

Introduction

Prompt treatment in pediatric inflammatory bowel disease (IBD) can alleviate symptoms and prevent adverse outcomes, especially for younger patients. Large variation in the time from diagnostic endoscopy to first maintenance treatment dose existed at our center. We began a quality improvement project to reduce this variation and decrease the time from endoscopy to definitive treatment.

Methods

We used Institute for Healthcare Improvement (IHI) methodology as a framework for this quality improvement project. Data were obtained from chart reviews. Figure 1 shows our change theory (Key driver diagram, KDD).

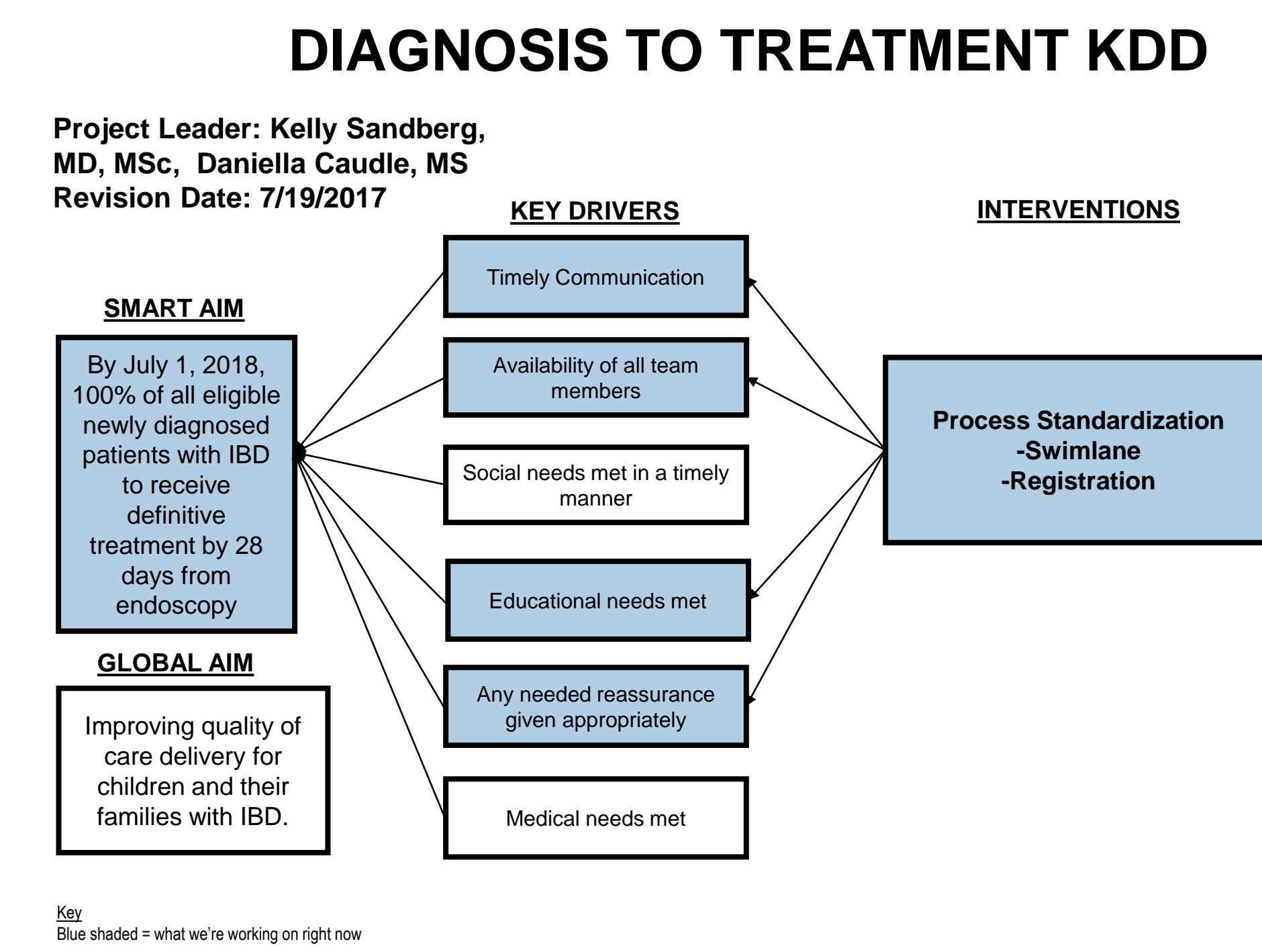
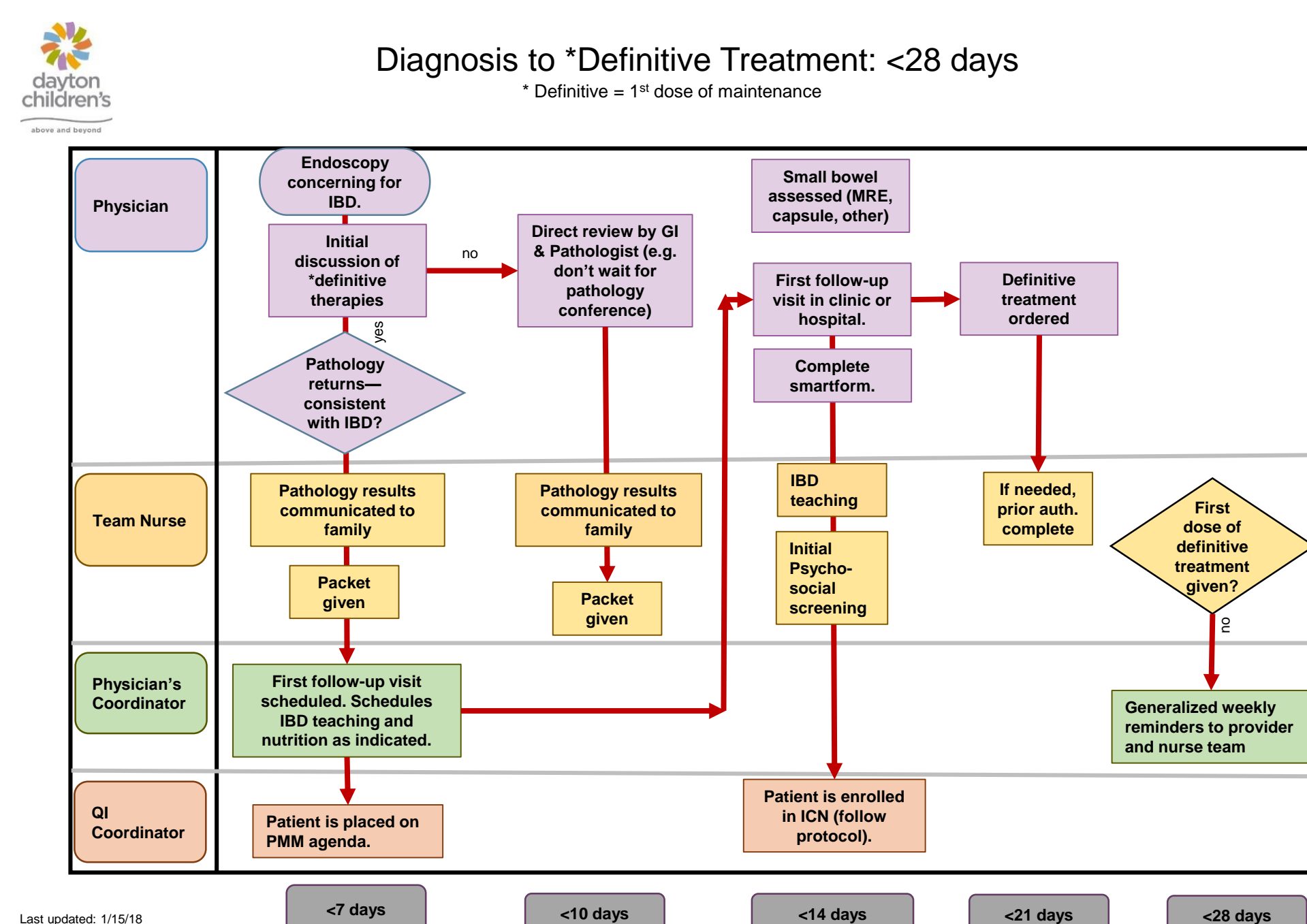


Figure 2 is a swimlane, which shows roles and helped create a shared framework of ownership for physicians, nurses, and other team members.



