

Improving Diabetic Retinopathy Screening at ECU Family Medicine

Chase, R. Christopher
Prado, Melissa MD, MSc
Whitman, Audy MD, MSc

Disclosures:
None

Introduction

- **Initial FM Gold Module Annual Retinopathy Screening: 8%**
- **Global Aim:** We aim to improve the health care quality of diabetic patients at the ECU Family Medicine Gold Module.
- **Specific Aim:** We aim to increase the % of diabetic patient annual eye screening to 30% from 3/2018 to 12/2019.

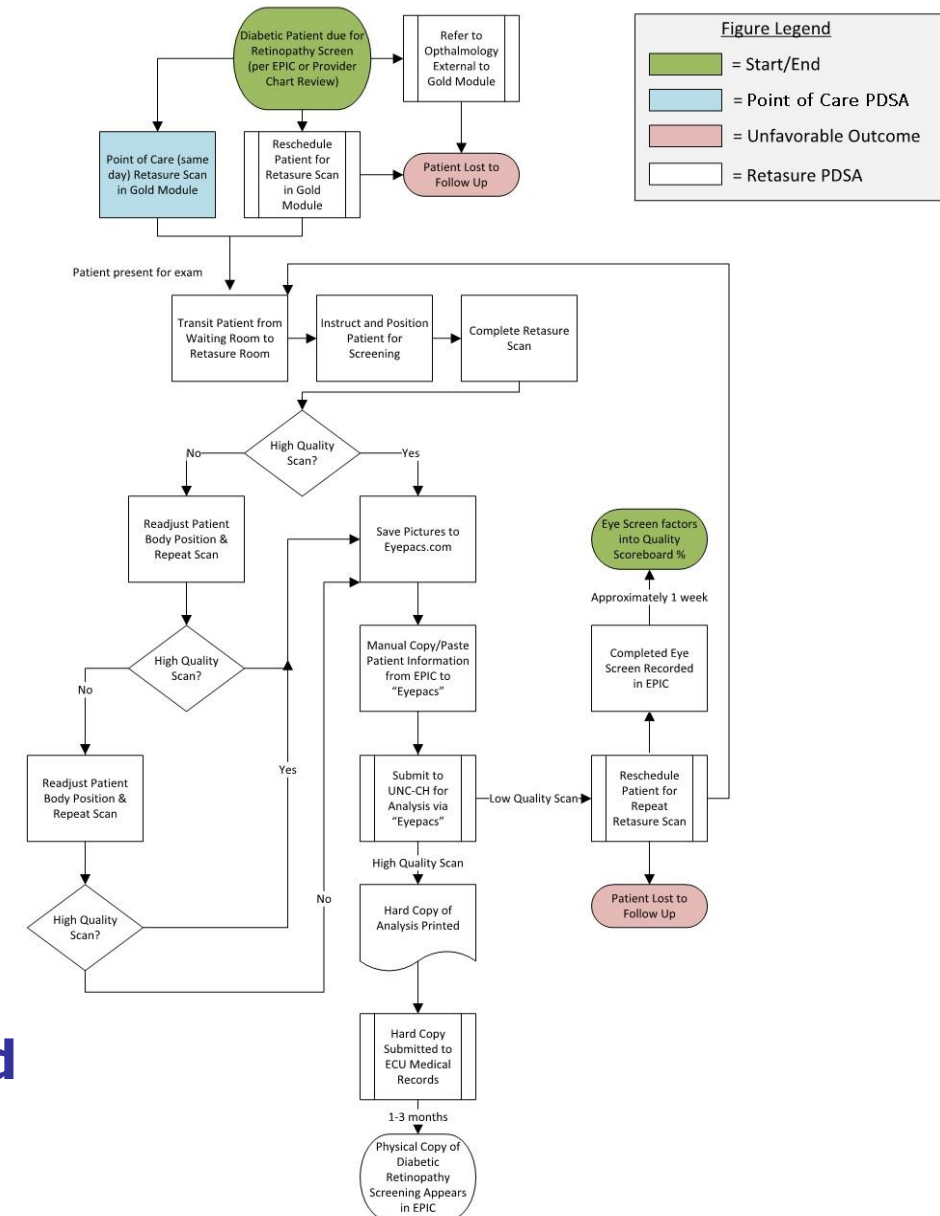
Methods

■ PDSA Cycles

1. Standards of Care Discussion
2. Onsite Retassure Eye Scanner
3. Same Day Screening
4. Scan Room Layout Rearrange
5. Retassure Maintenance Contract and Replacement
6. Dedicated Scanning Staff Hired
7. Exam Room Signage

