provation

ERCP Quality Indicators:

Standardizing Quality in ERCP Documentation

SECTIONS

INTRODUCTION

In 2026, the American Society for Gastrointestinal Endoscopy (ASGE) and the American College of Gastroenterology (ACG) jointly sponsored and published quality indicators (QIs) for endoscopic retrograde cholangiopancreatography (ERCP). This report examines three priority indicators – deep cannulation success, documentation of an accepted indication, and NSAID administration in patients with native papilla – using anonymized clinical content from Provation's GI procedure note database.

SECTION 1

From Proof-of-Concept to Provation Apex: Deep Cannulation Success

In 2026, the ASGE and ACG jointly sponsored and published quality indicators (QIs) for endoscopic retrograde cholangiopancreatography (ERCP) [1]. One intra-procedure indicator relates to cannulation success:

> *"Frequency with which deep cannulation of the duct of interest in patients with native papillae is achieved (90% performance target)."*

Provation contributed to the 2021 proof-of-concept study "Development of an Automated ERCP Quality Report Card Using Structured Data Fields" [2] that demonstrated prospective QI data capture via Provation® MD software (PVMD). For two referral centers performing ERCP, within the Difficulty/Tolerance juncture ('node') of the procedure note, ERCP QI menu content was implemented as Documentation Requirements (DRs). That study analyzed 1,376 procedures over a 9-month period.

The study observed high successful cannulation rates across providers; for bile duct the rate was 97.8% and for pancreatic duct the rate was 96.6%. Encouraged by these results, the PVMD menus have been replicated by Provation® Apex in the Difficulty/Tolerance juncture. Designed strictly for structured data capture, an organization may track cannulation success rates and other priority QIs for ERCP (Figures 1, 2).

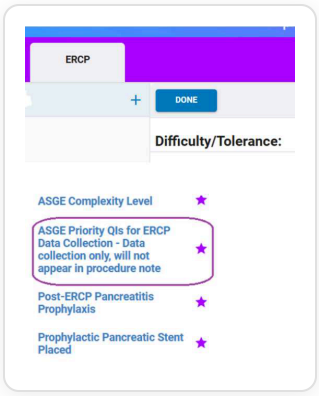

FIGURE 1 The Provation Apex Difficulty/Tolerance juncture and link to the QI content submenu.

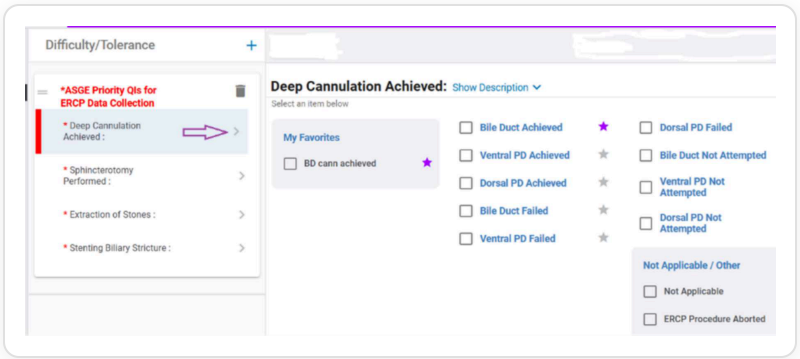

FIGURE 2 Menu content for the ERCP deep cannulation success priority QI.

In strict compliance with HIPAA, Provation has assembled a GI content procedure note database that spans more than a decade. To coincide with the timing of the original paper, we explore the anonymized clinical content from more than 60,000 completed ERCP procedure notes since 2020. Consistent with 2021 study observations, 98% of these notes document successful cannulation using workflow offered in the Maneuver juncture.*

Yet, the ERCP Priority QI submenu offered by the Difficulty/Tolerance juncture was almost never used to report the same outcomes. Fewer than one dozen ERCP notes elected to report successful cannulation using the workflow illustrated in Figures 1 and 2. However, by configuring the workflow as a DR, it will be easier to find the QI menu and need fewer mouse clicks to complete it. For purposes of benchmarking, physicians are free to provide pre-configured data that can be the basis for prospective clinical studies.