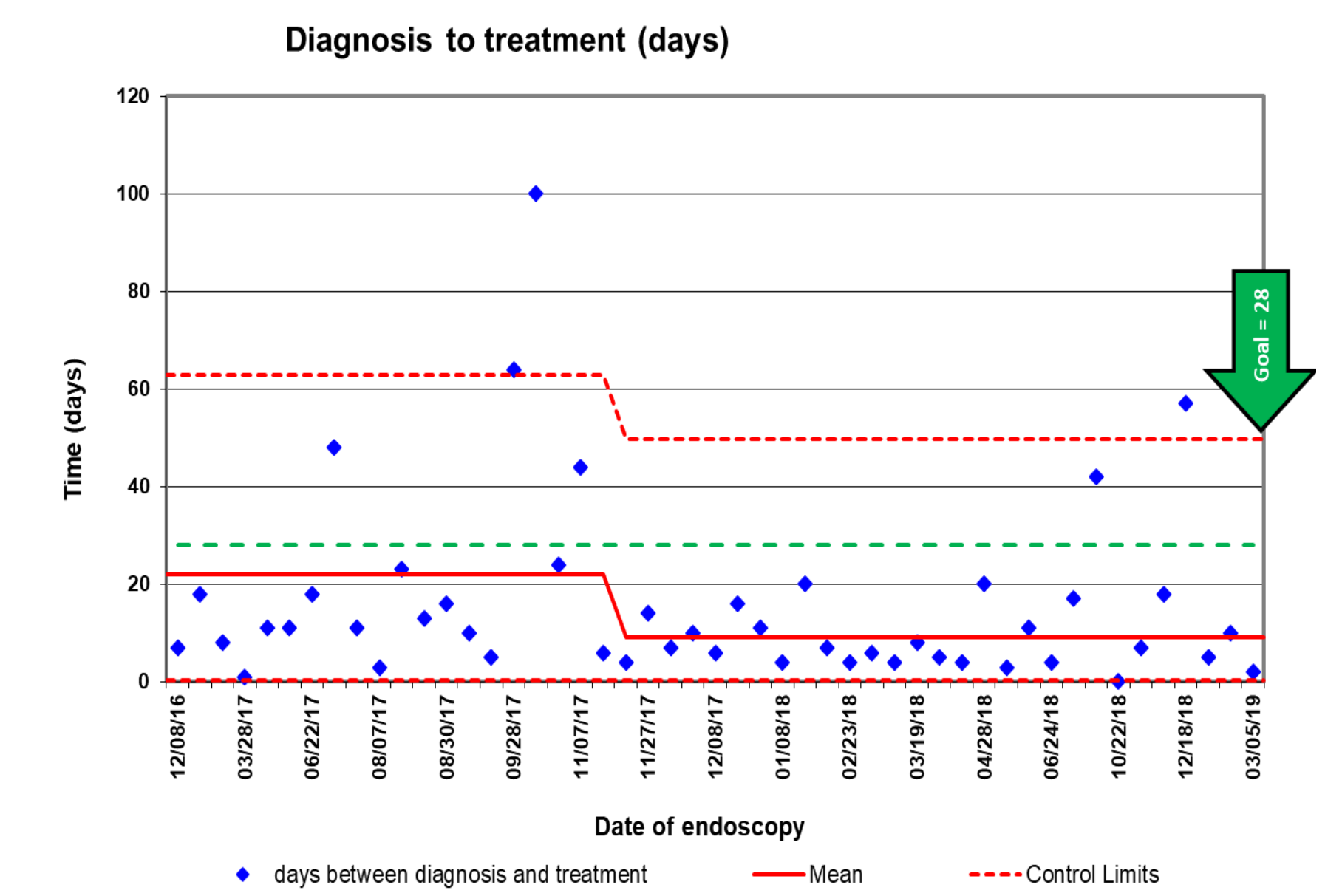
Timely Treatment: Decreasing Days Between Endoscopy and Treatment in Pediatric Inflammatory Bowel Disease

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Results

Figure 3 is a control chart which shows an improvement in mean times from diagnostic endoscopy to first maintenance dose of therapy (22 to 9 days).



Discussion

Using quality improvement methods, we decreased the delay in the start of maintenance therapies for IBD patients an average of 13 days per patient. Further opportunities for research include investigation of these improvements on adverse medication effect rates, quality of life, and growth. Ongoing quality improvement work includes further standardization and population management interventions.

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