p>8.4c Regular audit or discussions among relevant professionals must be held in each laboratory about interesting and problem cases.</p> <p>8.4d All staff have access to the BSP standards and protocols for laboratories.</p> <p>8.4e The laboratory demonstrates overall satisfactory performance in external quality assurance schemes and pathologists reporting specimens for the BSP shall participate in an external quality assurance scheme for BSP pathology.</p> <p>8.4f All education and competency activities are recorded.</p>
Evaluation Process	The internal and external audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	All criteria are met.

Quality of Labelling of Histopathology Samples from Collection to Reporting

Standard 8.5: All Bowel Screening Pilot pathological specimens obtained during colonoscopy or surgery must be adequately labelled as being obtained through the Bowel Screening Pilot.

Definition	Specimens must be labelled correctly to ensure accurate reporting of pathological specimens obtained during colonoscopy or surgery.
Rationale	Processes for consistent labelling of pathological specimens together with using standardised synoptic reporting format will achieve high reporting accuracy.
Quality Indicator	A written protocol for the labelling of pathology specimens exists. There is a written protocol for handling and potential return of specimens.
Essential Criteria	<p>The Bowel Screening Endoscopy Unit and histopathology laboratory must ensure:</p> <ul style="list-style-type: none"> 8.5a There is a written protocol for the labelling of pathology specimens. This will ensure that the same screening lesion number of the request form is maintained in the pathology laboratory, pathology and colonoscopy reports and the patient's notes. 8.5b The clinician performing the biopsy is ultimately responsible for checking correct labelling of specimens. 8.5c All specimens and BSP synoptic reporting are clearly identified with an NHI patient identification and patient name to indicate they originated from within the BSP and that the correct patient is identified with the biopsy sample taken. 8.5d Where multiple lesions are biopsied, each biopsy area is clearly differentiated and consistently labelled and tracked using the BSP synoptic reporting format. 8.5e There is a written protocol for mislabelled specimens. 8.5f There is an established Return to Patient documented process for return of recognisable body parts/tissues.
Evaluation Process	The internal audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	All criteria are met.

9. Referral Pathways

Multidisciplinary Team Meetings	
Standard 9.1: All Bowel Screening Pilot participants diagnosed with cancer will be referred to the appropriate consultant for presentation at a Multi-Disciplinary Team Meeting (MDM) in a timely and appropriate manner.	
Definition	Prompt referral to BSP Multi-Disciplinary Team will ensure conformity of care in accordance with documented local guidelines or protocols.
Rationale	A small body of evidence indicates that the formation of a multidisciplinary team (MDT) and adherence to treatment standards may increase survival for patients with colon cancer. It also appears that that MDT discussion may produce more favourable outcomes in terms of reducing positive circumferential margin rate and harvesting lymph nodes, than if no MDT discussion takes place (<i>Early Management of CRC; NZGG, 2011</i>).
Quality Indicator	A close, cooperative working relationship between all staff involved in the BSP ensures an effective multidisciplinary approach to care. All BSP participants diagnosed with cancer will be referred to the appropriate consultant to be presented at an MDT meeting.
Essential Criteria	<p>The Bowel Screening Pilot Endoscopy Unit must ensure:</p> <p>9a If a cancer is suspected at colonoscopy, management is coordinated according to local protocol.</p> <p>9b If a cancer is diagnosed by histopathology without prior indication, the result must be conveyed to the BSP colonoscopist and endoscopy nurse for referral to MDT.</p> <p>9c There must be a local protocol for conveying the result to BSP participants and referring to appropriate clinicians within the MDT.</p> <p>9d Local protocols must consider the membership of the MDT which is outlined in the BSP Quality and Procedures Manual.</p>
Evaluation Process	The internal and external audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<ol style="list-style-type: none"> 95% of BSP participants requiring clinical follow-up have been referred and seen by an appropriate consultant within 10 working days of diagnosis (2 weeks). 95% of BSP participants diagnosed with cancer are referred for presentation at an MDT management meeting within 20 working days from diagnosis (4 weeks). All other criteria are met.

