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## **Quality Control of EUS - a National Collaborative study**

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### **Introduction:**

This study aimed to perform a national cross-sectional quality control (QC) review. Measured parameters were consensus-established, published EUS quality indicators.

### **Summary of Results:**

Ten centers participated, 100 EUS reports were analyzed. Pre-procedural QC indicators showed that 97% of reports listed the indications for the procedure, 82% reported that the patient had received an explanation of the procedure, 61% documented having obtained informed consent, every patient received sedation. Intra-procedural QC indicators found that 36% of reports included systematic reporting of EUS imaging of various relevant organs, 63% described the biliary tree/CBD, none mentioned adrenal glands. In procedures indicated for suspicion of pancreatic lesions, 87% had systematic descriptions of the pancreas; 48% of these reported suspicion or presence of a tumor, 1 report used the EUS-TNM description. Most reports described the size of lesion/s (78%); 65% described depth of tumor invasion, 46% mentioned lymph nodes. Post-procedural QC indicators included medical recommendations (80%), and 52% included instructions to a patient in case of any possible complications. 82% summarized a specific diagnosis, 37% described incidental findings. Specific quality indicators of appropriate prophylactic antibiotic use, etc, were tabulated. Some variances were found between centers.

### **Operative Conclusions:**

- 1-Reports were indication-focused. EUS reports could often have been more informative, with specific documentation regarding recommended quality indicators.
- 2- All nurse-documented information, currently in supplemental paper files, might be incorporated into, and enhance, computerized EUS reports.
- 3- Using consensus-accepted and more standardized summarizing of EUS reports might valuably both facilitate national research and improve quality of EUS procedures.