GI Quality Improvement Consortium

EGD Data Collection Form

***= Required Data Field**
CR = Conditionally Required

Patient Sociodemographic Information

Patient Identifier*:

Patient Type*:	☐ Inpatient ☐ Outpatient		
Patient Zip Code*:	☐☐☐☐☐	**Patient Birth Date*:**	m m d d y y y y
Patient Sex at Birth*:	☐ Male ☐ Female		
Patient Height: (inches)	☐☐	Patient Weight: (pounds)	☐☐☐
Patient Race*:	☐ American Indian (Native American) or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Patient declined to provide ☐ Unknown ☐ Other		
Patient Ethnicity*:	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Patient declined to provide ☐ White		
Patient Insurance Type:	☐ Aetna ☐ Blue Cross/Blue Shield ☐ Cigna ☐ Humana ☐ United Healthcare ☐ Wellpoint ☐ Medicare Advantage ☐ Medicare Fee for Service		

☐ Medicaid
☐ Tricare
☐ None
☐ Other (list specific name of plan if not listed above): _____

Endoscopy Suite Information

Endoscopy Facility ID*:	☐☐☐☐	**Endo Suite Type*:**	☐ Hospital ☐ ASC/AEC ☐ Physician Office
Physician ID*:	☐☐☐☐☐☐☐☐☐☐	Endo Suite Teaching Status:	☐ Teaching Facility ☐ Non-Teaching Facility
Fellow Physician ID (NPI):	☐☐☐☐☐☐☐☐☐☐	Did the Fellow Physician perform the procedure in its entirety? [CR]	☐ Yes ☐ No
Year of Fellowship [CR]:	☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4	Physician Specialty	☐ GI ☐ IM ☐ FP ☐ Surgeon ☐ Other

General Quality Indicators

Procedure Date*:	m m d d y y y y
Endoscopy Procedure*:	☐ Colonoscopy ☐ EGD ☐ ERCP ☐ EUS
Current History & Physical Documented in Medical Record?*	☐ Yes ☐ No
Is *H. pylori* status known or unknown?*	☐ Known ☐ Unknown
Is the patient on anti-platelet or anticoagulation therapy, other than use of aspirin / NSAIDs?*	☐ Yes ☐ No

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Is the patient on aspirin / NSAID therapy?*	☐ Yes ☐ No
Informed Consent Documented in Medical Record?*	☐ Yes ☐ No
ASA Category*:	☐ ASA I ☐ ASA II ☐ ASA III ☐ ASA IV ☐ ASA V ☐ ASA-E
Sedation type:	☐ None ☐ Moderate ☐ Deep (propofol) ☐ General
Sedation administered by[CR]:	☐ Nurse ☐ Endoscopist ☐ Anesthesia professional
Endoscope used:	Brand: ☐ Fujinon ☐ Olympus ☐ Pentax ☐ Other: _____

Discharge Instructions

***Note**: If the procedure is for an inpatient, please fill out only the questions on Diet Instructions and Medication Resumption. If the procedure is for an outpatient, please fill out all the instruction questions below.*

Written *Discharge Instructions* provided to patient before discharge?*	☐ Yes ☐ No
Diet Instructions[CR]:	☐ Yes ☐ No
Medication Resumption / Orders Given[CR]:	☐ Yes ☐ No ☐ N/A
Return to Activities[CR]:	☐ Yes ☐ No
Potential Delayed Complications[CR]:	☐ Yes ☐ No
Medical Emergency Contact Number[CR]:	☐ Yes ☐ No
Anticoagulation / Anti-platelet Therapy	
Anticoagulation / Anti-platelet Therapy: Patient given instructions relative to resumption of therapy (not including aspirin / NSAID therapy)*	☐ Yes ☐ No ☐ N/A
Aspirin / NSAID Therapy: Patient given instructions relative to resumption of therapy*	☐ Yes ☐ No ☐ N/A

EGD Procedure Quality Indicators

EGD Indication* – Select at least one (1) reason for performing the EGD

☐	Upper abdominal symptoms that persist despite an appropriate trial of therapy
☐	Upper abdominal symptoms associated with other symptoms or signs suggesting structural disease (e.g., anorexia and weight loss) or new-onset symptoms in patients >50 years old

☐	Dysphagia or odynophagia
☐	Esophageal reflux symptoms that persist or recur despite appropriate therapy
☐	Persistent vomiting of unknown cause
☐	Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (examples include patients who have a history of ulcer or GI bleeding who are scheduled for organ transplantation, long-term anticoagulation, or long-term nonsteroidal anti-inflammatory drug therapy for arthritis, and those with cancer of the head and neck)
☐	Familial adenomatous polyposis syndromes
☐	For confirmation and specific histologic diagnosis of radiologically demonstrated lesions 1. Suspected neoplastic lesion 2. Gastric or esophageal ulcer 3. Upper tract stricture or obstruction
☐	GI bleeding 1. In patients with active or recent bleeding 2. For presumed chronic blood loss and for iron deficiency anemia when the clinical situation suggests an upper GI source or when colonoscopy does not provide an explanation
☐	When sampling of tissue or fluid is indicated
☐	In patients with suspected portal hypertension to document or treat esophageal varices
☐	To assess acute injury after caustic ingestion
☐	To assess diarrhea in patients suspected of having small-bowel disease (e.g., celiac disease)
☐	Treatment of bleeding lesions such as ulcers, tumors, vascular abnormalities (e.g., electrocoagulation, heater probe, laser photocoagulation, or injection therapy)
☐	Removal of foreign bodies
☐	Removal of selected lesions
☐	Placement of feeding or drainage tubes (e.g., peroral, percutaneous endoscopic gastrostomy, percutaneous endoscopic jejunostomy)
☐	Dilation and stenting of stenotic lesions (e.g., with transendoscopic balloon dilators or dilation systems using guidewires)
☐	Management of achalasia (e.g., botulinum toxin, balloon dilation)
☐	Palliative treatment of stenosing neoplasms (e.g., laser, multipolar electrocoagulation, stent placement)
☐	Endoscopic therapy of Barrett's esophagus / intestinal metaplasia
	☐ Barrett's esophagus with intramucosal cancer

