



BUX-MONT ENDOSCOPY CENTER CELEBRATES ANNIVERSARY

December 31, 2009 marked the first full calendar year of operation of the Bux-Mont Endoscopy Center. It has been an exciting and rewarding year for us with the opening of a second procedure room and continuing growth in monthly volume.

This date also marks three and a half years we have been performing outpatient procedures at Grand View Hospital's endoscopy center in Harleysville. The end of the year brought to 6,545 the number of total procedures performed at both centers since their inception. Since opening the Bux-Mont Endoscopy Center we have been collecting and reviewing quality measures for endoscopy aided by our computerized reporting system. Quality measures for colonoscopy include cecal intubation rates, adenoma detection rates, perforations, and withdrawal times (six minute or greater). This latter measure has been shown to correlate with lower "miss rates" for polyps. The data for these measures are compared with published standards and listed in the table below.



	Total Colonoscopies	Perforation Rate	Cecal Intubation	Adenoma %	6 Min Withdrawal Time
Bux-Mont Endoscopy Center	2702	1/2707 (0.6/1000)	98%	34%	100%
National Averages	N/A	2.1-5.3/2707 expected (0.8-1.96/1000)*	95%	15-30%	N/A

*Gatto, NM. Risk of perforation after colonoscopy. *Journal of National Cancer Institute* 2003; 95:230

*Levin, TR. Complications of colonoscopy in an integrated health system. *Annals of Internal Medicine* 2006; 145:880

We have also been participating in focused quality studies at the Harleysville Center. These studies track similar measures over definite time intervals and are required for ongoing accreditation. In addition to cecal withdrawal times; these data analyze a subset of patients referred for their first screening colonoscopy between August of 2008 and January 2009. The results of these studies are shown in the table below.

	Adenoma Detection	6 Min Withdrawal Time
GI Endoscopy Center at Harleysville	18%	98%

As you can see by the data our cecal intubation rates and adenoma detection rates are in keeping with the national norms and our perforation rates are below the national published norms. Patient satisfaction surveys at our center show 95 % of our patient's rate their overall experience as excellent and 98% say they would recommend our facility to family members.

We believe that this process of self-assessment and reporting is crucial to achieving the level of quality you desire for the care of your patients. We appreciate and value your trust and will continue to share this data with you at regular intervals in the future. ■



**STAFF SPOTLIGHT:
TRACEY McGINLEY, CRNP**



Tracey McGinley is a nurse practitioner who joined Bux-Mont GI in 2008. She came to us with six years of experience from a hospital-based GI practice at St. Luke’s in Bethlehem. Tracey is a graduate of Bloomsburg University and received her nurse practitioner degree from DeSales University.

She assists with rounds at Grand View and St Luke’s Quakertown Hospitals and also sees patients in the office in the afternoons. Her familiarity with our inpatient hospital census has enhanced the continuity of care when these patients are seen in the office in follow-up. Tracey is enthusiastic, participates actively in GI conferences and continuing education and is a great asset to our practice. ■

**Colon Cancer
Screening Guidelines**

<i>RISK</i>	<i>First Colonoscopy</i>	<i>Follow-Up Colonoscopy</i>
AVERAGE RISK (No Family History of Colon CA or Polyps)	Age 50	Every 10 Years if Negative*
HIGH RISK (One 1 st degree relative with Colon CA or Polyps or two 2 nd degree relatives with Colon CA or Polyps)	Age 40 (Earlier in higher risk families)	Every 5 Years if Negative*
*If polyps are found, follow up interval determined by type, number and size of polyps as well as quality of prep.		

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