10. Evaluation and Performance Management

Quality and Clinical Governance for the Bowel Screening Pilot	
Standard 10.1: Those involved in providing the Bowel Screening Pilot must comply with the Bowel Screening Pilot Quality Assurance Framework through the Bowel Screening Pilot Quality Group.	
Definition	The Bowel Screening Pilot Quality Assurance Framework is made up of the BSP Quality & Procedures Manual as well as a documented process for review and change management. The BSP Quality Group will provide quality and clinical oversight of delivery and monitoring of the pilot.
Rationale	Quality assurance and control are essential to determine performance of the bowel screening service and enable development and improvement.
Quality Indicator	Regular reporting to the BSP Quality Group ensures BSP Quality Standards and monitoring indicators are met.
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>10a The provision of monitoring data to enable independent evaluation of the pilot as required by the Ministry of Health.</p> <p>10b an agreed mechanism for regular feedback of monitoring reports to the BSP Quality Group and the BSP Project Steering Group.</p> <p>10c The BSP Clinical Lead must review monitoring reports and identify any deficiencies in performance. Where deficiencies are identified, action plans should be written to address these and agreed with the BSP Quality Group and the Ministry of Health.</p>
Evaluation Process	The internal and external audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	All criteria are met.

11. Risk Management and Incident Reporting

Management and Reporting of Risks and Incidents	
Standard 11.1 The Bowel Screening Pilot must have appropriate mechanisms in place for managing and reporting risk, incidents and complaints.	
Definition	Reporting of risks and incidents that occur within the Bowel Screening Pilot must be managed and reported using documented processes.
Rationale	To reduce potential risk to BSP participants, the BSP service provider(s), the Waitemata District Health Board and the Ministry of Health requires the use of documented incident and complaints reporting processes.
Quality Indicator	Reports of incidents and complaints are managed according to the BSP provider documented protocols and reported to the Ministry of Health as soon as they occur.
Essential Criteria	<p>The Bowel Screening Pilot must:</p> <p>11a Adhere to the <i>National Policy for the Management of Healthcare Incidents</i> (National Quality Improvement Programme, Ministry of Health).</p> <p>11b Incidents, or complaints must be reported to the BSP Clinical Director, the BSP Manager and the Ministry of Health using agreed processes.</p> <p>11c Feedback is given to all staff involved in the delivery of the BSP in order to learn from events.</p> <p>11d Where deficiencies are identified, action plans should be written to address these and agreed with the BSP Manager and the BSP Quality Lead.</p> <p>11e There is a process in place to review hospital admissions within 30 days post colonoscopy.</p> <p>11f There is a process in place to review morbidity and mortality complications from 30 days post colonoscopy.</p>
Evaluation Process	The internal and external audit processes ensure that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	All criteria are met.

12. Programme Statistics

Provision of monitoring data	
Standard 12.1: Data are captured for monitoring and independent evaluation of the Bowel Screening Pilot as required by the Ministry of Health.	
Definition	The BSP Data Elements and Definitions document identifies the required data to enable monitoring and evaluation of the pilot.
Rationale	To monitor and evaluate the effect of BSP and assess the need for a change of practice if required
Quality Indicator	Sufficient data are collected to enable the BSP to operate at the highest standard and to undertake/participate in evaluation of the pilot.
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>12a There is a mechanism to routinely capture data in the required format and submitted to the BSP Co-ordination Centre for input to the BSP IT system.</p> <p>12b There are controlled documented processes to ensure quality and accuracy of the data.</p> <p>12c There is a mechanism to receive and feed back to the local BSP team on monitoring reports from the pilot.</p> <p>12d Monthly statistics for the first six months of the BSP will be reported to the BSP Quality Working Group, to service providers within the BSP (laboratory and endoscopy services) and the Ministry of Health. Quarterly statistical reports will be reported for the BSP.</p>
Evaluation Process	<ol style="list-style-type: none"> 1. Monthly auditing of clinical records for BSP participants during the previous month at the BSP provider (this may occur in conjunction with the Data Quality Plan requirements). This requires validation of data in the BSP IT system against clinical records. 2. The internal and external audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.
Evaluation Targets	<ol style="list-style-type: none"> 1. 100% of records audited are entered correctly into the system. 2. All criteria are met.