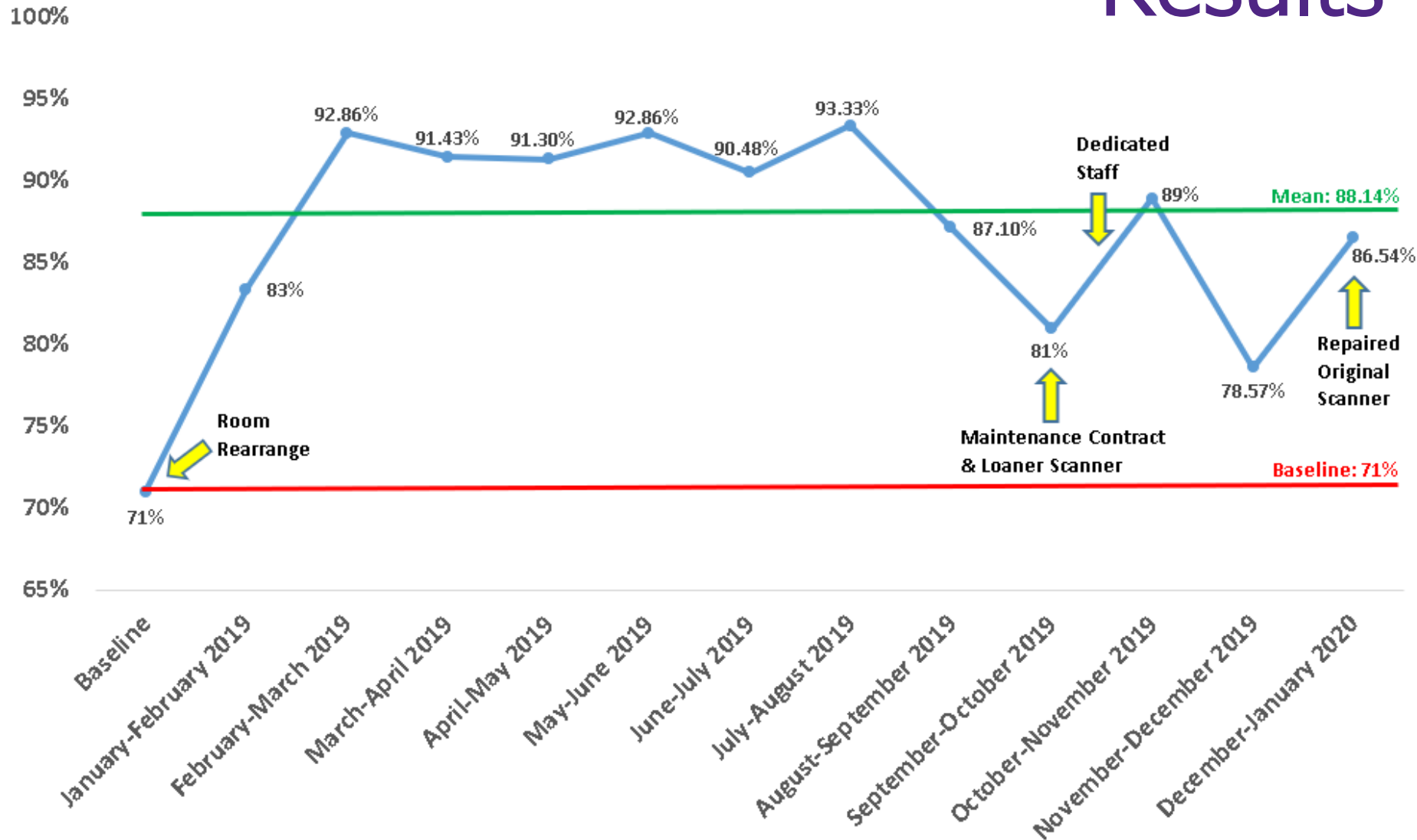
■ Metrics

- Diabetic Eye Screening Quality Dashboard %
- Retassure Scanning Success & Failure %
- % Patients scanned same day & % Rescheduled
- % Retassure Scans finding diabetic retinopathy

