

21st Annual Institute for Healthcare Improvement (IHI) Scientific Symposium on Improving the Quality and Value of Health Care

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BACKGROUND

Hosted by the Institute for Healthcare Improvement (IHI), the 21st Annual Scientific Symposium on Improving the Quality and Value of Health Care takes place on Monday, December 7, 2015, in Orlando, Florida, USA. The Scientific Symposium aimed to attract high quality, scientific work, focused on the improvement of health and health care. The symposium also aimed to foster dialog and share learning among participants. The day features keynote speakers, methods sessions, poster presentations and oral presentations. The 32 oral presentations were selected from 191 abstract submissions, through a process peer review process, that ensured each abstract was reviewed by four reviewers. For those authors that gave permission, the abstracts of the selected oral presentations are published below.

ACKNOWLEDGEMENTS

On behalf of the Institute for Healthcare Improvement, the hosts would like to thank the individuals whose contributions have made the 21st Annual Scientific Symposium on Improving the Quality and Value of Health Care a success. Particular thanks are due to the abstract reviewers – Amrita Dasgupta, Amy Reid, Barry Appleton, Brant Oliver, Don Goldmann, Gareth Parry, Jane Roessner, Jon Finkelstein, Kedar Mate, Linson Naval, Lisa Hirschhorn, Mara Laderman, Marianne McPherson, Nana Twum-Danso, Pierre Barker, Sandy Cohen, Sharon Muret-Wagstaff, Wynne Norton, A.J. Layon, Andrew Steele, Angela Green, Darren Klugman, David Mosen, Denise Remus, Ezequiel Garcia Elorrio, Lucy Pereira-Argenziano, Jackie Valentine, Jaleh Shafii, Keith Mann, M Abid Shah, Mary Coleman, Nina Rauscher, Omar Hasan, Rick McClead, Rob Payne, Sandip Godambe, Tina C. Foster, Tracy West-Grubb, and Treiste Newton – without whose efforts we could not accomplish a Symposium of this quality. Thanks, as well, are due all those who were willing to submit their research for review. Last, but certainly not least, we thank our program committee members – Don Goldmann, Pierre Barker, Amy Reid, Beth McGlynn, Brant Oliver, Wynne Norton, Lisa Hirschhorn, Rohit Ramaswamy, Brian Mittman, David Nash, Lloyd Provost, Nana Twum-Danso, Jonathan Finkelstein, Carolyn Clancy, Uma Kotagal, and Marianne McPherson – who provided valuable insight and guidance to make this year's Symposium as enriching as possible; and Carly Underwood, Jason Reed and Linson Naval who have dedicated countless hours to the development of this year's program.

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STANDARDIZATION AND IMPROVEMENT IN PEDIATRIC CELIAC CARE

Brendan Boyle, Tracy Ediger, Anne Trout, Neal Wegener, Sandhya Ramachandran, Mike Cummings, Stephanie Reber, Ivor Hill. *Nationwide Children's Hospital, United States*

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Background Literature describing practitioner adherence with guidelines for follow up care in patients diagnosed with celiac disease (CD) is limited. NASPGHAN CD guidelines recommend all newly diagnosed patients have repeat serology testing 6 months after diagnosis. Adherence with these recommendations has not been previously described.

Objectives To review institutional adherence with national guidelines for patients newly diagnosed with celiac disease. We aimed to increase the percentage of patients having repeat serology testing within 9 months of diagnosis from a baseline of 54% to 90% by December 2015.

Methods Key drivers to improvement included the creation of a reliable, tracking registry and the implementation of a local standard of care. The celiac QI team outlined these divisional expectations through practitioner educational sessions and reporting of practitioner adherence with national guidelines. Improved utilization of administrative staff systematically identified cohorts of patients in need of follow up visits and testing.

Results Baseline data showed the percentage with repeat testing within 9 months of diagnosis was 54.8% (Q4 2009–Q4 2012). Standardizing care and tracking outcomes increased this percentage to 72.8% (Q1 2013–Q2 2015)-p=0.000. The percentage of patients with a follow up clinic visit within 9 months of diagnosis has increased from a baseline percentage of 82.2% (Q4 2012–Q4 2013) to our current percentage of 96.6% (Q1 2014–Q2 2015)-p=0.000.

Conclusions Targeted communication with practitioners and families after development of a CD patient registry at our institution allowed structured data capture and significantly improved institutional adherence with national guidelines.

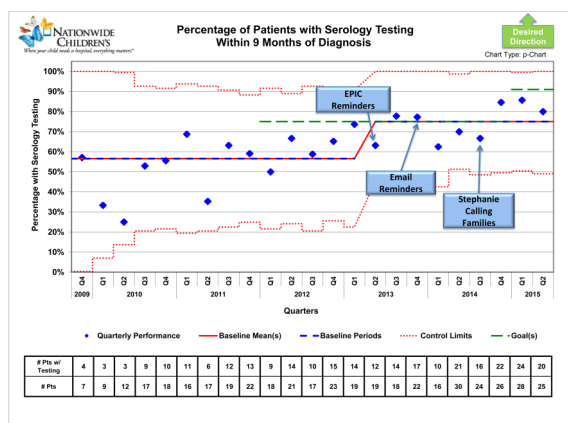


Figure 1 Percentage of patients with serology testing within 9 months of diagnosis.

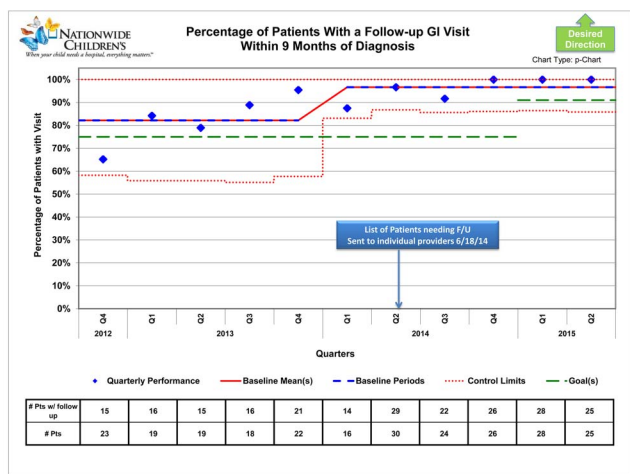


Figure 2 Percentage of patients with a follow-up GI visit within 9 months of diagnosis.

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