## provation<sup>®</sup>

## **GI Quality Indicators**

## Meets Your Quality Reporting Needs

Provation<sup>®</sup> MD software allows gastroenterologists and the facilities in which they perform procedures to capture, track and submit GI Quality Indicators, relevant PQRI measures, and GIQuIC registry data. Our software intuitive navigation captures structured data at every point of the procedure. Paired with our comprehensive and automatic reporting capabilities, our clients prepared to easily meet their QI reporting requirements.

- Increases productivity by providing actionable, reportable data on physician and facility quality of care
- Improves efficiency and accuracy of data capture and submission
- Produces complete procedure notes with all critical data elements, including scope withdrawal time, adenoma detection rates and cecal intubation rates
- Includes over 100 standard reports and custom reporting tools to track facility-specific metrics
- Provides structured data form to maximize data capture, while allowing for provider and site customization

## GlQuIC Registry Reporter

- Captures accurate, complete data based on GIQuIC requirements
- Saves hundreds of hours a year in data collection & submission with the GIQuIC Registry Reporter
- Requires subscription to GIQuIC (www.giquic.org) and license for Registry Reporter

A sample of quality indicators that can be captured and reported with Provation MD.

- Cecal landmark identified 🔍
  - Current H&P on chart 🔍
- Informed consent documented in medical record 🔍
  - ASA category 🔍
  - Quality of GI prep
- Time between insertion and reaching cecum (in minutes)
  - Withdrawal time from cecum (in minutes)
    - Relevant patient history 🗖
    - Colon cancer screen assessment
      - Year of previous colonoscopy
      - Family history of colon cancer
      - Family history of colon polyps
- Number of polyps found during colonoscopy procedure
  - Polyps removed during colonoscopy procedure
- Reporting of estimated blood loss (Joint Commission) and complications (none, perforation, bleeding, etc.)
- Discharge instructions: contact number for medical emergency
  - Written discharge instructions provided to patient
  - Discharge instructions: usual medications resumed
    - Follow-up interval for next colonoscopy
  - Photo documentation of ileocecal valve, appendiceal orifice and/or terminal ileum

File Edit Tools Preferences	
🖏 Close 🥡 Erase 🍉 Print 📢 Past Notes 📁 Patient Chart	18
Colonoscopy	
Colonoscopy	
	Se
Attending Dr. Participation	^
Endoscopes	-
Colonoscope	
Orifice - Anus	
Advanced To - the cecum, identified by appendiceal orifice	
Pre-Anesthesia Assessment	
H&P Performed, Allergies Reviewed	
Consent Obtained	
ASA Grade	
Difficulty/Tolerance	
Quality of Bowel Prep	
Scope Insertion Time	
🚛 🗹 Scope Withdrawal Time	
Patient Profile	
Previous GI Procedures	
B Indication	
Surveillance: Personal history adenomatous polyps on last	
FH of Colon Cancer -distant relative	
FH of Colonic Polyps - distant relative	
Comorbidities	
- Medication	
😑 Findings	
🖃 🗹 Colon - Multiple Polyps	
– Major Site(s) - Sigmoid Colon	
Size in mm - 5 to 7	
Pedicle - Sessile	
- Maneuver	
🖻 🏹 Polypectomy - Multiple Polyps Same Metho	
Device/Method - Cold snare	
Resection & Retrieval - Complete resection & retriev	
EBL Minimal (from maneuver)	
Complication	
► Stimated Blood Loss	
- Recommendation	
Patient has contact number available for emergencies	
Written discharge instructions provided to patient	_
Continue Present Medications	
Repeat Colonoscopy	
Post Op Orders	24
Patient Instructions	-

ProVation MD: GI



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