

Improving Care for People with Diabetes in ECU APHC through Optimization

of Clinic Resources



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BACKGROUND

- Eastern North Carolina has a significance 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.

CHANGES MADE (PDSA CYCLES)

PDSA Cycle 1

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

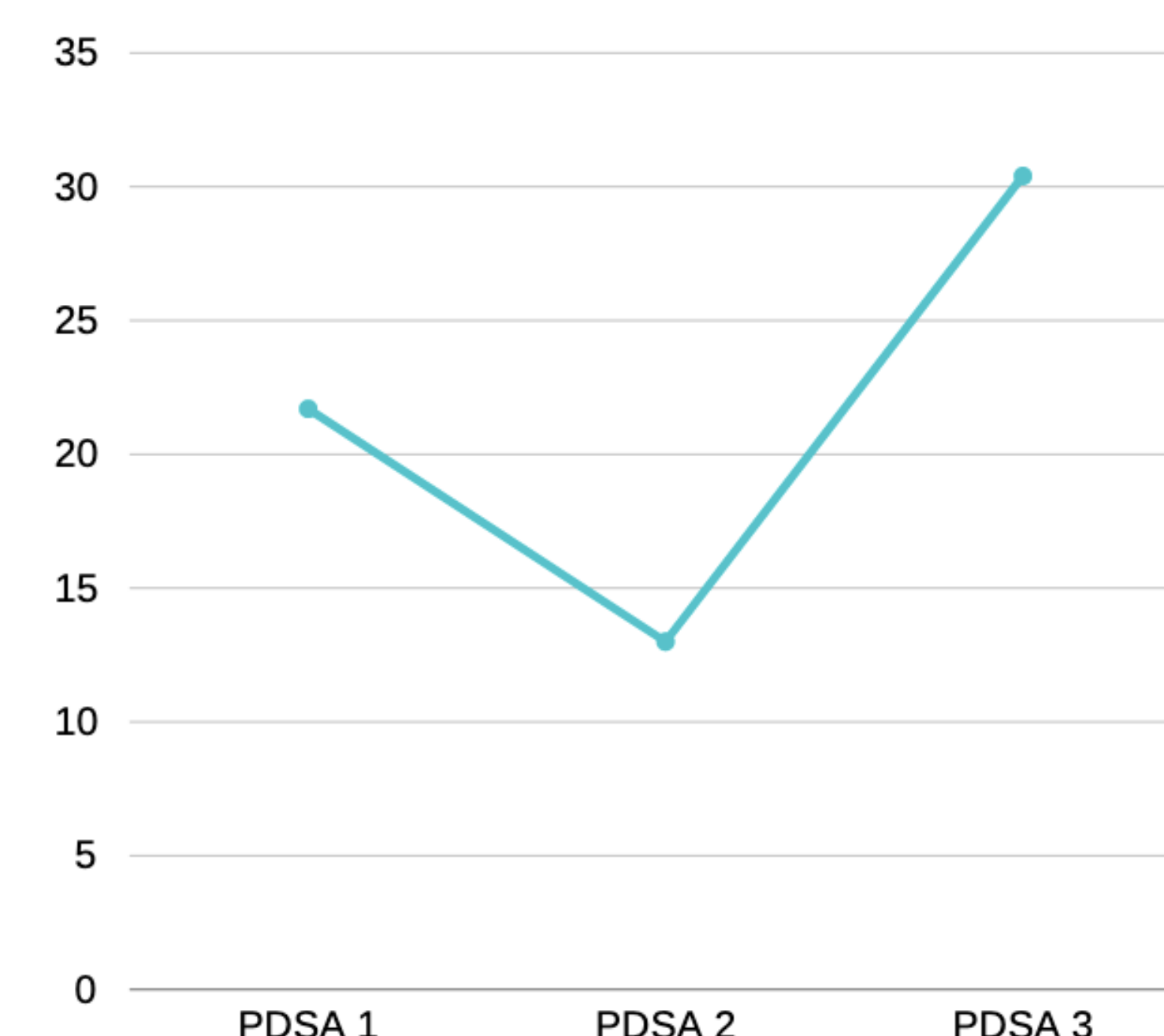
PDSA Cycle 2