13. IT Standards

Bowel Screening IT System and Training Requirements	
Standard 13.1: The Bowel Screening Pilot site IT equipment are fit for purpose, reliable, well supported and developed to continue to support the Bowel Screening Pilot. Users must be provided with sufficient regular training to maintain expertise in the use of IT systems.	
Definition	The Bowel Screening Pilot needs assurances data/information they require to monitor the delivery of the screening pilot is able to be provided in a timely way, is of high quality and in a format that can be analysed.
Rationale	To ensure continuing effective support for the Bowel Screening Pilot service delivery.
Quality Indicator	Existing information systems within the BSP must be able to support the delivery of a high quality BSP and provide the required data to enable monitoring of components of the BSP.
Essential Criteria	<p>The Bowel Screening Pilot must ensure:</p> <p>13.1a There is regular review of equipment and infrastructure for the BSP. There is sufficient equipment and a documented business continuity plan to ensure services are maintained.</p> <p>13.1b There are sufficient staff and suitable mechanisms to provide effective and efficient BSP IT support for delivery of BSP.</p> <p>13.1c There are suitable maintenance contracts and service level agreements to ensure equipment and systems are maintained, backed-up, and developed to meet any changing requirements of the BSP.</p> <p>13.1d There are sufficient resources to provide regular training on key systems to ensure users' expertise is maintained.</p> <p>13.1e There are controlled documented procedures for use of IT systems that support the BSP.</p> <p>13.1f There are regular reviews to ensure systems are aligned with Ministry of Health IT strategies, Ministry IT Standards (eg security, back up, and disaster recovery).</p> <p>13.1g There are regular reviews and audits to ensure systems meet Standards NZ 8169:2002, <i>Health Network Code of Practice</i> information security standards as well as other legislative requirements such as:</p> <ol style="list-style-type: none"> 1. Health and Disability Commissioner Act 1994 2. Health and Disability Services (Safety) Act 2001 3. Health Information Privacy Code 1994 4. Official Information Act 1982 5. Privacy Act 1993

Evaluation Process	The internal and external audit processes ensure that the criteria are complied with, and identified issues are addressed through the CQI.
Evaluation Targets	All criteria are met.

Providers of Bowel Screening Service: Information and Data Provision	
Standard 13.2: The IT equipment from providers involved in delivery of the bowel screening service must ensure their IT equipment is reliable, well supported and able to provide data required to monitor the delivery of the Bowel Screening Pilot.	
Definition	The Bowel Screening Pilot needs assurances data/information they require to monitor the delivery of the screening pilot is able to be provided by other service providers who deliver components of the BSP in a timely way, is of high quality and in a format that can be analysed.
Rationale	To ensure monitoring and delivery of an effective Bowel Screening Pilot service.
Quality Indicator	Providers of components of the bowel screening service such as the FIT testing laboratory, histopathology providers and Primary HealthCare Organisations (PHOs) must be able to provide high quality data and information in a timely way and ,when required, to enable monitoring of the BSP.
Essential Criteria	<p>Providers of components of the bowel screening pathway must ensure:</p> <ol style="list-style-type: none"> 1. There is sufficient equipment and a documented business continuity plan to ensure services are maintained. 2. There are sufficient staff and suitable mechanisms to provide effective and efficient IT support for delivery of data and information for the BSP. 3. There are suitable maintenance contracts and service level agreements to ensure equipment and systems are maintained, backed-up, and developed to meet any changing requirements of the BSP. 4. There are sufficient resources to provide regular training on key systems to ensure users' expertise is maintained. 5. There are controlled documented procedures for use of IT systems that support the BSP. 6. There is sufficient security, back up and disaster recovery to enable ongoing delivery of the BSP. 7. There is identified managerial responsibility for delivery of each component of bowel screening who reports and liaises with the BSP provider.
Evaluation Process	The internal and external audit processes ensure that the criteria are complied with, and identified issues are addressed through the CQI.
Evaluation Targets	All criteria are met.