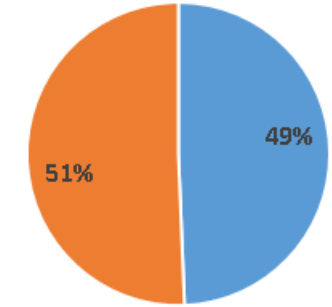


Results

% Retassure Scanning Success

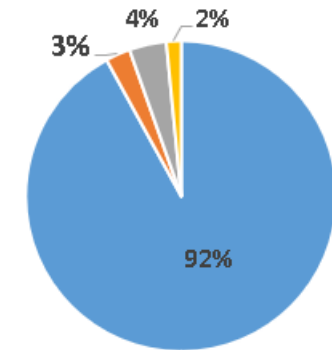


Point of Care vs. Scheduled Retassure Scanning



■ Point of Care ■ Scheduled

Departments Using Gold Module Retassure



■ Family Medicine ■ Internal Medicine
■ Med Peds ■ Other

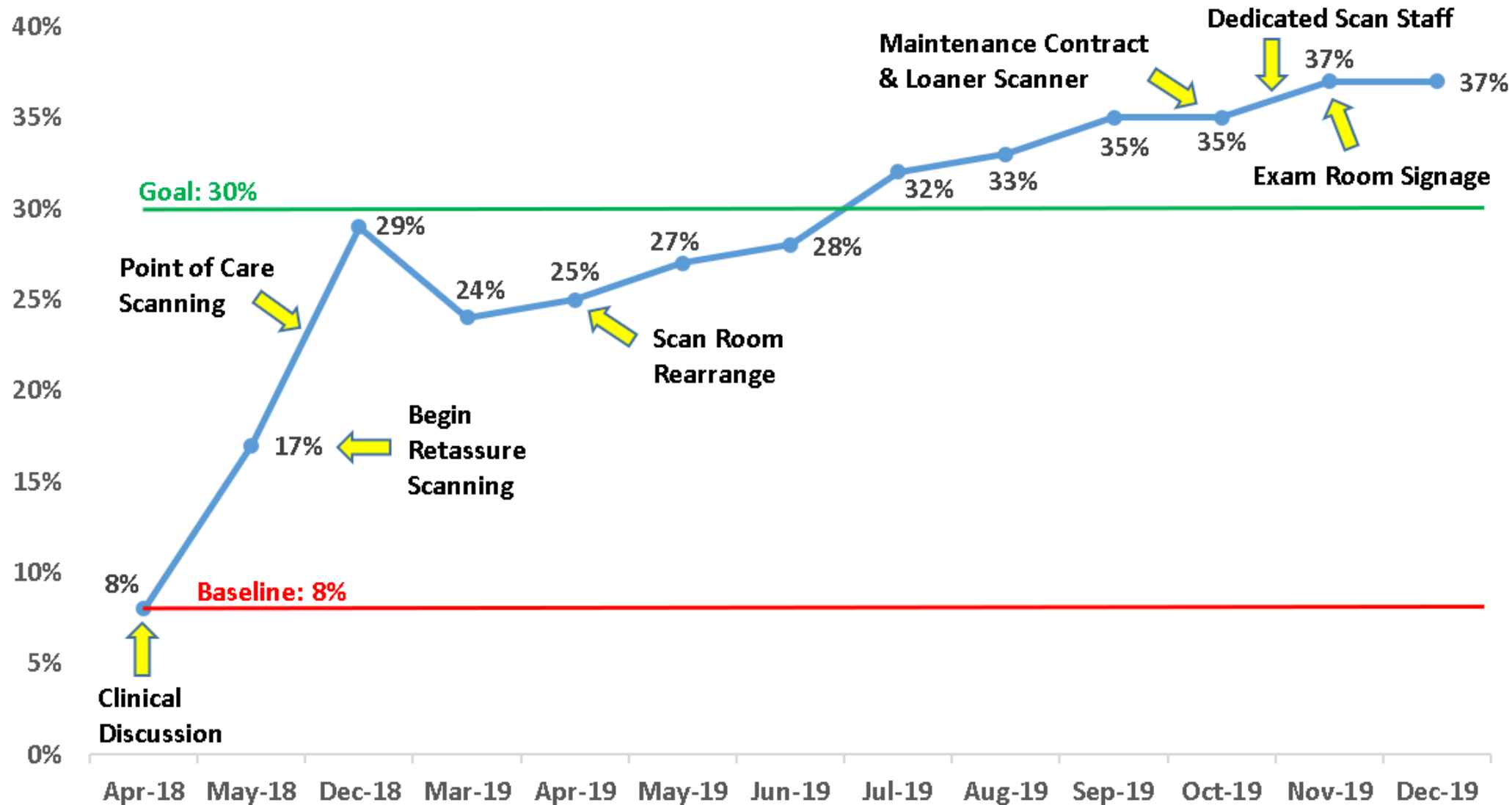
Results

Baseline: 8%

Completion: 37%

29% Increase

PDSA Effect on Diabetic Eye Screening Quality Dashboard Metric



Conclusion

Annual diabetic retinopathy screening % can be increased with the use of:

- Increased Clinical Awareness
- Automated Retassure Eye Scanner
- Space to Maneuver Patients onto Scanner
- Regular Maintenance of Scanner
- Optimized Clinic Flow