Provation Apex users documenting ERCPs may not be aware of, or know how to navigate, the ERCP Priority QI submenu via the Difficulty/Tolerance juncture. Aware that the ASGE and ACG very recently updated the quality indicators for ERCP [1], Provation is using the opportunity as a timely reminder.

*We infer the success rate (98%) from a particular workflow of the Maneuver juncture; menu selections follow Maneuver > ERCP Cannulation / Ductoscopy / Cholangioscopy / Pancreatography > select “Failed Cannulation.” This sequence was followed by 2% of notes analyzed.

SECTION 2

ERCP Indications from the Provation Apex ASGE QI Submenu

Among the quality indicators the ASGE and ACG jointly published for ERCP in 2026 [1] is documentation of an accepted indication for the ERCP:

> *"Frequency with which ERCP is performed for an accepted indication and that indication is documented (priority indicator); >98% performance target."*

Provation contributed to the 2021 proof-of-concept study "Development of an Automated ERCP Quality Report Card Using Structured Data Fields" [2], to demonstrate prospective QI data capture using Provation MD software (PVMD). For tracking documentation of an "accepted indication," a PVMD "QI Indications" submenu was introduced (Figure 1), which has since been replicated by Provation Apex (Figure 2).

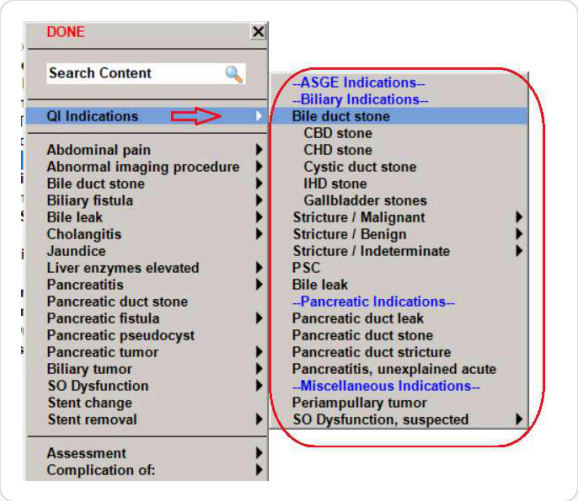

FIGURE 1 The PVMD Indications submenu for QI Indications.

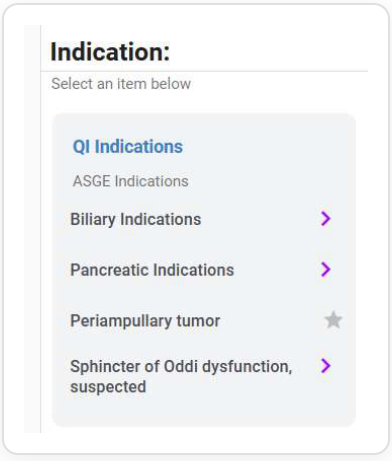

FIGURE 2 The Provation Apex Indications submenu for QI Indications.

That study analyzed 1,376 procedures over a 9-month period by two referral centers performing ERCP. In strict compliance with HIPAA, Provation has assembled a GI content procedure note database that spans more than a decade. To coincide with the timing of the original paper, we explore the anonymized clinical content from more than 50,000 completed ERCP procedure notes since 2021. The observation made by the 2021 study, namely, a 'predominance' for biliary indications, remains true. Since 2021, biliary indications describe 96% (87% + 9% from Figure 3) of Provation Apex procedure notes completed. Furthermore, the predominant biliary indication has been stone(s) (87% of ERCP indications) vis a vis stricture(s) (9% of ERCP indications).