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

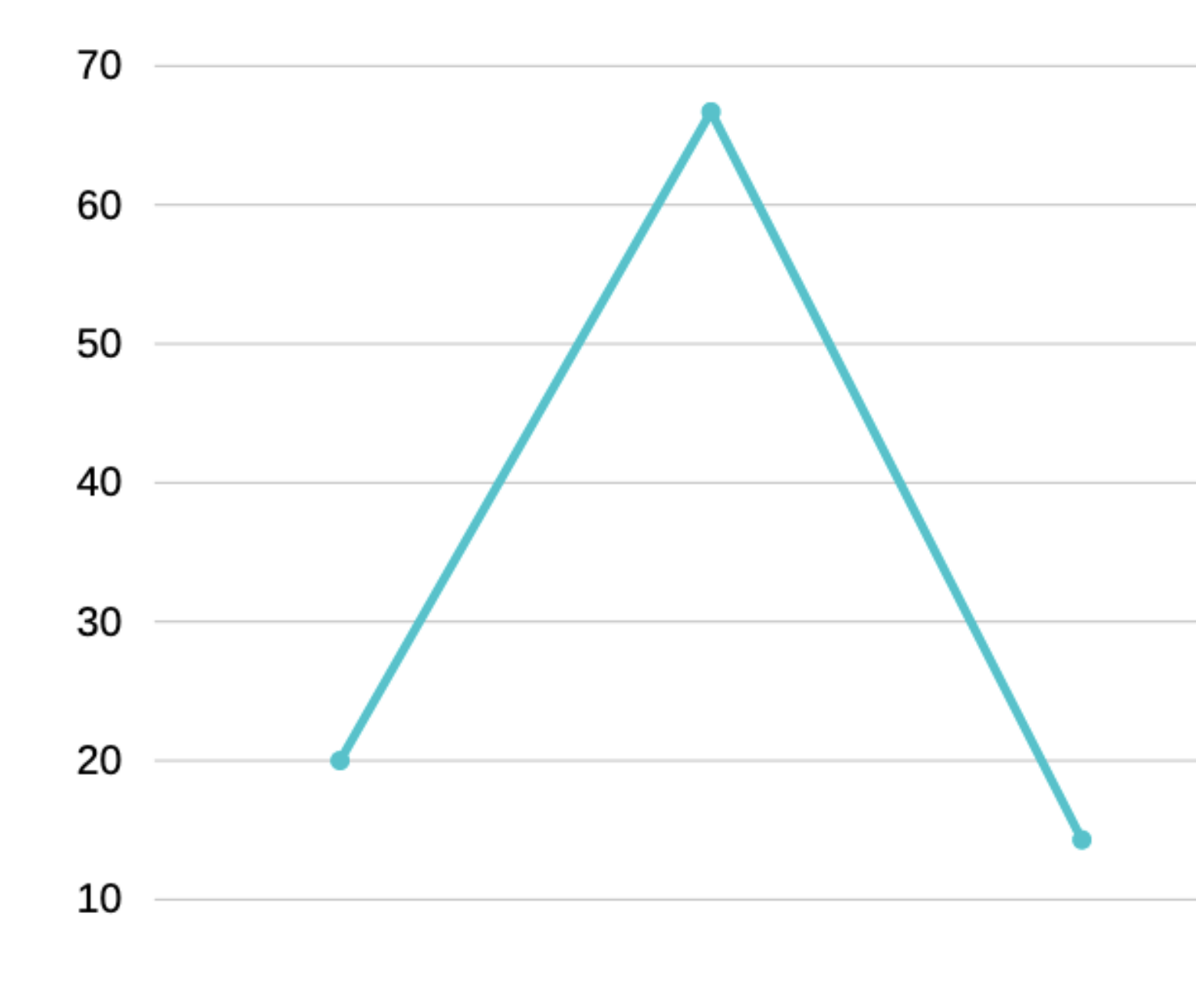
PDSA Cycle 3

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

RESULTS/OUTCOMES



Percentage of Physicians Responding to Survey



Percentage of Respondents that self-identified report generation

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

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