Getting a Foot in the Door: Improving the Completion and Documentation of the Diabetic Foot Exam at the ECU Internal Medicine and Pediatrics Clinic

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BACKGROUND

Foot ulcers are one of the most common complications of diabetes. If left untreated, foot ulcers can worsen and lead to deformities, and even amputations.[1]

The American Diabetes Association recommends an annual diabetic foot exam with a monofilament, which can clue providers into sensory changes that can be prevented from worsening.[2]

1. Oliver TI, Mutluoglu M. Diabetic Foot Ulcer. [Updated 2021 Aug 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-.
2. Wu, Stephanie C et al. "Foot ulcers in the diabetic patient, prevention and treatment." *Vascular health and risk management* vol. 3,1 (2007): 65-76.

PROJECT AIM

Global Aim: To reduce the incidence of ulcer formation and foot amputations secondary to diabetic neuropathy.

Specific Aim: By January 15th, 2022, 75% of patients between the ages of 18-75 who have been diagnosed with diabetes will have documentation of a received foot exam in the past one year at the ECU APHC.

PROJECT DESIGN

Location: The ECU Internal Medicine-Pediatrics Combined Clinic

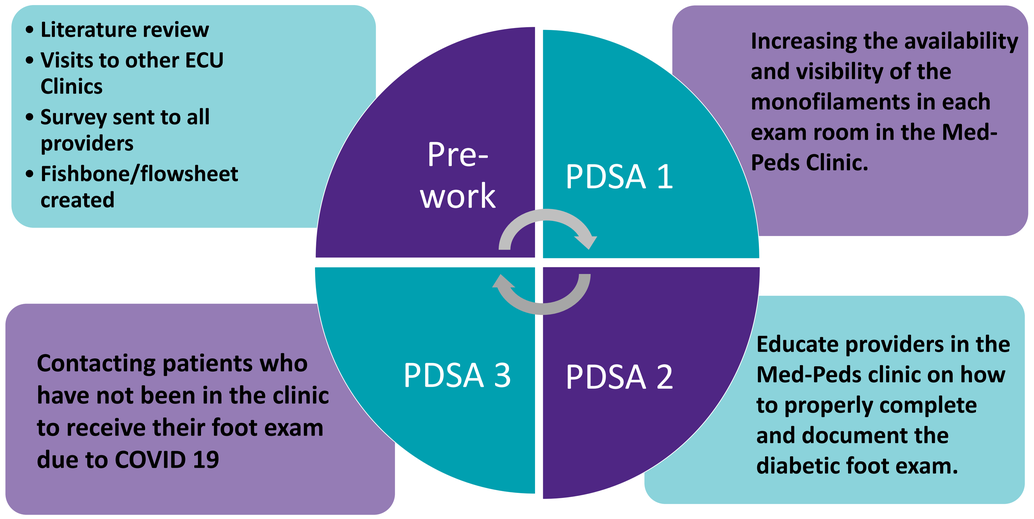
Length: March 2021 – March 2022

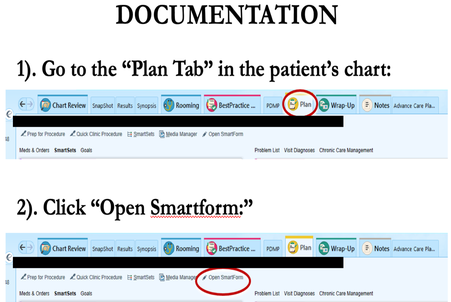
Framework: Plan-Do-Study-Act Cycles (PDSA)

Outcome Measure: Average monthly percentage of completed diabetic foot exams in EPIC.

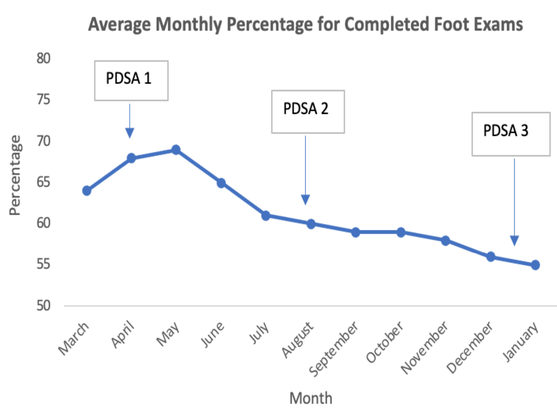
Balancing Measure: Incorrect foot exam completion.

PROJECT STRATEGY/CHANGES MADE (PDSA CYCLES)





RESULTS/OUTCOMES



Interpretation of results:

- Percentages increased after PDSA 1, but then declined after PDSA 2 and 3.
- Results may lag since patients with diabetes come in every three to six months for an A1C check.

LESSONS LEARNED

- Monofilaments need to be available and visible in clinics.
- An education component did not seem to help increase screening percentages
- Overall reasons for continued decline are multi-factoral and include the COVID-19 pandemic, new incoming residents, time constraints with patients, patient no-shows, difficulty navigating the electronic medical record, integrating the smartform into the patient note, missing monofilaments, and perceived importance of the foot exam in relation to other clinical responsibilities.
- Buy-in may be one of the biggest barriers.
- Some providers had lower screening rates than others.

NEXT STEPS

- ✓ Continue to monitor documentation percentages
- ✓ Implement a resident champion
- ✓ Relocate the diabetic foot exam smartform
- ✓ Create targeted interventions for providers
- ✓ Continue to schedule patients with missed exams
- ✓ Continue to maintain visibility of monofilament
- ✓ Consider that providers carry monofilaments on their person
- ✓ Continuing to provide medical education to ensure buy-in

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