

Optimizing the Indications for Biliary Stent Placement in Patients With CBD Stones: A Quality Improvement initiative to Improve Patient Care and Reduce Healthcare Resource Utilization

Suliman Alhaidari¹, Ibrahim Alzahrani^{1, 2}, Manar Alhanaee¹, Alan Decanini¹, Mahmod Mohamed¹, Sergio Zepeda-Gomez¹, Pamela Mathura¹, Julie Zhang³, and Gurpal Sandha¹ ¹ Departments of Medicine, University of Alberta, Edmonton, Alberta, and ² Imam Abdulrahman bin Faisal University, Saudi Arabia, and ³ Alberta Health Services, Edmonton, Alberta

BACKGROUND

- A retrospective chart audit was performed to review biliary stent utilization from January 2020 – January 2021 at the University of Alberta Hospital (UAH).
- 16% of patients with common bile duct (CBD) presenting for endoscopic retrograde stones cholangiopancreatography (ERCP) were found to have had stents inserted not as per ESGE guidelines.
- To improve this clinical practice, a quality improvement (QI) initiative was developed and completed.

AIM

To effectively align indications of biliary stent insertion in patients with CBD stones as per published guidelines (European Society of Gastrointestinal Endoscopy – ESGE).

METHODS

- The results of the chart audit (pre-intervention Group I) were shared with the ERCP group.
- The QI intervention was to align biliary stent insertion with published ESGE guidelines.
- A chart audit (post-intervention <u>Group II</u>) was then performed on all ERCPs from July 2021 – June 2022.
- The indication for biliary stent insertion was assessed by 2 blinded reviewers.

RESULTS

- 661 patients presented for ERCPs in 0 to 598 in Group I.
- Overall, less stents were placed during the initial ERCP in Group II as compared to Group I (192/661 vs. 223/598, ns).
- During the initial ERCP, significantly less stents were placed not in accordance with guidelines in Group II compared with Group I (13/192, 7% vs. 63/223, 28%, *p<0.0001*).
- This was a 75% reduction in the overall avoidable stent placement.
- This reduction was mainly seen in the CBD subgroup, where there was an 88% reduction in avoidable stent placement in Group II when compared with Group I (8/384, 2% vs. 61/375, 16%, *p<0.0001*)
- There was no difference in the rate of adverse events observed between Group I and Group II.

	Group I	Group II	<i>p</i> value
Patients, n	598	661	
Total ERCPs, n	842	885	
• 1 ERCP	598	661	
• >1 ERCP	244	224	
Patients with CBD stones, n	375	384	
Total biliary stents, n			
 Initial ERCP 	223	192	
• F/U ERCP	73	78	
Avoidable stents, n (%)			
 In total cohort 	63/598 (11)	13/661 (2)	<0.0001
In CBD subgroup	61/375 (16)	8/384 (2)	<0.0001
Proportion of total stents	63/223 (28)	13/192 (7)	<0.0001

Table 1. Proportion of avoidable stents in total cohort, and in the sub-group of those with CBD stones.

RESULTS

Group I	I as con	npared
---------	----------	--------

	Group I	Group II	<i>p</i> value
Initial ERCP, n	598	661	
a). <u>Metal stents</u>			
• Total	109	87	
Avoidable	34	2	<0.0001
b). <u>Plastic stents</u>			
• Total	114	103	
Avoidable	29	11	ns
Follow up ERCPs, n	244	224	
a). <u>Metal stents</u>			
• Total	30	25	
Avoidable	9	3	ns
b). <u>Plastic stents</u>			
• Total	43	53	
Avoidable	7	7	ns

Table 2. Comparison of the proportion of avoidable metal and plastic biliary stent placement.

CONCLUSION

- especially in patients with CBD stones.
- overall saving of healthcare resources.

FACULTY OF DENTISTRY UNIVERSITY OF ALBERTA

• Education to align practice in accordance with published guidelines has demonstrated a significant improvement in biliary stent insertion during ERCP,

• This has resulted in significant reduction in avoidable stent placements, added follow-up ERCPs, and an