

Quality Improvement Primer Series



There has been growing interest in learning, measuring and improving quality of healthcare. Quality Improvement (QI) as a discipline is intended to bridge the gap between what should be done (eg, guidelines) and what is being done (ie, practice). We have published on the development of quality indicators¹⁻³ and performance variation in gastroenterology,⁴ as well as interventions⁵⁻¹² and expert opinions¹³⁻¹⁶ and reviews¹⁷⁻²⁰; however a practical guide on how to perform quality improvement (QI) projects is lacking. In this issue of *Clinical Gastroenterology and Hepatology*, we present readers with a three-article series that introduce front line practitioners to QI fundamentals. The series uses practical examples to serve as a framework and walks the reader through while addressing a quality problem and formulating an intervention aimed at improvement. Each article will build upon its predecessor and describe commonly used QI principles and tools with the aim of providing readers with basic skills required to participate in quality improvement initiatives at the frontline level.

The first article, presented in the August 2016 issue, “Launching a Quality Improvement Initiative,”²¹ introduced a common quality problem for colonoscopy-based colorectal cancer screening programs (ie, suboptimal adenoma detection rate) and the process of forming a QI team and framework. Diagnostic tools to identify contributors to the target problem are described and change concepts and the iterative nature of QI through small improvement cycles is reinforced. The second article, “The Plan-Do-Study-Act Cycle and Data Display,” presented in this

issue, continues to develop the improvement effort of increasing adenoma detection rate and defines a family of measures and methods to display data in order to demonstrate changes over time.²² The third and final article in the series, “How to Sustain a Quality Improvement Effort”, which will appear in the October 2016 issue, reviews ways to improve the success of a QI intervention including the importance of leadership and physician engagement. The importance of planning ahead in ensuring the sustainability of the QI project is also discussed.²³

This series is timely and important to a general gastroenterology readership, given the increasing uptake of quality indicators and implementation of newer pay-for-performance funding models. This series is a logical follow-up to previous quality articles that outline broad performance indicators and targets, by helping develop and build QI capacity at a more grass-roots level among frontline staff who need to carry out daily quality improvement activities.

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Building Effective Quality Improvement Programs in Liver Disease: A Systematic Review of Quality Improvement Initiatives



There is limited guidance regarding the design and impact of successful quality improvement (QI) programs for patients with chronic liver disease. In this issue of *Clinical Gastroenterology and Hepatology*, Tapper performed a systematic review that identified 16 studies of quality improvement (QI) interventions for vaccination against hepatitis A or hepatitis B virus, management of spontaneous bacterial peritonitis, screening for varices, management of acute variceal hemorrhage, hepatocellular carcinoma screening, and 30-day readmissions. Most studies used a pre-post study design. Interventions included checklists, educational conferences, electronic decision supports, nurse coordinators and systematic changes to facilitate specialist co-management. Successful interventions optimized

clinical workflow, closed knowledge gaps among frontline providers, created forced-functions in the electronic ordering system, added dedicated staff to manage specific indicators, and provided viable alternatives to hospitalization in order to reduce readmission. Unsuccessful interventions included case management, phone-calls and home-visits to reduce readmissions, checklists, and educational programs (Figure 1). This review shows that past experience with QI provides generalizable rules for successful future QI.

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Preconception Care Reduces Relapse of Inflammatory Bowel Disease During Pregnancy



Women with inflammatory bowel disease (IBD) often have unfounded fears and insufficient knowledge when it comes to their disease and its medication in relation to pregnancy. IBD-specific

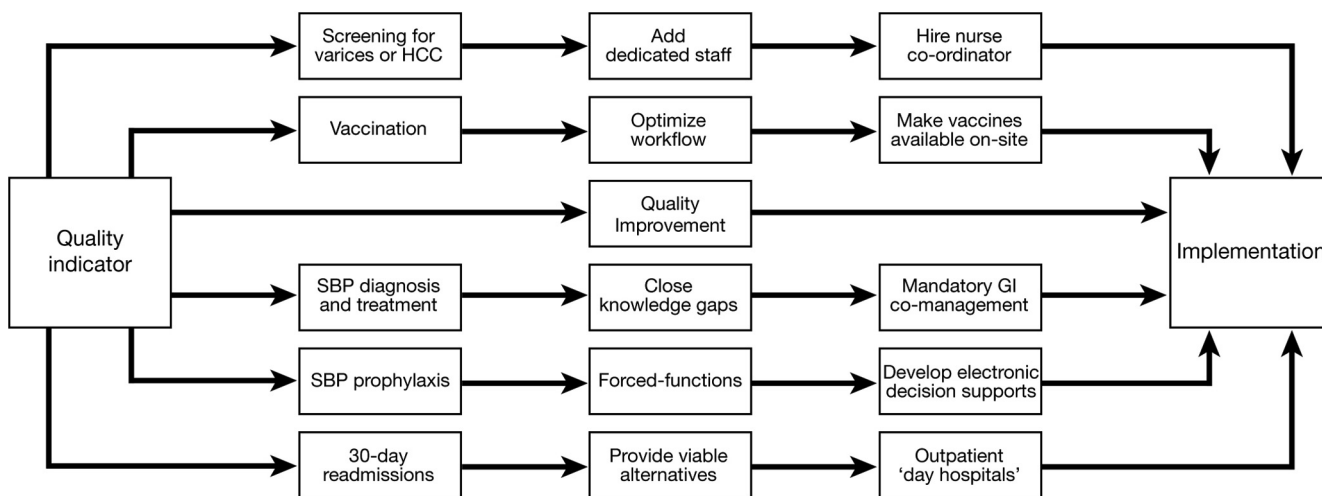


Figure 1. Generalizable trends from the results of QI intervention studies. QI is the process by which programs are implemented to address pre-defined quality indicators. Five generalizable trends governing the success of QI programs are presented with examples of the indicators addressed (left) and the programs implemented (right). GI, gastroenterology.

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