Quality Improvement Project Summary

Surveillance endoscopy recalls of patients with Barrett's esophagus

Define: Before esophageal cancer develops, precancerous cells, known as dysplasia, appear in Barrett's tissue and are observable through biopsy. ASGE guidelines recommend that patients diagnosed with Barrett's esophagus with no evidence of dysplasia have a repeat procedure within one year. A study was performed to address the surveillance of endoscopy recalls and determine whether patients have been scheduled for their repeat procedures. The target goal is to have 100 percent of patients recalled and scheduled for their endoscopies.

Measure: The Pathology Log and Endoscopy Log for 2009 were reviewed to determine which patients had a diagnosis of and/or confirmed biopsy of Barrett's esophagus. This data were cross-referenced with the Doc-tor.com scheduling system to check for recall endoscopy date. Baseline performances revealed that Physician A had a 67 percent recall rate for his Barrett's patients (20/30 patients scheduled), and Physician B had a 90 percent recall rate (80/89 patients scheduled).

Analyze: One factor contributing to the gap in care was that the software changed "possible Barrett's" to "Barrett's esophagus" on the procedure reports; therefore, six patients were counted in the study who did not actually have Barrett's esophagus according to their biopsy results. Two other patients refused treatment or had relocated. The unit performed interventions to ensure that all Barrett's patients were appropriately contacted for scheduling.

Improve: The physicians performed chart reviews on any patients identified as having Barrett's esophagus who had not yet been scheduled. The unit developed and distributed a Barrett's Esophagus Reminder letter to remind those patients of the importance of Barrett's surveillance.

Control: The project detected a gap in care and allowed the staff to develop a method for monitoring recalls for patients with Barrett's esophagus. After the reviewing charts, 100 percent of patients were contacted to schedule their procedures. The unit will continue to biannually review logs and mail reminders as necessary.