



IMPROVEMENT OF QUALITY OF THE NATIONAL CANCER SCREENING PROGRAMMES IMPLEMENTATION (CRO SCREENING)



MINISTRY OF HEALTH
OF THE REPUBLIC
OF LITHUANIA



LITHUANIAN UNIVERSITY
OF HEALTH SCIENCES



Nacionalni inštitut
za javno zdravje



Ministry
of Health
Together



HZJZ
Hrvatski zavod za
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CROATIAN PERSPECTIVE OF QUALITY CONTROL AND ASSURANCE IN CRC SCREENING

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Preconditions of quality assurance

- legal framework and all previously mentioned preconditions, IT filter by each physician
- existing accepted guidelines including internal procedures at each working place (recognition of people who came to screening colonoscopy, recognition of pathohistologic specimens of screened patients)
- excellent and simply communication between all participants in screening system
- not just knowledge, but also will to lead guidelines and to work under uniform procedures
- quality control by indicators specific for each phase of process
- quality improvement by different modalities of education
- scientific and professional analyse of obstacles, especially of no-response
- interventions
- care about staff and equipment

What do we have now?

Public health institute level

- external control of FOBT reading
- epidemiologic control of storage conditions for FOBT
- internal procedures for quality assurance of each phase
- conditions for FOBT reading
- staff and daily engagement on screening (other job)
- working conditions, IT equipment, function of screening web application/registry
- coordination with GP-s and field nurses
- do they inform patients about positive test
- do they inform GP about positive patient
- any other problems or objections
- IT reports about response to invitation letter and on test, number of positive, number of colonoscopy appointments, cause of nonresponse (according to post office stamp, or personal answer etc.)
- need to upgrade IT for monitoring waiting time between procedures and also different schedule for persons detected polyps (guidelines)

**KONTROLA KVALITETE JAVNOZDRAVSTVENO-EPIDEMIOLOŠKOG DIJELA POSLA NA
NACIONALNOM PROGRAMU RANOG OTKRIVANJA RAKA DEBELOG CRIJEVA**

ZAVOD	ŽUPANIJSKI KOORDINATOR
ZJZ _____ županije	

OPIS	ZADOVOLJAVAJUĆI KOMENTAR
Uvjeti pohrane test kartona	
Prostorija za očitavanje	
Osoblje	
Da li je osoblje prošlo vanjsku kontrolu kvalitete?	
Interna organizacija zaprimanja pozivnih pisama	
Interna organizacija slanja test-kuverata	
Interna organizacija zaprimanja uzoraka	
Evidencija testova (primljeni, poslani)	
Uvjeti rada na pozivnom telefonu	
Suradnja s LOM i patronažom	
Informatička oprema	
Funkcioniranje aplikacije	
Postoje li problemi s dodjelom rola?	
Da li tim osim ovog programa provodi i druge aktivnosti?	
Suradnja s gastroenterolozima je zadovoljavajuća	
Liječnik obavještava LOM o pozitivnom bolesniku	
Liječnik obavještava pozitivnog bolesnika	
Mogućnost izmjene termina kolonoskopije	
Da li je uputa za čišćenje jasna?	
Da li ima problema s ljekarnicima za izdavanje Moviprepa?	
Ostali komentari	

za kontrolu kvalitete
izv.prof.dr.sc. Nataša Antoljak

županijski/gradski koordinatorski

datum:

Colonoscopy level

- staff really involved in screening
- equipment (changes according to CIPH data)
- working conditions
- connection to IT and using IT
- using classification
- internal procedures and organization
- washing and disinfection procedures
- communication with pathologists
- understanding specificity of screening
- other obstacles
- ability to document uniform finding in IT application-structured, need to upgrade to reports according to each gastroenterologist and on county and state level

Pathology level

- staff
- equipement
- internal organisation
- IT connection
- will to write finding in aplication
- using classification
- other problems
- ability to write finding in IT aplication-structured, need to upgrade to reports according to each patolologist and on county and state level

Quality indicators

- Targeted
- Eligible
- Invited
- Screened/tested at first screening and at subsequent screening episodes
- Inadequate tests (samples)
- Waiting times between procedures
- Positive test or screening
- Follow-up colonoscopy examination attended (diagnostic assessment and/or treatment)
- Negative follow-up colonoscopy examination (diagnostic assessment and/or treatment)
- Positive follow-up colonoscopy examination (diagnostic assessment and/or treatment)
- Lesion detected (at least one)
- Adenoma detected (at least one)
- Non-advanced adenoma detected (at least one)
- Advanced/high-risk adenoma detected (at least one)
- Cancer detected by stage