14. Glossary

Term	Description
Adenoma	A colorectal adenoma is a lesion in the colon or rectum containing unequivocal epithelial neoplasia
Advanced adenoma	In screening programmes the use of the term advanced adenoma has developed and is sometimes used to categorise adenomas for management. In this context an advanced adenoma is one that is either ≥ 10 mm or contains high-grade mucosal neoplasia or a villous component
Cancers	Colorectal cancer diagnosed by the screening programme, or diagnosed as a direct result of participating in the screening programme. Pathologists working in CRC screening programmes define colorectal cancer as adenocarcinoma (ie an invasion of neoplastic cells through the muscularis mucosae into the submucosa).
Eligible population	The eligible population are those people in the target population who fulfil the eligibility criteria specified in the programme policy.
Faecal immunochemical test for haemoglobin (FIT)	In vitro stool test which detects hidden blood in stools. The immunochemical faecal occult blood test detects human globin making the test specific for human blood.
Fail safe system	System aimed to maximise follow-up compliance or adherence to standard procedures, by sending reminders or applying computer based or other automated checks.
Inadequate test	An inadequate FIT is a test returned by a participant, the results of which cannot be reliably determined. The quality is insufficient for processing and the test cannot be used for recording a result according to the programme policy.
Invited	The invited are those members of the eligible population who have received an invitation for screening according to the programme policy/process; e.g. invited by mail, by primary care practitioner. NB not all invitations sent may be received.
Offer	A formal communication made by the screening service, giving a specific subject a realisable opportunity to be tested within an effective timeframe.
Positive test	<p>A positive (ie abnormal) FIT result is a result based on the last adequate test that according to the programme policy leads directly to referral to follow-up colonoscopy.</p> <p>A positive (ie abnormal) colonoscopy screening examination is one resulting either directly in diagnosis of cancer or removal of an adenoma or other lesion, or in referral for further investigation according to the programme policy.</p>

Term	Description <input type="checkbox"/>
Screening episode	The end-to-end screening process from the perspective of a subject who has accepted an offer of screening. A complete screening episode starts with an offer and ends with the communication of a conclusive result. Some screening episodes may end prematurely, for example if the subject fails to attend a booked screening encounter.
Screening interval	Fixed interval between routine screenings decided upon in each programme.
Screening policy	Policy of the screening programme that defines the targeted age group, the geographical area, the screening interval and the screening method.
Surveillance	Continuous monitoring of disease occurrence within a population. The primary aims of colonoscopic surveillance are to reduce the morbidity and mortality from colorectal cancer by removing high risk adenomas before they have had a chance to become malignant, and by detecting invasive cancers at an early, curable, stage
Target population	The target population are those people of eligible age according to the programme policy residing in the area designated to be served by the screening programme.
Uptake (participation rate)	The number of people who have been screened, within a defined time frame following an invitation, as a proportion of all people who are invited to attend for screening.

15. Presentation of Monitoring Data

Timescales

Monitoring data will be returned within the final month of each quarter, one quarter in arrears:

Reporting period	Data Reported
Q1, 2012/13 (1 July 2012– 31 September 2012)	20 October 2012
Q2, 201/13 (1 October 2012 – 31 December 2012)	1 February 2013
Q3, 2012/13 (1 January 2013 – 31 March 2013)	20 April 2013
Q4, 2012/13 (1 April 2013 – 30 June 2013)	20 July 2013

Reporting will be refined over the course of quarter one 2011/12 as the necessary systems and collection processes are established. Unless otherwise specified, quarterly returns will be for three months' data only.

