Improving Care for People with Diabetes in ECU APHC through Optimization of Clinic Resources

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BACKGROUND
- Eastern North Carolina has a significant prevalence of patients with Diabetes.
- Various QI measures have been employed to improve care provided to patients with diabetes in ECU Health affiliated clinics.
- Few of these projects have evaluated the usage of already established clinic resources versus adding “new” resources that may overburden clinicians.

PROJECT AIM
- By 10/31/23, over 50% of resident and attending physicians in ECU APHC will create a report each month and over 40% will utilize the report.

PROJECT DESIGN/STRATEGY
- We developed an anonymous automated “survey” with two simple questions that asked physicians if they had generated a report the month before and if they utilized the report to care for patients.
- This was automatically emailed to all 28 physicians in clinic.
- Physicians were able to self-identify their own definition for what “utilizing” a report means.

RESULTS/OUTCOMES

PDSA Cycle 1
Initial email to physicians describing project overview, project goal and initial survey generated that tracked baseline report generation

PDSA Cycle 2
Personal one-on-one engagement with various participants to increase response rate among physicians

PDSA Cycle 3
Survey/Generation Reminder Updated to more easily track results while re-introducing project through email

LESSONS LEARNED
- This project can be easily continued in the future.
- One must be cautious with automated prompts or reminders to not contribute to reminder fatigue.
- Response rate to survey is an important measure.

NEXT STEPS
- Complete deanonymization of responses
- Firm definition of what utilization of report means versus self-selected definition
- Comparison of self-reported usage versus actual usage
- Work to improve response rate

ACKNOWLEDGEMENTS
Thank you to the Internal Medicine-Pediatrics Resident and Attending Physicians at ECU APHC for participating in this QI project. Thank you to LINC Scholars program Directors and Staff for their support of student QI efforts.

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