

Helicobacter pylori treatment in the hospital setting: A potential model for developing quality improvement initiatives to prevent missed test results

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Helicobacter pylori is an important global cause of peptic ulcer disease and gastric cancer (1). In developed countries, the prevalence of infection is decreasing and there is an emerging concept that this decline in *H pylori* may be associated with the development of other diseases such as asthma, esophageal cancer and obesity (2). With the changes in the epidemiology of *H pylori* infection, it is important that clinical management guidelines are updated and that physicians implement these updated evidence-based guidelines in their practice.

In the current issue of *The Canadian Journal of Gastroenterology*, Yogeswaran et al (3) (pages 543-546) determine how well *H pylori* is being managed in infected adults at a tertiary care centre in Toronto, Ontario. The authors identified *H pylori*-positive patients by retrieval and review of histopathological reports of gastric biopsies obtained in 2007 from both the inpatient and outpatient setting. The authors specifically focused on assessing the rates of *H pylori* treatment and appropriate follow-up in adult patients. The results of this study show that initiation of eradication therapy occurred in 90% of *H pylori*-positive patients. However, only 71% of inpatients received eradication therapy compared with 96% in the outpatient setting. These results are similar to those reported in a previous Canadian study (4).

Of particular interest in this study are the potential reasons why treatment was not appropriately administered in the inpatient setting. The authors suggest that one of the major reasons treatment may not have been given in the inpatient setting was due to missed test results as patients were transferred to the outpatient setting. Indeed, only 38% of patients had pathology results available before discharge. In a cross-sectional study of two tertiary care hospitals in the United States (5), 41% of patients had test results return after discharge. In a follow-up survey of caregivers, physicians were unaware of 61% of these test results.

'Missed' test results are an area of increasing concern and an important area for quality improvement initiatives. In a recent systematic review (6), failure to follow-up on test results of hospitalized patients ranged from 20% to 65% of tests performed, which could have significant impact on patient outcomes. The study by Yogeswaran et al highlights missed *H pylori* test results as an area of concern. However, the potential for missed test results also exists in other areas of gastroenterology such as colon cancer screening, for example. Thus, quality improvement initiatives aimed at improving histopathological test result reporting in *H pylori* infection may also be highly relevant for other potential missed test results, such as colon cancer screening, and should be an area of future focus.

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