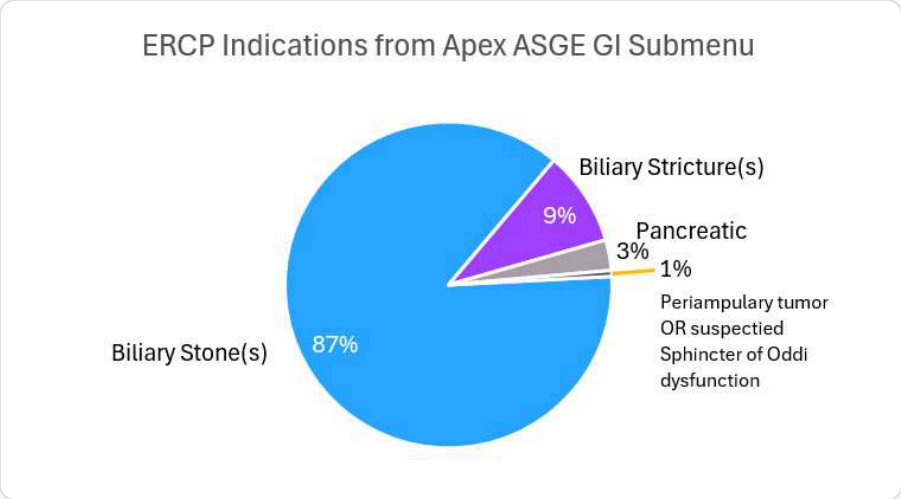

FIGURE 3 ERCP indications cited by the Provation Apex ASGE QI Indications submenu, 2021–26.

SECTION 3

Native Papilla and NSAID Administration

Among the quality indicators the ASGE and ACG jointly published for ERCP in 2026 [1] is a priority indicator:

> *"Frequency with which rectal indomethacin or diclofenac is administered in patients with an intact papilla."*

Procedure notes created with Provation Apex can document – and track – this and many other ERCP QIs to inform best practices. Leveraging our HIPAA-compliant anonymized data lake, we identified over 30,000 ERCP notes from 2015 to present (May 2026) where: normal (intact) papilla was documented, and/or it was the patient's first ERCP.

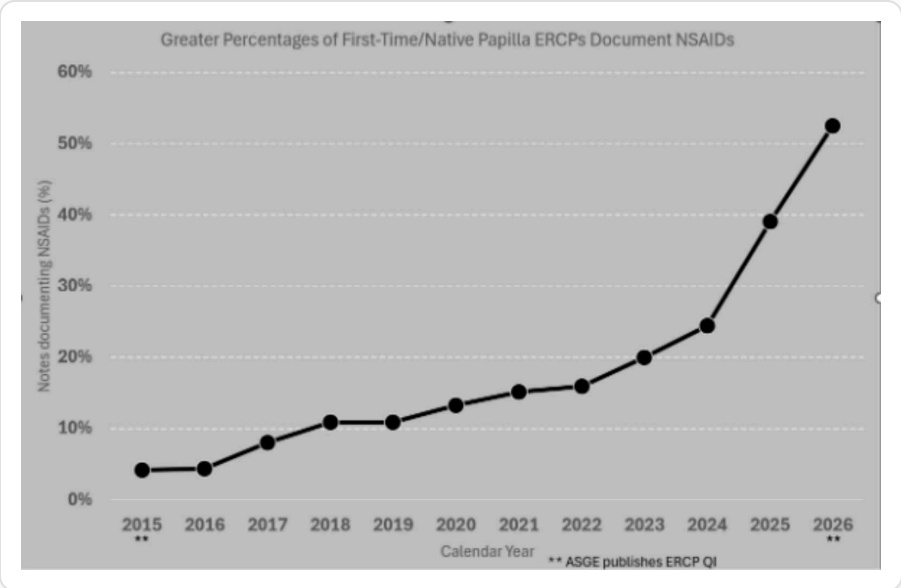

FIGURE 1 The percentage of ERCPs administering NSAIDs for first-time or patients with native papilla has risen every year.

Documenting a normal (intact) papilla is straightforward in Provation Apex. There are multiple paths to do so, and the next screenshot of the Maneuver juncture depicts two of them.

