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 asking 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 23 physicians in clinic.
• Physicians were able to self-identify their own definition for what “utilizing” a report means.

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.

CHANGES MADE (PDSA CYCLES)

PDSA Cycle 1
Initial email to physicians describing project overview, project goal and initial survey generated tracking 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

• This project can easily be 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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