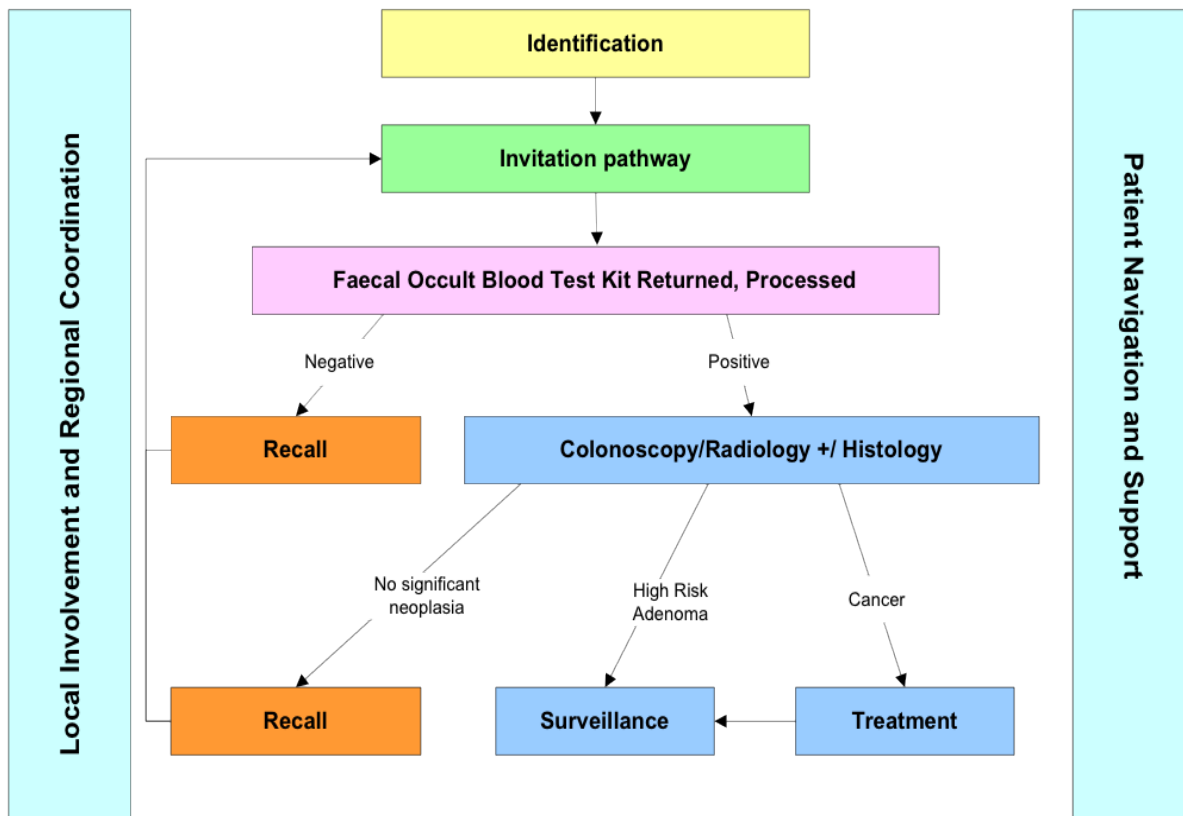
Presentation format

The effective presentation of Monitoring data as reports will be worked up in collaboration with the BSP Quality Group, and, if necessary the Bowel Screening Advisory Group or the Evaluation Advisory Group when data start to become available. Initially, the following data are anticipated for high level reporting (see BSP Monitoring Indicators for further information):

- Number of pre-notification letters sent
- Number of opt-offs
- Number of FIT kits sent
- Number of completed/spoilt FIT kits received
- Positivity
- Pre-assessment waits/completed
- Colonoscopy waits/completed/percentage within the wait time target
- Number of DNAs pre-assessment/colonoscopy
- Number of CTCs carried out
- Cancers detected (by stage, ethnicity, sex)
- Adenomas detected (by stage, ethnicity, sex)
- Number of colonoscopy complications

Appendix A: Generic screening pathway

Community Engagement and Awareness Raising



Appendix B: The BSP Quality Assurance Group

Membership

Membership will include:

- BSP Quality Lead
- BSP Project Manager
- BSP Programme Manager
- BSP Clinical Director
- BSP Data Manager
- BSP Charge Nurse Manager
- BSP Endoscopy Lead
- Director of Allied Health

As well as representation from:

- Ministry
- Lab Plus
- Primary Care
- Endoscopy Services (Colonoscopy)

Representatives from other services/sectors relevant to the Pilot may also be invited at the discretion of the Group Chair and Project Manager.

Meeting Time

- The BSP Quality Working Group will meet monthly. The meetings are scheduled to last for one hour

Meeting Venue

- The Quality Assurance Group meeting will be held in the Meeting Room at the BSP Coordination Centre, 2 Pupuke Road, Takapuna, unless otherwise advised.
- The meeting room will contain adequate facilities for teleconferencing and data show presentations

Notification of meetings

- The BSP Quality Lead will send a monthly reminder to the participants detailing the meeting agenda

Meeting agenda

- In order to compose an agenda the agenda items must be submitted to the BSP Quality Lead at least 24 hours before the meeting is scheduled
- The BSP Quality Lead will distribute the BSP Quality Group agenda monthly

Chair

- Director of Allied Health will act as chair for the BSP Quality Assurance Group

Meeting minutes documentation

- The BSP Quality Lead will be responsible for taking and distributing the minutes of the meeting

Confidentiality

- Assurance group members are expected to maintain confidentiality of agenda material, documents and other matters forwarded to them, unless otherwise specified or where it is clear that the document is not confidential (for instance, a consumer document or a document aimed to be circulated widely).

Meeting etiquette

Standard meeting etiquette applies to all meetings. This includes:

- mobile phones switched on vibrate
- punctual attendance
- attendances and apologies to be notified to the Chair in advance of the meeting
- assigned actions to be completed by the due date and any papers/documents to be read prior to the meeting.