

Title: The endoscopy safety checklist: A longitudinal study of factors affecting compliance in a tertiary referral centre within the United Kingdom

Submission: BMJ Quality Improvement Report

Figures and Tables

Figure 1. Endoscopy team members' survey: 'Which pre-procedure checks are undertaken prior to each patient undergoing an endoscopic procedure?'

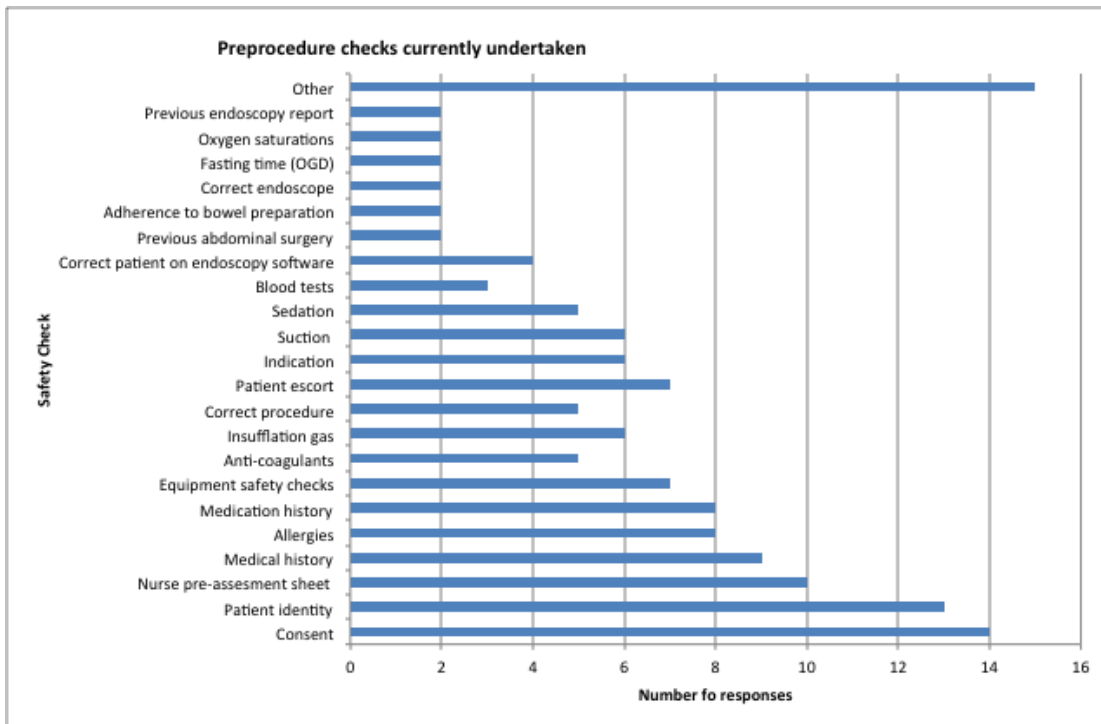


Figure 2. Comparison of checklist compliance pre- and post- intervention

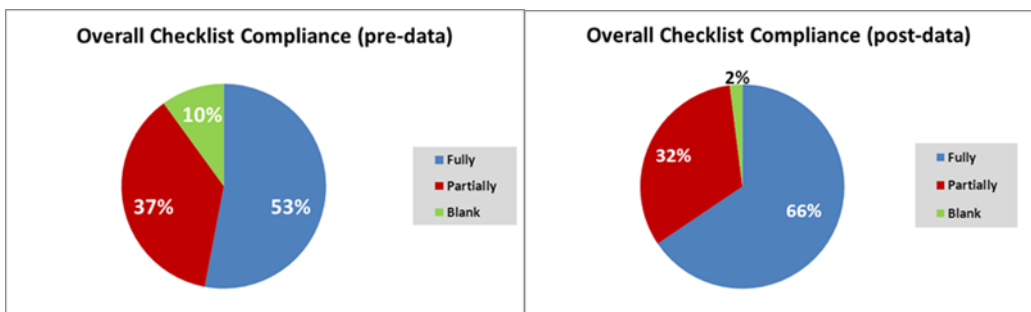
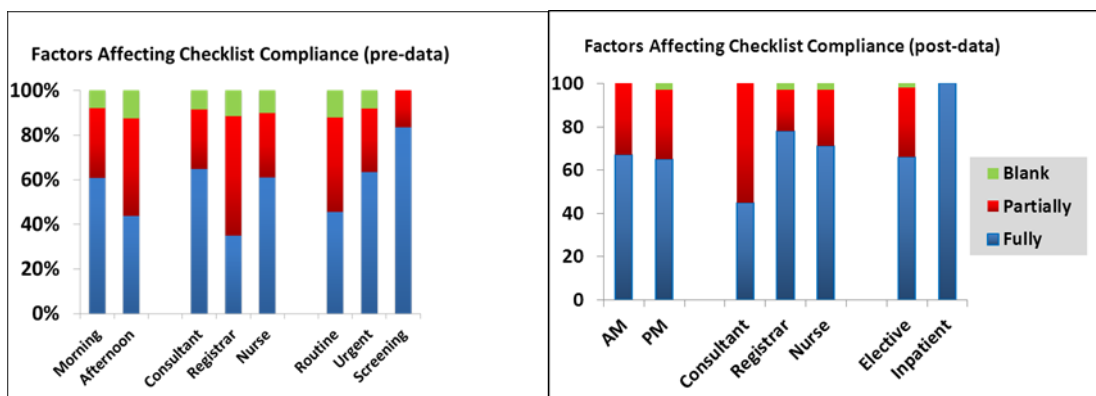


Table 1: Summary of factors affecting checklist compliance pre- and post- intervention.

Factor	Pre-intervention	Post-intervention
Time of day	Greatest compliance in the morning (p<0.05)	No difference in checklist compliance (am/ pm) (p=0.704)
Grade	Greatest compliance by consultants and nurses (p<0.001)	Lowest compliance by consultants compared to -Nurses (0.021) -Registrars (p=0.0002)
Patient sub-type (inpatient/elective)	Greatest compliance during bowel screening (p<0.01)	In this dataset, only 2/151 were non-elective, therefore no comparisons have been drawn

Figure 3. Comparison of the factors affecting checklist compliance pre- and post- intervention



Appendix 1

Endoscopy Safety Checklist at The Wolfson Unit for Endoscopy, St. Mark's Hospital



  Wolfson Unit for Endoscopy	ENDOSCOPY SAFETY CHECKLIST		<input checked="" type="checkbox"/> Affix patient ID label
	Time Out Before scope insertion	Team introduction	<input type="checkbox"/> Yes
		Patient ID	<input type="checkbox"/> Yes
		Correct screen on reporting software	<input type="checkbox"/> Yes
		Correct procedure	<input type="checkbox"/> Yes
		Indication	<input type="checkbox"/> Yes
		Consent	<input type="checkbox"/> Yes
		Monitoring (IV access / O ₂ sats)	<input type="checkbox"/> Yes
		Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Comorbidity	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Anticoagulants	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Correct scope & kit	<input type="checkbox"/> Yes	
	Sign Out End of procedure	Samples & labelling	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Accurate report		<input type="checkbox"/> Yes	
Follow-Up		<input type="checkbox"/> Yes	
Name (Dr / Nurse).....Date & Time.....Signature.....			

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