

NATIONALLY AUTOMATED COLONOSCOPY PERFORMANCE FEEDBACK INCREASES POLYP DETECTION: THE NATIONAL ENDOSCOPY DATABASE – AUTOMATED PERFORMANCE REPORTS TO IMPROVE QUALITY OUTCOMES TRIAL (NED-APRIQOT) A RANDOMISED CONTROLLED TRIAL

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Poster

Colorectal

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The APRIQOT trial tested whether automated monthly feedback of case-mix adjusted polyp detection metrics improved UK endoscopists' colonoscopy performance in a cluster-randomised controlled trial.

KEY POINTS

- 541 endoscopists across 36 UK centres were randomised; intervention endoscopists received automated monthly reports containing their adjusted mean number of polyps and a theory-informed action plan.
- During the 9-month intervention, unadjusted mean number of polyps increased 10% ($p=0.04$) and polyp detection rate increased 10% ($p=0.002$) in the intervention group; case-mix adjusted mean number of polyps was 7% higher but not statistically significant ($p=0.08$).
- Intervention endoscopists were significantly more likely to achieve minimum standards (OR 1.77, $p=0.04$), and effects were greater in lower-workload centres.
- Performance differences were not maintained during the 3-month post-intervention period, and within the intervention arm endoscopists who accessed the website had higher adjusted mean number of polyps than those who did not (118 vs 102, $p=0.03$).
- The authors conclude the automated feedback intervention impacted behaviour and significantly improved detection metrics during active feedback, and suggest ongoing feedback may be necessary to sustain improvements.

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