ADHERENCE TO EGD BIOPSY RECOMMENDATIONS

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Problem Statement: Definitive diagnosis of celiac disease (CD) requires biopsy confirmation of histologic changes prior to starting a gluten free diet. Initially histological changes can be patchy and confined to the duodenal bulb. Therefore guidelines recommend taking multiple biopsies from both the bulb and the more distal duodenum. Because most cases of CD remain undiagnosed, every patient undergoing upper GI endoscopy (EGD) represents an opportunity to identify previously unsuspected CD. For this reason it is suggested all patients undergoing EGD have the recommended number of biopsies obtained. Adherence to the recommendations has been shown to be poor.

Project Description: We aimed to improve adherence and reduce variability in our division’s approach to biopsy for all patients undergoing EGD. The expectation was that standardization of EGD practices would increase the identification of patients with CD. Baseline data for adherence to the guideline recommendations for obtaining biopsies during EGD among the 21 pediatric gastroenterologists at our institution was obtained. Adherence was defined as obtaining at least 2 biopsies from the duodenal bulb and 4 biopsies from the distal duodenum. Guideline recommendations were reviewed with all endoscopists and the staff in the endoscopy unit. Protocols were implemented to remind endoscopists to take the minimum number of biopsies during all EGDs. Recurrent monthly practitioner audits of adherence with the guidelines were prospectively performed. Transparent public reporting of practitioner level adherence with the guidelines was distributed by group communication to the entire division on a monthly basis.

Results: Statistically significant improvement from baseline of 59% adherence to biopsy guidelines to post improvement 87% (p=0.000).

Conclusions: As with most chronic diseases there is marked variability in the management of children with CD. Standardization of care has been shown to improve outcomes of many diseases but there are no reports detailing standardization of care for children with CD. At our center there was poor adherence with guideline recommendations for obtaining biopsies. This project demonstrated how implementing a standard biopsy protocol with regular audits to monitor adherence can markedly decrease variability in practice. Additionally this process improved adherence to the guideline recommendations for obtaining biopsies during EGD among a large group of pediatric gastroenterologists at a single institution.

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