

# Improving Diabetic Foot Screening in Primary Care Practice: A Patient Centered Quality Improvement Project



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## Background

- In the US 30.3 Million people or 9.4% of the population has Diabetes
- Foot Complications can result in a 5 year mortality rate of 18-55%
- The annual cost to treat diabetes is 245 Billion dollars of that 11 Billion is for foot complications
- In Indiana 11% of the population has diabetes and 10% in Monroe County
- The IDPH stated only 73% of diabetics in Indiana receive an annual exam
- Monroe Medical providers complete the diabetic foot exam 70% of the time
- ADA recommends a yearly foot exam
- Early screening and treatment with referral for positive exams can prevent foot complications

## Aim

The AIM was that 75% of diabetic patients received effective care (ID foot care, foot exam completed, referral to podiatry and appointment kept) over eight weeks

## Planned Improvement

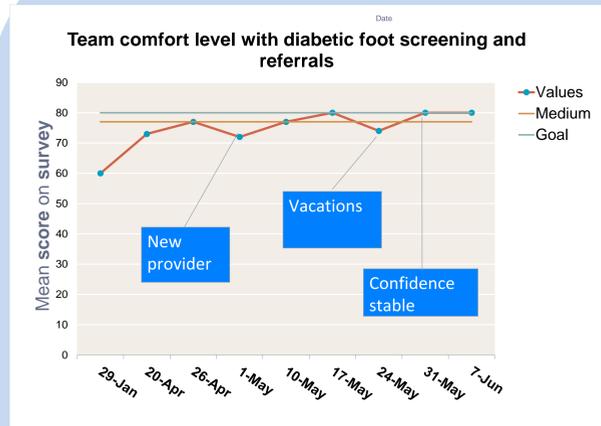


	PDSA1	PDSA2	PDSA3	PDSA4
<b>Team Engagement</b>	Kick off meeting at 8am	Meeting at 8am with food & emails	Meeting moved to 12:30 with door prize	Meeting at 12:30 only 10 minutes, 1 to 1, & huddles
<b>Patient Engagement</b>	SDM/HO given at check in	SDM/HO given in room by MA	SDM/HO in each room	SDM/HO in room & add provider
<b>Screening</b>	Note on laptop to remind	Contest to see who does most exams	Sign in room to remind of exam using template	ADA guideline at providers station
<b>Referral</b>	Reminder card on referral board	Guest Speaker	Remove paper referral form	No paper referral forms & RA/MA/ provider completing

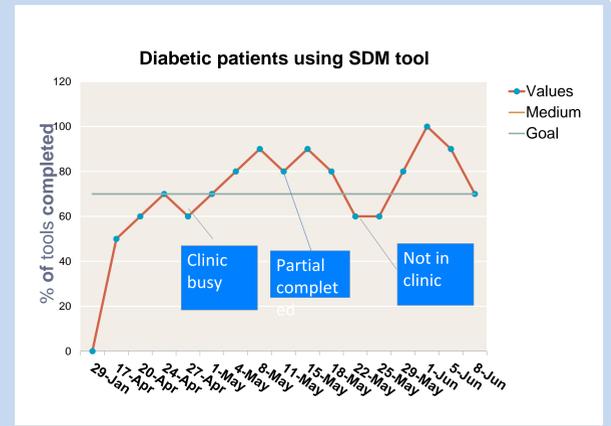
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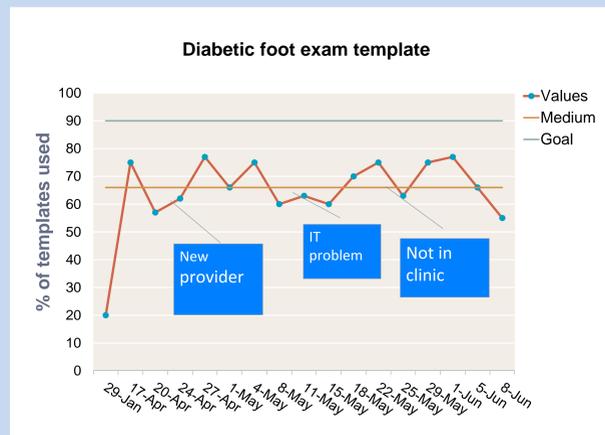
## Results



Team comfort level with foot screening and referrals using a 5-point Likert scale



Diabetic patients using the shared decision making (SDM) tool



Diabetic foot exam template use in the EMR

## Measures

	Process Measure	Outcome Measure
<b>Team</b>	Increase the number of team members attending meeting to 80%	Increase the team comfort with diabetic foot screening and referral to 80%
<b>Patient</b>	Utilize SDM tool to 70%	Increase the number of foot care strategies patient will use to 70%
<b>Screening</b>	Utilize foot exam template in the EMR to 90%	90% of diabetic patients will receive annual foot exam
<b>Referral</b>	Utilize the referral tool for positive foot exam to 90%	90% of patients with positive foot exam will receive referral
<b>Balancing</b>	No increase in the time the provider spends in the room	

## Acknowledgements

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- Monroe Medical Group Bloomington Indiana staff and patients.
  - Marta Heshleman, NP- Mentor
  - Dr. Niessa Meier- Faculty Advisor

## Conclusions

- This project would be sustainable with the implementation of policies and utilization of the templates in the EMR
- Limitations of this project are non-standardization of exams and small sample size
- Strengths of this project are the teams flexibility and commitment to diabetic patients
- Next steps are to let the data drive the next interventions and expand to other provider

### Results:

- Right care increased by 17.88% to 73%
- Team comfort average Likert scale increased by 28.3% to 77%
- SDM tool use average increased to 70%
- Utilization of the foot exam template average use went from 20% to 66%

## Lessons Learned

- The incorporation of weekly small huddles, one-on-one and short 10 minutes meetings empowered the team to feel more confident on diabetic foot screening and referrals
- Utilization of a standardized exam and documentation did ensure the diabetic foot exam is completed and referrals are given
- SDM tool did empower patients to take care of their health care
- The most ID strategy diabetic patients are willing to change was not going barefoot and using moisturizer
- Increased team engagement correlated with increased Likert scores and attendance
- Quality improvement projects can improve outcomes and patient care