Documentation Practices of Surveillance Colonoscopy Interval Recommendations Following Screening Colonoscopy in a Large Academic Health Center

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BACKGROUND:
Gastroenterologists routinely provide surveillance colonoscopy interval recommendations based on endoscopic and pathologic findings and 2020 Multi-Society Task Force (MSTF) guidelines. Documentation of these recommendations is critical so that patients undergo the appropriate surveillance to reduce colorectal cancer risk. However, surveillance interval documentation practices are highly variable for clinicians and may impact effective communication of timing of repeat colonoscopy. The aim of our study was to characterize the documentation practices for surveillance intervals among gastroenterologists within a large, academic health center.

METHODS:
We conducted a retrospective, cross-sectional chart review study. A random number generator was utilized to select 10 screening colonoscopy reports from each gastroenterologist within the health system who performed at least 20 screening colonoscopies between March 2022 and June 2023 (n=43), for a total of 430 reports. We abstracted data on relevant clinical and procedural information as well as pathology results. The primary outcome measure was the frequency of documentation of a surveillance interval. Secondary outcome measures included how this recommendation was documented in the medical chart and if the recommended interval was concordant with the MSTF recommendations. Relevant clinical and procedural data were described using frequencies as appropriate.

RESULTS:
We included 430 total cases from 43 gastroenterologists in the health system. A recommended surveillance interval was documented in 409 (95%) cases. Of these cases, the interval was found in the following locations: procedure report only (179, 44%), electronic medical record (EMR) message to patient only (101, 25%), mailed patient letter only (18, 4%), both the procedure report and an EMR message to patient (84, 21%) (Table). For the subset of 167 normal

colonoscopies, surveillance interval recommendations were found only in the procedure report in 100% of cases. The recommended surveillance interval was consistent with MSTF guidelines for 351 (86%) cases. Among the 43 gastroenterologists, 27 (63%) had at least 1 case in which the documented recommendation was not guideline-concordant.

CONCLUSION:
We demonstrate that within a large academic health center, gastroenterologists frequently documented surveillance interval recommendations. However, where this information was documented varied by gastroenterologist. Furthermore, a majority of provides had at least 1 recommendation that was not guideline-concordant. These findings highlight the importance of standardized reporting systems to help streamline communication of recommended surveillance intervals.

Table. Location of documentation of recommendations for interval of timing of repeat colonoscopy following screening colonoscopy (n=409)

Location of documentation in the patient chart	n (%)
Procedure Report Only	179 (44)
EMR Message to Patient Only	101 (25)
Mailed Patient Letter Only	12 (3)
New Note in Chart Only	0 (0)
Both Procedure Report and EMR Message to Patient	84 (21)
Both New Note in Chart and EMR Message to Patient	12 (3)
Both Procedure Report and Mailed Patient Letter	4 (1)
Other Combinations	11 (3)