

Quality in gastrointestinal endoscopy: the preface

According to the U.S. Department of Health & Human Services Institute of Medicine, health care quality is “the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (1).

Early in 2000s there was a movement to define and measure quality for endoscopy in order to improve this service to patients, following alarming reports about missed neoplastic lesions during colonoscopy and the emergence of the concept of interval colorectal cancer as a potential consequence of poor performance of lower gastrointestinal endoscopy.

In 2006, the American Society for Gastrointestinal Endoscopy (ASGE)/American College of Gastroenterology (ACG) Task Force on Quality in Endoscopy developed the first quality indicators for endoscopic procedures (2), which were updated in 2015 (3). Similarly, European Society of Gastrointestinal Endoscopy (ESGE) and United European Gastroenterology (UEG) that considers quality of endoscopy as top priority developed ESGE Quality Improvement Initiative and described the processes recommended for audit and feedback of endoscopist and service performance using the ESGE performance measures published thereafter (4).

In this special issue, invited authors highlighted specific issues regarding quality assessment and improvement of endoscopic service provision which are not usually covered in the available guidelines. In this context, the first manuscript critically reviewed the available guidelines on endoscopic management of Barrett's esophagus and its associated dysplasia to illustrate contemporary recommendations and areas of controversies (5). Professor Christodoulou indicated the lack of guideline regarding quality assessment of the examination of small bowel with wireless capsule endoscopy and proposed a roadmap for it, in the second manuscript (6). Endoscopic submucosal dissection (ESD) is a novel interventional endoscopic technique that has recently extended the borders of endoscopy. Thus, the following two manuscripts focusing for the first time on the quality issues of upper (7) and lower gastrointestinal track (8) ESD are novelties for the reader. The sixth manuscript presents the beneficial long term effects of colonoscopy continuous quality improvement program in an Academic endoscopy service (9). Since there is paucity of evidence regarding the quality of endoscopy training, we invited Drs. Jovanovic and Mönkemüller to propose quality measures for ERCP training, according to their contribution to the existing literature (10). The next two manuscripts review the literature on quality measures for ERCP (11) and endoscopic ultrasound (12). Finally, we present two cases highlighting the beneficial (13) and detrimental effects (14) of use and misuse of endoscopic innovations on the quality of clinical care.

We believe that readers will enjoy this focused issue that aims to provide further simplified guidance for the implementation and monitor of performance measures at their practice, so that patients can get the highest possible care.

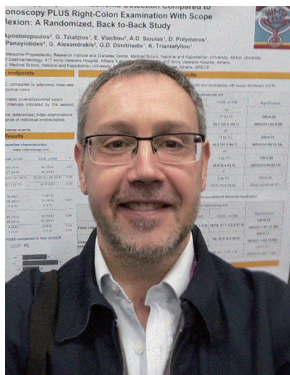
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On behalf of all contributors, we would like to welcome you on the focused issue of *Annals of Transnational Medicine: Quality in Gastrointestinal Endoscopy*.

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