	☐ Barrett's esophagus with high-grade dysplasia
	☐ Barrett's esophagus with low-grade dysplasia
	☐ Barrett's esophagus without dysplasia
☐	Intraoperative evaluation of anatomic reconstructions typical of modern foregut surgery (e.g., evaluation of anastomotic leak and patency, fundoplication formation, pouch configuration during bariatric surgery)
☐	Management of operative complications (e.g., dilation of anastomotic strictures, stenting of anastomotic disruption, fistula, or leak in selected circumstances)
☐	Screening for Barrett's esophagus
☐	Surveillance of Barrett's esophagus
☐	Surveillance after eradication of Barrett's esophagus
☐	Surveillance for malignancy in patients with premalignant conditions other than Barrett's esophagus (e.g. polyposis syndromes, gastric adenomas, tylosis, or previous caustic ingestion).
☐	Evaluation of eosinophilic esophagitis
☐	Other, specify: _____

Placement of Percutaneous Enteral Feeding Tube	
Was a percutaneous enteral feeding tube placed?*	☐ Yes ☐ No
If yes, did the patient receive antibiotic therapy in the 24 hours before the procedure? CR	☐ Yes ☐ No
GI Bleeding	
Did the patient demonstrate a spurting visible vessel, an oozing visible vessel or a non-bleeding visible vessel? CR	☐ Yes ☐ No
Did the patient receive endoscopic hemostatic therapy by any modality? CR	☐ Yes ☐ No
Was there a finding of esophageal varices AND EITHER active bleeding OR stigmata of recent hemorrhage? CR	☐ Yes ☐ No
Did the patient undergo esophageal variceal band ligation? CR	☐ Yes ☐ No

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Tissue Sampling / Removal	
Device(s) used for biopsy or other tissue removal*:	☐ Biopsy forceps - cold ☐ Snare – endoscopic mucosal resection ☐ Snare – endoscopic submucosal dissection ☐ Radiofrequency ablation ☐ Cryotherapy ☐ Injection ☐ Other ☐ N/A
Ulcer	
Did the patient have a duodenal or gastric ulcer?*	☐ Yes ☐ No
If yes and the *H. pylori* status was unknown, is there a plan documented for assessing *H. pylori* status?[CR]	☐ Yes ☐ No
Barrett's Esophagus	
Was there an endoscopic finding consistent with Barrett's esophagus?*	☐ No ☐ Yes – Suspected ☐ Yes – Previously Established
If yes, what was the length in centimeters of the circumferential and maximal extents of the Barrett's segment or the suspected Barrett's segment?[CR]	Circumferential Extent: _____ Maximal Extent: _____
How many specimen jars were sent to pathology? [CR]	
Was Barrett's esophagus confirmed by pathology on the current exam?	☐ Yes ☐ No
If yes, was it dysplastic?	☐ Non-dysplastic ☐ Indefinite for dysplasia ☐ Low-grade dysplasia ☐ High-grade dysplasia
Recommended endoscopic follow-up for surveillance of Barrett's esophagus:	☐ None ☐ 3 months ☐ 6 months ☐ 9 months ☐ 1 year ☐ 1 and ½ years ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ Other**(c)** _____
Other Pathology	
Was an esophageal carcinoma confirmed by pathology?	☐ Yes ☐ No
If yes, check all that apply:	☐ Adenocarcinoma ☐ Squamous cell carcinoma ☐ Other malignancy
Adverse Events*	

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Please specify immediate adverse events(s) occurring the same day, before the patient leaves the endoscopy facility	
☐	No Adverse Events
☐	Bowel Perforation
☐	Bleeding (Unplanned Intervention or Hospital Admission)
☐	Emergency Dept visit related to EGD procedure
☐	Hospital Admission related to EGD procedure
☐	Sedation Related (Unplanned Intervention)
☐	Death
☐	Other, specify:_____

Unit Quality Indicators	
Procedure End Time to Room Ready ***Note:*** *include all procedures done in a dedicated endoscopy procedure room. Examples of excluded procedures are: non-endoscopy OR, ED, patient rooms, ICU, radiology.*	
Procedure End Time (24-hour clock): *When all therapeutic and diagnostic interventions are completed (in many, but not all cases, this is when the endoscope is removed from the patient)*	m m d d y y y y H H M M
Wheels Out Time (24-hour clock):	m m d d y y y y H H M M
Room Ready Time (24-hour clock): *Room is cleaned and ready to accept another patient*	m m d d y y y y H H M M