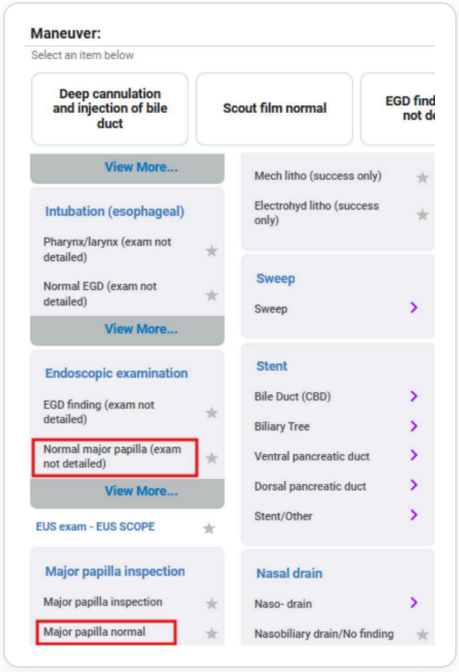

FIGURE 2 The Provation Apex Maneuver juncture includes two ways to document normal papilla.

The ASGE Quality Indicator focuses on administering NSAIDs to patients with a native (intact) papilla, yet there are clinical scenarios in which NSAID administration can still provide significant benefit in reducing the risk of post-ERCP pancreatitis (PEP) in patients without an intact papilla. Luo et al. describe a randomized controlled trial involving more than 2,000 average-risk participants for which rectal indomethacin is associated with a 54% relative risk reduction for PEP [3].

To document whether or not NSAIDs were administered, there are a few different documentation pathways in Provation Apex. For brevity the following screenshots document two of them. The first of which uses the Medication juncture on the left side of the screen:

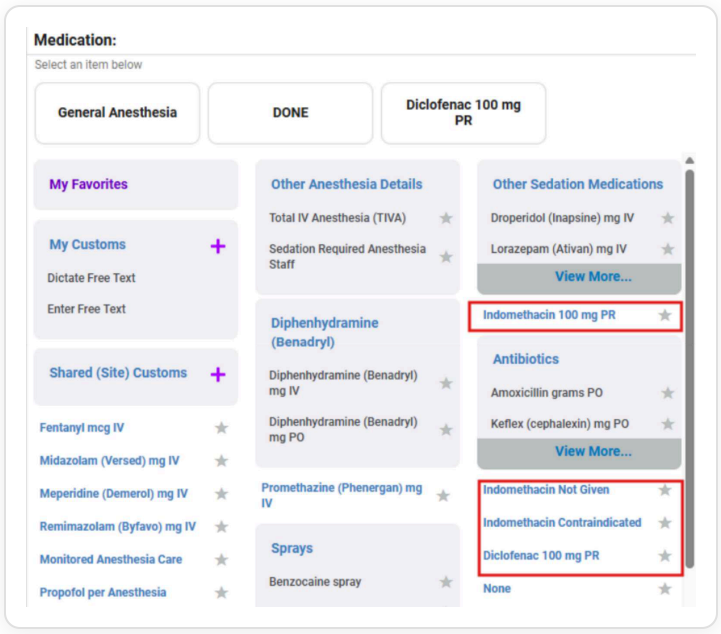

FIGURE 3 The Provation Apex Medication juncture includes ways to document NSAIDs.

The second pathway uses the Maneuver menu:

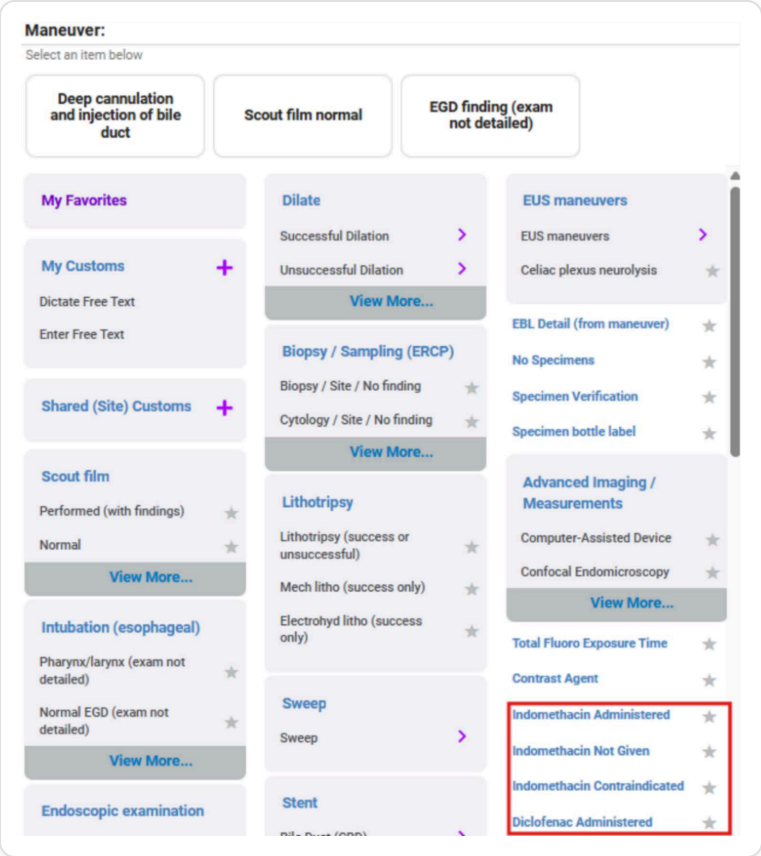

FIGURE 4 The Provation Apex Maneuver juncture also includes ways to document NSAIDs.

Takeaway:

Using Provation Apex, clinicians can configure ERCP workflows to capture the new ASGE and ACG quality indicators as structured data, promoting consistency and alignment with national guidelines. The clinician's documentation agrees with rigorous and defensible ASGE recommendations, as opposed to a subjective or qualitative judgment.

Conclusion:

Standardization Drives Quality

With Provation Apex, any GI practice performing ERCP is armed with the means to easily:

1. Align with ASGE and ACG ERCP Quality Indicators
2. Configure workflows as Documentation Requirements for prospective data analysis
3. Leverage data-driven insights to improve outcomes

> Provation is committed to supporting GI practices in delivering high-quality, guideline-aligned care – one procedure note at a time.

WHO WE ARE

About Provation

Best known as the global gold standard for gastroenterology procedure documentation, Provation is a leading provider of healthcare software and SaaS solutions for clinical procedure reports, anesthesia documentation, quality reporting, and more. Our purpose is to empower providers to deliver quality healthcare for all.

Provation's comprehensive portfolio spans the entire patient encounter with solutions for physician and nursing documentation (Provation Apex, Provation MD), anesthesia documentation and billing capture (Provation® iPro), and order set and care plan management (Provation® Order Set Advisor™ and Provation® Care Plans). Provation has a loyal customer base, serving more than 5,000 hospitals, surgery centers, and medical offices, and 700 physician groups globally, including 18 of the top 20 U.S. hospitals.

In 2021, Provation was acquired by Fortive Corporation, a Fortune 1000 company that builds essential technology and accelerates transformation in high-impact fields like workplace safety, engineering, and healthcare.

[1] Anderson, M. A., Cote, G. A., Keswani, R. N., Rodriguez, S. A., Siddiqui, U. D., & Elmunzer, B. J. (2026). "Quality indicators for endoscopic retrograde cholangiopancreatography." Gastrointestinal Endoscopy, 103(1), 9-25. https://doi.org/10.1016/j.gie.2025.08.032

[2] Cote G.A., et al. "Development of an Automated ERCP Quality Report Card Using Structured Data Fields." Techniques & Innovations in Gastrointestinal Endoscopy, 2021, Vol. 23, No. 2, pp. 129-38.

[3] Luo H, Zhao L, Leung J, et al. "Routine pre-procedural rectal indometacin versus selective post-procedural rectal indometacin to prevent pancreatitis in patients undergoing endoscopic retrograde cholangiopancreatography: a multicentre, single-blinded, randomised controlled trial." Lancet 2016;387:2293-301.

Product Capabilities: Descriptions of Provation Apex functionality reflect current product features as of May 2026 and are subject to change. Configuration options may vary based on system setup and user permissions.

Data Interpretation: Insights and interpretations presented in this report are based on aggregated analytics and should not be used to assess individual provider performance or clinical outcomes.

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