CORE CONCEPT

Endoscopy Unit Management Course: Scope Reprocessing, Tracking and Quality KPIs

11 – 15 October 2027
London - Central London four-star

CORE CONCEPT

Endoscopy Unit Management Course: Scope Reprocessing, Tracking and Quality KPIs

Ref: 1991_29431 **Date:** 11 – 15 October 2027 **Location:** London - Central London four-star **Fees:** 25300 SAR

Introduction:

Endoscopy unit management, covering scope reprocessing, tracking and quality KPIs, is a 1-week course for endoscopy unit managers, endoscopy nurse leads and quality staff, ending with an Endoscopy Unit Improvement Plan and KPI dashboard for a case hospital. Units lose procedure slots and expose patients to avoidable risk when lists are overbooked or underfilled, flexible endoscopes queue for reprocessing, drying records are missing and caecal intubation or adenoma detection rates go unreported. Nominees already run endoscopy lists, decontamination rooms or quality reporting and learn by building a capacity model and indicator dashboard. CoreConcept Training Center delivers this endoscopy unit management course.

Course Objectives:

- Map the zones, procedure mix, staffing and waiting list of an endoscopy unit to establish a current-state baseline
- Schedule endoscopy lists using procedure points, booking readiness checks and room utilisation calculations
- Control flexible endoscope reprocessing from bedside pre-clean through AER cycles to drying cabinet storage against ISO 15883-4 and ISO 16442
- Trace every endoscope to its reprocessing cycle and patient, and manage scope repairs, loan scopes and fleet size
- Plan sedation mix and recovery bay capacity so that patient flow matches list throughput
- Report caecal intubation, adenoma detection, bowel preparation and complication indicators through a unit KPI dashboard

Target Audience:

- Managers responsible for running a hospital endoscopy unit, its procedure lists and its staffing budget
- Endoscopy nurse leads accountable for procedure room, recovery and decontamination staff on each shift
- Decontamination supervisors responsible for scope reprocessing records, AER testing and drying cabinet control
- Quality and audit leads who report endoscopy indicators to clinical governance committees
- Booking and scheduling coordinators who manage endoscopy waiting lists, referral triage and list templates

CORE CONCEPT

Course Outline:

Day 1: Endoscopy Service Model, Room Capacity and Current-State Baseline

- Endoscopy Unit Layout With Procedure, Decontamination and Recovery Zones
- Procedure Mix Profile Across Gastroscopy, Colonoscopy and Bronchoscopy Lists
- Endoscopy Staffing Model With Nurse, Assistant and Decontamination Roles
- Referral Triage Categories and Waiting List Validation Rules
- Unit Baseline Audit Using Procedure Logs and Scope Counts

Day 2: Scheduling Models, List Points and Room Utilisation

- Procedure Points System for Building Endoscopy List Templates
- Room Utilisation Calculation From Booked and Delivered List Points
- Pre-Assessment and Bowel Preparation Readiness Checks Before Booking
- Did-Not-Attend and Late Cancellation Tracking With Backfill Rules
- Scope Fleet Sizing Against Daily List Demand

Day 3: Flexible Endoscope Reprocessing, AER Validation and Storage Control

- Bedside Pre-Clean and Leak Test Workflow Records
- Manual Channel Brushing and Flushing Step Sign-Off Sheets
- ISO 15883-4 Automated Endoscope Reprocessor Validation and Periodic Tests
- AER Rinse Water Sampling and Self-Disinfection Cycle Logs
- ISO 16442 Drying Cabinet Storage Limits and Scope Release Checks

Day 4: Scope Traceability, Recovery Flow and Endoscopy Quality Indicators

- Scope Tracking Linking Endoscope, AER Cycle and Patient Record
- Scope Repair Turnaround, Loan Scopes and Damage Cause Logging
- Sedation Mix Planning and Recovery Bay Capacity Flow
- Caecal Intubation Rate and Adenoma Detection Rate Reporting per Endoscopist
- Bowel Preparation Adequacy, Withdrawal Time and Complication Event Logging

Day 5: Modelling Build of the Endoscopy Unit Improvement Plan

- Case Hospital List Points Model and Room Utilisation Build
- Case Scope Fleet and Reprocessing Throughput Bottleneck Model
- Case Traceability Gap Review and Patient Lookback Exercise
- Case Endoscopy Quality Indicator Dashboard With Targets and Thresholds
- Endoscopy Unit Improvement Plan Completion and Peer Challenge

Skills You Will Gain:

- Endoscopy List Scheduling
- Room Utilisation Analysis
- Scope Fleet Planning
- AER Validation Oversight
- Endoscope Traceability
- Recovery Capacity Planning
- Endoscopy Quality Indicator Reporting
- Waiting List Validation

Why Attend This Course:

- Deliver an Endoscopy Unit Improvement Plan with KPI dashboard to the endoscopy users group and the director of clinical services for approval
- Decide when to add, merge or release lists, buy or loan scopes, or quarantine an endoscope using points, fleet and tracking data
- Avoid lost list points, scopes released without drying records and unreported falls in adenoma detection that put patients at risk
- Brief booking, decontamination and recovery colleagues on list templates, scope release checks and indicator definitions

Conclusion:

Back at the hospital, the participant presents the Endoscopy Unit Improvement Plan and KPI dashboard to the endoscopy users group, the decontamination lead and the clinical governance committee. They use it to agree list templates and points targets, scope purchases or loans, the AER test and drying cabinet schedule, and how endoscopist indicators are fed back. After the first quarter under the plan, the unit should compare room utilisation, scope turnaround, traceability gaps and quality indicator results with the baseline and revise the actions that have not moved them.

Frequently Asked Questions FAQ:

What should participants know before an endoscopy unit management course?

Participants should already run endoscopy lists, supervise scope decontamination or report unit quality data. No clinical procedure is taught. Bringing anonymised list templates, AER cycle records or an indicator report helps them apply the modelling exercises to their own unit.

How does endoscopy unit management differ from a sterile services department course?

It covers the endoscopy unit as a whole: list scheduling, room utilisation, heat-sensitive scope reprocessing in AERs and drying cabinets, recovery flow and procedure quality indicators. Sterile services courses cover steam sterilisers, instrument trays and load release for theatres.

Why does endoscopy unit management track the adenoma detection rate?

The adenoma detection rate shows how often colonoscopies find at least one adenoma, so it reflects the quality of each endoscopist's inspection. Reporting it with caecal intubation and bowel preparation adequacy lets the unit spot weak lists and act early.

What do participants take back from the endoscopy unit management course?

Participants take back an Endoscopy Unit Improvement Plan for a case hospital, with a list points model, a scope fleet and reprocessing throughput model, a traceability lookback plan and an indicator dashboard they can adapt to their own unit.