Improving Diabetes Care
Timothy Powell, MD, FACP, FAAP
Martha Dartt, RN, FNP, MSN

Unified Quality Improvement Symposium
February 6, 2019
Hemoglobin A1c
### March 2018 Baseline Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Control:</td>
<td>% patients with diabetes with HbA1c &gt;9.0</td>
<td>18%</td>
</tr>
<tr>
<td>Eye Screening:</td>
<td>% of diabetic patients that had eye screen documented in last 24 months</td>
<td>17%</td>
</tr>
<tr>
<td>Foot Exam:</td>
<td>% of diabetic patients that had foot exam documented in last 12 months</td>
<td>62%</td>
</tr>
</tbody>
</table>
Collaborative Team Members

- Timothy Powell, Physician
- Erica Turner, Nurse Manager
- Martha Dartt, FNP, Co-Investigator
- Juhi Gor, M2, LINC Scholar
AIM Statement

Improve Health of Diabetic Patients Ages 18-74 at ECU Physicians’ Adult and Pediatric Health Care Clinic by:

- Lowering percent of patients with HgA1c equal to or greater than 9 from 18% to 14%
- Increase referrals for eye exams from 17% to 35%
- Increase the percent of foot examinations done from 62% to 80% from March - November of 2018
How Will We Know This Change Is An Improvement?

Review Epic Clinic Dashboards Monthly to Monitor:

- HgA1c
- Eye Exams
- Foot Exam’s Documented
Improvement Strategies Employed

- Step 1: Reviewed the EPIC dashboard and removed patients that had not been seen in the last 3 years
- Step 2: Identified patients that had HgA1c >9.0
- Step 3: Nurse Manager contacted some “target patients”
  - Ensured patients had appointment;
  - Were getting HgA1c checked every 3 months; and
  - Coordinated nurse visit by phone or in the clinic
Improvement Strategies Employed

- Step 4: Nurse Manager documented Patient Education and goals in EHR to ensure all team members informed
- Step 5: Diabetic Foot Exam Protocols established
- Step 6: In late July, collaborated with ECU Family Medicine to utilize diabetic retina screening device
- Step 7: Reviewed clinic dashboards monthly
Diabetic Foot Testing

monofilament
Improvement Strategies Employed

- Step 4: Nurse Manager documented Patient Education and goals in EHR to ensure all team members informed
- Step 5: Diabetic Foot Exam Protocols established
- Step 6: In late July, worked with ECU Family Medicine to utilize diabetic retina screening device
- Step 7: Reviewed clinic dashboards monthly
## Outcomes

<table>
<thead>
<tr>
<th>Measure</th>
<th>3/1/2018</th>
<th>12/1/18</th>
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<tr>
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Diabetes Control – A1c

Diabetic Control - 2018

- Values
- Median
- Goal

Chart "clean up"

Previously controlled diabetics "lose" control

Diabetic teaching begun
Diabetic Eye Exam Rates

Diabetic Eye Exam Rates - 2018

- % of diabetics who have had eye exam
- Identify partner for eye exams
- Referral process in place

Values vs. Goal
Diabetic Foot Exam Rates

Diabetic Foot Exam Rates - 2018

% of diabetics who have had eye exam

Date

1-Mar 1-Apr 1-May 1-Jun 1-Jul 1-Aug 1-Sep 1-Oct 1-Nov 1-Dec

Values

Goal

Monofilament in each exam room

MA's get diabetics to remove shoes
Lessons Learned Through QI Efforts
Challenges Encountered in QI Process

- The “target group” of diabetic patients is in flux
- One educator is not enough
- It takes a long time to affect a change
- Diabetic eye exams require: 1) patient education for buy-in, 2) coordination of referrals within and outside the system
- We must reach out to patients who fall through the cracks
Next Steps

- Hire Health Coach whose role will be:
  - Patient education
  - Identifying and coordinating care for patients due for screenings (eye exams, foot exams, etc.)

- Continue to prioritize diabetes management in the clinic by:
  - Reviewing dashboards monthly
  - Provide ongoing provider and patient education
Questions?

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