Nalaz Kolonoskopije

Ažuriranje Nalaza

160501694 Test prezime 2397 Test ime 2397

Anamneza Faktori Rizika kod Kolonoskopije Priprema i Tijek Izgled Sluznica i Lumena Tražena Dijagnostika, Mišljenje, Kontrola

Razlog Pretrage Kupovnica

Anamneza Simptomi	Prethodne Bolesti	Obiteljska anamneza
Nema Simptoma <input type="checkbox"/>	Polipi debelog crijeva <input type="checkbox"/>	Kolorektalni Karcinom <input type="checkbox"/>
Krv u stolici <input type="checkbox"/>	Karcinom debelog crijeva <input type="checkbox"/>	Sindrom Polipoza <input type="checkbox"/>
Proljevanje <input type="checkbox"/>	Upalna bolest crijeva <input type="checkbox"/>	HNPCC <input type="checkbox"/>
Zatvor <input type="checkbox"/>	Angiodisplazije <input type="checkbox"/>	Ostalo <input type="text"/>
Bolovi u abdomenu <input type="checkbox"/>	Ishemijski kolitis <input type="checkbox"/>	
Osjećaj nedovoljnog pražnjenja crijeva <input type="checkbox"/>	Pseudomembranozni kolitis <input type="checkbox"/>	
Slabokrvnost <input type="checkbox"/>	Hemoroidi <input type="checkbox"/>	
Gubitak tjelesne težine <input type="checkbox"/>	Intraabdominalne operacije <input type="text"/>	
Ostalo <input type="text"/>	Ostalo <input type="text"/>	

160501694 Test prezime 2397 Test ime 2397

Anamneza Faktori Rizika kod Kolonoskopije Priprema i Tijek Izgled Sluznica i Lumena Tražena Dijagnostika, Mišljenje, Kontrola

Dobiven pristanak za pretragu

Čišćenje za kolonoskopiju Anestezija Intubacija cekuma Pripremljenost crijeva Komplikacije

Bostonska klasifikacija desni Colon	<input type="text" value="Odaberite"/> Nemoguće - 0 Puno nečistoće - 1 Malo Nečistoće - 2 Čisto - 3
Bostonska klasifikacija srednji Colon	<input type="text" value="Odaberite"/>
Bostonska klasifikacija lijevi Colon	<input type="text" value="Odaberite"/>
Ukupno	<input type="text" value="0"/>
Trajanje izvlačenja endoskopa (u min)	<input type="text"/>
Inverzija u rektumu	<input type="checkbox"/>

Polip

Anatomska lokalizacija Prema Segmentu

Udaljenost lezije u cm od anokutane granice

Veličina polipa

Kudo klasifikacija

Pariška klasifikacija

Biopsija

Endoskopska Resekcija

Polipektomija

Necisto Crijevo

Mukozektomija

Nema Koagulogram

FO

Suspektan Polip

Adrenalin

Drugi pridruženi rizici

Metilenskog modrila

Dijatermijska omca

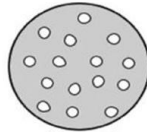
Hladna popipektomija

Koagulacijska Kljesta

Spremi

Odustani

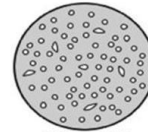
Pit pattern type	Characteristics
I	roundish pits
II	stellate or papillary pits
III S	small roundish or tubular pits (smaller than type I pits)
III L	large roundish or tubular pits (larger than type I pits)
IV	branch-like or gyrus-like pits
V	non-structured pits



Pit Pattern I



Pit Pattern II



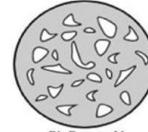
Pit Pattern III S



Pit Pattern III L



Pit Pattern IV



Pit Pattern V

- I
- II
- III S
- III L
- IV
- V

Endoskopska Resekcija

Necisto Crijevo

Nema Koagulogram

Suspektan Polip

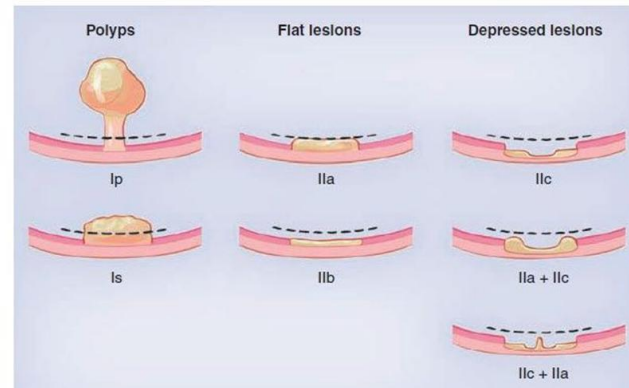
Drugi pridruženi rizici

Adrenalin

Metilenskog modrila

Polip

Morfologija (Pariška klasifikacija)



