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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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)

- Literature review
- Visits to other ECU Clinics
- Survey sent to all providers
- Fishbone/flowsheet created

Increasing the availability and visibility of the monofilaments in each exam room in the Med-Peds Clinic.

Contacting patients who have not been in the clinic to receive their foot exam due to COVID 19

Educate providers in the Med-Peds clinic on how to properly complete and document the diabetic foot exam.

DOCUMENTATION

1. Go to the “Plan Tab” in the patient’s chart:

2. Click “Open Smartform”:

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.

ACKNOWLEDGEMENTS

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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. 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.

GLOBAL AIM

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SPECIFIC AIM

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LOCATION

The ECU Internal Medicine-Pediatrics Combined Clinic

LENGTH

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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.

LEARNINGS

- 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 multifactoral 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