QI and Evaluation of GI Care Follow-up after Rwandan Endoscopy Week 7.5: A Pilot Analysis of 4/9 Sites

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INTRODUCTION

Gastrointestinal (GI) diseases continue to pose a significant health burden in Rwanda. Since 2017, the Rwanda Society for Endoscopy, in partnership with GI Rising Inc., has worked alongside the Rwandan Ministry of Health and the University of Rwanda to organize an annual countrywide Rwandan Endoscopy Week (REW).

REW 7.5 was conducted in March 2025, with the first week dedicated to pre-clinical academic activities and the second week dedicated to delivering high-level GI care and training local providers at 9 hospitals.

After receiving GI care during REW, patients may need follow-up. Evaluating the follow-up of these patients was the focus of this project.

AIMS OF REW

1. Provide comprehensive training in GI disorders and endoscopy to local healthcare personnel

2. Expand outreach to remote communities, delivering high-quality GI care

3. Strengthen the capacity of local health facilities to sustain and advance GI services across Rwanda.

Site Locations

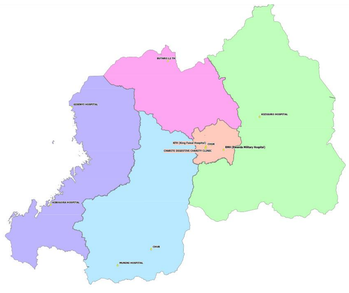

Fig. 1: Location of sites in Rwanda

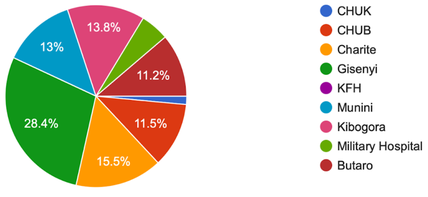

Fig. 2: Site distribution of cases during REW. Total number of cases = 884.

METHODS

Identify REW patients who need follow-up **(n=398/844)**

→ On site **chart review** for 4/9 sites **(n=249/258)**
Kibogora: 84/93
Gisenyi: 43/43
Charite: 56/56
CHUB: 66/66

→ **Phone calls** to patients with uncertain/incomplete follow-up status **(n=83)**

→ **Deliverables**
REW 7.5 Summary Report
Pilot Follow-up Analysis
QI Report for REW 8

RESULTS

Demographics	
Female (%)	38.1
Male (%)	61.9
Mean age (years)	45.5
% Recommended follow-up	45
Total # cases	884

Procedures	
Procedure	Count (%)
EGD	823 (90.8%)
Colonoscopy	70 (7.7%)
EUS	4 (0.4%)
ERCP	9 (1.0%)
Total # procedures	906

Reasons why patients did not complete follow-up (call-based):

1. Did not know
2. Symptoms improved
3. Financial barriers
4. Otherwise not motivated

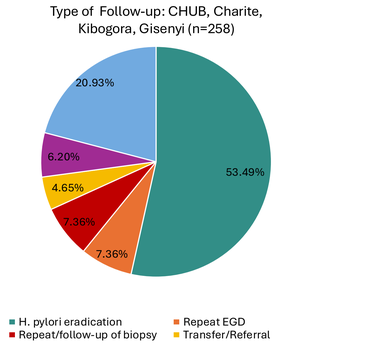

Fig. 3: Most common follow-ups requested at REW 7.5

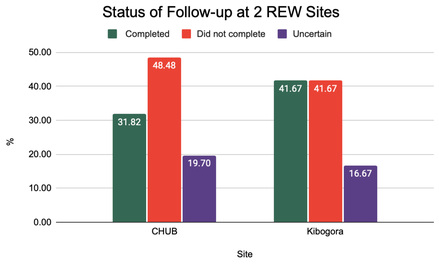

Fig. 4: Follow-up status of patients from 2 sites – CHUB and Kibogora.

DISCUSSION

The majority of patient follow-up was indicated for h. pylori eradication (53.49%). However, many patients did not know that follow-up was recommended or were not motivated to complete it. Data accessibility and monitoring of patient follow-up was also heavily constrained.

Chart review and phone follow-up of 4 sites revealed that:
1. Variable reliability in the REW survey tool and data collection practices make data validation difficult.
2. Variable EMR use makes tracking REW patient follow-up difficult.
3. Low patient adherence to h. pylori eradication and other follow-up may be connected to lack of communication, improvement of symptoms, and financial barriers.

Recommendations should address both organizational barriers (1-2) and patient-centered barriers (3) to patient follow-up after REW.

Project Limitations

- Inconsistent REW survey data collection
- Variable site use of EMR – unable to obtain follow-up status
- Variable status of patient contact

Recommendations/Future Directions

- Improve REW survey tool and data collection practices
- Record patient contact preference
- Increase patient communication of follow-up

CONCLUSIONS

A quality-improvement project evaluating patient follow-up after receiving GI Care during REW 7.5 found that barriers to follow-up stemmed from both organizational (non-standardized survey data collection, EMR use) and patient-centered causes (communication, access, and motivation). Recommendations should address both types of barriers.

Acknowledgements

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