# How to disseminate key performance measures in biliopancreatic endoscopy?

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**The speaker reviewed key performance measures for ERCP and EUS based on two ESG publications, emphasizing that proper indication is the most important factor and measuring alone will not change practice without implementing improvement actions.**

## KEY POINTS

- The ACG sets a minimum standard of 10% for post-ERCP pancreatitis with a target of less than 5%, though the speaker stated it cannot be reduced to zero.
- Key ERCP performance measures include proper indication, informed consent explaining 1% risk of severe complications, correct antibiotic prophylaxis, successful bile duct cannulation, and stone clearance.
- EUS performance measures include standardized description of pancreatic cystic lesions and a target of 95% for diagnostic tissue sampling on solid lesions, with adverse event thresholds of less than 3% for solid and 5% for cystic lesions.
- The speaker stated that cold water spraying on the papilla has two randomised controlled trials showing promising results and is cheap and easily implemented.
- Standardizing reports with structured fields rather than free text facilitates auditing, and the speaker recommended regular audits of 50 consecutive cases in a non-blame culture.
- In the Q&A, the speaker emphasized that proper indication remains the most important factor for reducing pancreatitis, noting that asymptomatic patients with CBD stones have high PEP risk and can potentially be followed rather than immediately treated.

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