Tracheoesophageal Fistula Quality Improvement Project

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Background

Esophageal atresia (EA) and tracheoesophageal fistula (TEF) are congenital anomalies that primarily affect neonates, with significant implications for morbidity and mortality.

- EA is defined as an incomplete development of the esophagus, creating a gap between the esophagus and stomach
- TEF is an abnormal connection between trachea and esophagus.

In November 2016, ESPGHAN and NASPGHAN published a joint society guideline for evaluation and treatment of EA and TEF.

Guideline includes 36 consensus statements.

In July 2022, Children's of Alabama (COA) launched a multi-disciplinary TEF clinic with Gastroenterology, Pulmonology, Speech Therapy, Social Work, and Nutrition.



Smart Aims

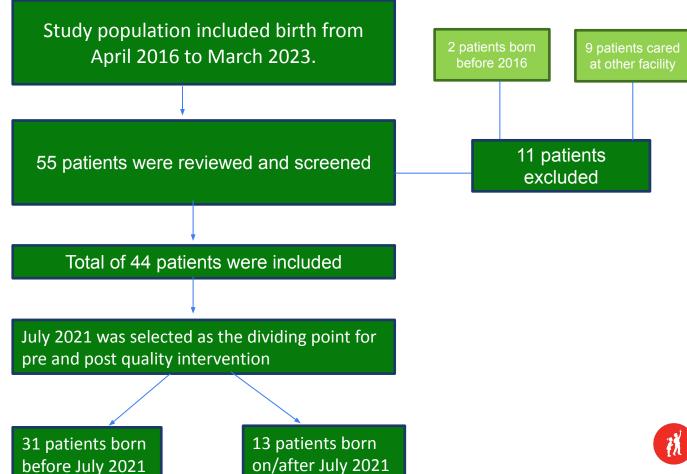
By July 2023: <u>improve adherence</u> for the management of patients with EA/TEF at COA, based on routine timeline of upper endoscopy as recommended in Statement 7 of the ESPGHAN-NASPGHAN guidelines.

Following the initiation of TEF clinic, aim to increase the percentage of eligible EA/TEF patients receiving routine endoscopy from 16% to 50% by the first 2 years of life



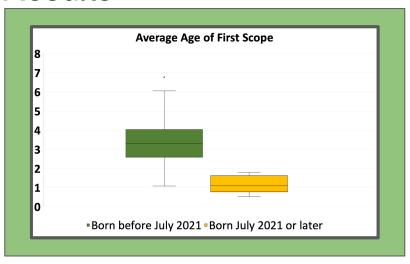
Methods

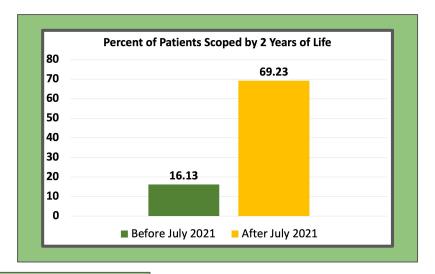
Retrospective chart review of EA and TEF patients at COA

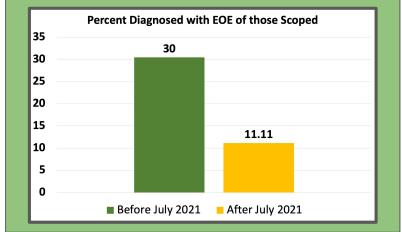




Results









Discussion/Conclusion

- Percentage of EOE patients decreased after clinic initiation
 - Incidence of EOE still high at 11%, affirming recommendation of routine assessment with endoscopy
- Given the 36 recommendations outlined in the Society Guidelines, future Plan-Do-Study-Act (PDSA) cycles will focus on more opportunity for further QI refinement
- Future iterations of our SMART aims and PDSA cycles will focus on increasing awareness of the formal TEF clinic among our surgical and neonatology colleagues
- By continuously monitoring and adapting our approach, we aim to improve both the short- and long-term outcomes for these vulnerable patients.



Thank you