Medscape

Source: Expert Rev of Gastroenterol Hepatol © 2011 Expert Reviews Ltd

- i.1 polipoidan izgled - pedunkularni polip - (Ip)
- i.2 polipoidan izgled - sesilni polip - (Is)
- ii.1.a nepolipoidan izgled - flat promjena - IIa
- ii.1.a nepolipoidan izgled - flat promjena - IIb
- ii.2.a nepolipoidan izgled - udubljena promjena - IIc
- ii.2.b nepolipoidan izgled - udubljena promjena - IIa+IIc
- ii.2.c nepolipoidan izgled - udubljena promjena - IIc+IIa

Necisto Crijevo

Nema Koagulogram

Suspektan Polip

Drugi pridruženi rizici

Metilenskog modrila

Županija	Godište	Broj osoba ciljne populacije	Broj poslanih pozivnih pisama	Ukupan broj neodazvanih osoba	Udio neodazvanih osoba (%)	Ukupan broj odazvanih osoba	Odaziv 0 Udio odazvanih osoba (%)	Odaziv 1 Udio odazvanih osoba u ciljnoj populaciji (%)
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BJELOVARSKO-BILOGORSKA

1941	1014	1014	872	86.00	142	14.00	28.30
1942	1142	1142	946	82.84	196	17.16	26.97
1943	1188	1188	988	83.16	200	16.84	21.72
1944	1062	1062	880	82.86	182	17.14	22.13

Ukupno za BJELOVARSKO-BILOGORSKA

4406	4406	3686	83.66	720	16.34	24.69
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1961	1868	1868	1705	91.27	163	8.73	14.40
1962	1935	1935	1677	86.67	258	13.33	16.23
1963	1856	1856	1546	83.30	310	16.70	20.58
1964	1871	1871	1610	86.05	261	13.95	20.26
1965	1962	1962	1572	80.12	390	19.88	24.16

Ukupno za BJELOVARSKO-BILOGORSKA

9492	9492	8110	85.44	1382	14.56	19.15
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1941	7448	7448	6104	81.95	1347	18.09	26.48
1942	8990	8990	7193	80.01	1810	20.13	28.30
1943	8521	8521	6988	82.01	1541	18.08	24.70
1944	7736	7736	6424	83.04	1322	17.09	23.62

Ukupno za GRAD ZAGREB

32895	32895	26709	81.69	6020	18.41	25.84
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ISTARSKA

1941	2037	2037	1695	83.21	342	16.79	21.99
1942	2076	2076	1681	80.97	395	19.03	23.31
1943	2037	2037	1598	78.45	439	21.55	25.63
1944	1809	1809	1429	78.99	380	21.01	24.77
Ukupno za ISTARSKA	7959	7959	6403	80.45	1556	19.55	23.90

KARLOVAČKA

1941	1322	1322	1168	88.35	154	11.65	20.88
1942	1288	1288	1127	87.50	161	12.50	20.96
1943	1386	1386	1169	84.34	219	15.80	24.82
1944	1204	1204	997	82.81	209	17.36	26.50
Ukupno za KARLOVAČKA	5200	5200	4461	85.79	743	14.29	23.25

1964	928	928	837	90.19	91	9.81	22.52
1965	996	996	886	88.96	110	11.04	23.09
Ukupno za LIČKO-SENJSKA	1941	1941	1734	89.34	207	10.66	23.44

LIČKO-SENJSKA

1941	761	761	703	92.38	58	7.62	26.94
1944	507	507	460	90.73	47	9.27	29.98
Ukupno za LIČKO-SENJSKA	2481	2481	2274	91.66	207	8.34	26.76

MEDIMURSKA

1941	874	874	708	81.01	166	18.99	24.14
1942	1013	1013	791	78.08	222	21.92	25.77
1943	1051	1051	785	74.69	266	25.31	30.07
1944	971	971	777	80.02	194	19.98	25.33
Ukupno za MEDIMURSKA	3909	3909	3061	78.31	848	21.69	26.45

CRO perspective

- assurance and control include **organizational** part and **performance** part which are sometimes overlapping
- committee for quality control proposed indicators which must be available in IT application in reports
- monitoring quality indicators at each level by IT solution at state and county level and at doctor level
- upgrade can give GP and field nurse indicators
- for final result we need connection between screening registry and cancer registry in order to calculate interval cancers
- than at final evaluation we can calculate false positive and false negative findings
- long-time indicators are greater share of incipient cancers and polyps, and decrease mortality rate (but last one cannot be achieved without proper treatment!!)