

ABO SELF-DIRECTED IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY (CLINICAL)

Topic

Title of Project:	Improving Rate of Gonioscopy Performed on Glaucoma Patients
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Project Description

Describe the quality gap or issued addressed by this activity. (Included in your response to this question should be a description of the resources that informed your decision to pursue this topic, a description of what the literature says about the issue you identified, and the rationale for choosing to address this clinical project	Previous analysis demonstrated that not all patients presenting for Glaucoma evaluation are receiving a Goniosopic evaluation. The project's goal is to improve the percentage of patients receiving gonioscopy.
Background Information: The month you pulled the baseline IRIS performance report and any additional information that me be pertinent:	Review of 30 charts showed that not all Glaucoma, Ocular Hypertension, and Glaucoma suspect patients had a gonioscopy exam documented in their chart.
Project Setting: (Please select from options below): <ul style="list-style-type: none"> • Group Practice • Healthcare Network • Hospital • Multi-Specialty Group • Solo Practice • Surgical Center • Other 	Group Practice
Study population: (describe the type of patient for whom the care process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care:	All patients in my practice who have the diagnosis of POAG, Glaucoma suspect or Ocular Hypertension

Quality Indicators / Performance**Measures:**

It is important to carefully define outcome or performance measures that will be quantified at baseline (before the care process is changed) and at re-measurement (after you have implemented the proposed improvement) to quantify the impact of your care process change. There are two basic types of performance measures - process of care measures and outcomes of care measures.

- Process of care measures (e.g. timely treatment of diabetic retinopathy) can influence outcome measure (e.g. decreased risk of severe vision loss);
- Outcome measures can be linked to processes of care that can be improved. Generally, performance measures are expressed as rates, often as percentage rates. For example, if the intent of a project is to improve the quality of glaucoma care in your practice, you may choose to improve your rate of establishing a goal IOP in patients with newly diagnosed glaucoma, measured over a 3-month period.
- The numerator of this process measure would be the number of newly diagnosed patients during this time who have a goal IOP recorded in the medical record.
- The denominator would be the total number of patients diagnosed during that same time period.

Continuous variables (e.g. the refracted spherical equivalent after cataract surgery) can often be simplified and transformed then into percentage rates by setting a quality threshold (within 0.5 diopters in the intended spherical equivalent) which, if attained, would qualify the patient to be in the numerator (e.g. number of patients within 0.5 diopters / total number of patients). It can be advantageous but not mandatory to have more than one quality measure in order to gauge the impact of your process change. In the example above, an additional outcome measure might be the percentage of patients in whom the goal IOP is attained within the first 6 months after diagnosis. If possible, measure quality indicators for at least 30 individual patients or data points during the baseline and again during the follow up period.

Measure Type: Process**Measure Name:** Gonioscopy documented in chart**Numerator Statement:** Number of patients receiving gonioscopy**Denominator Statement:** All glaucoma, glaucoma suspect and OHTN patients seen

We realize that this may not be feasible or appropriate for all projects. Please indicate at least one measure below; either a process or outcome measure:

Example Measure:

- . **Measure Type:** Process Measure
- . **Measure Name:** Patient pain level during intravitreal injection
- . **Numerator Statement:** Number of patients in who pain levels decreased by 2 points on a 1-10 scale
- . **Denominator Statement:** 30 consecutive patients undergoing intravitreal injection.

<p>Project Interventions: Quality improvement requires that you analyze your care delivery processes and identify changes, which if implemented, will improve care and outcomes. Generally, educational interventions are thought to be weak and demonstrate little impact. The introduction of tools, strategies or systematic approaches to care delivery is more powerful. A tool is a thing, for example a preoperative checklist, or written standardized process or protocol. Strategies include changes in procedures or policies like the introduction of a surgical time out before surgery is initiated. Systematic approaches to care delivery involve a comprehensive analysis of care process and the introduction of a combination of tools and strategies designed as a complete process. Please describe the changes to your care processes you intend to introduce:</p>	<p>Create a form to document dates that gonioscopy was performed. Will also include pachymetry values and date of visual fields and OCTs.</p>
<p>Project Team: (include roles for yourself and all members of your team): List the individuals who will be involved in your quality improvement project (i.e., solo project, partners in practice, office staff, OR personnel, anesthesiologists) and the roles they will contribute.</p>	<p>Solo Project</p>
<p>Will any other ophthalmologists be requesting MOC credit for participation in this SD-PIM?</p>	<p>No</p>

Project Outcomes/Results

<p>Project Summary</p>	<p>In the following sections, please prepare a brief summary of the project highlighting the data collected, effectiveness of your measurement approach, interventions, and the overall impact of the project.</p>
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<p>Baseline Data: Quantify each of the quality indicators / performance measures described above for the baseline period (before interventions for improvement were introduced). Report the numerator, denominator and the calculated percentage rate for each measure.</p>	<p>Performance Measure: Patients receiving gonioscopy Numerator: Number of patient with a gonioscopy recorded in chart Denominator: 30 previous patients Result 10/30= 33%</p>
<p>Follow-up Data: Quantify each of the quality indicators / performance measures described above for the re-measurement period (the period following implementation of the interventions for improvement).</p>	<p>A Glaucoma summary chart was created for each of the next 30 patients to ensure that diagnostic tests were performed. The chart included gonioscopy as well as pachymetry, baseline OCT, baseline HVF and fundus photos.</p> <p>Numerator: number of patients with gonioscopy recorded in chart Denominator: The next 30 POAG, Glaucoma suspect, Normal tension glaucoma and OHTN patients seen after implementation result: 29/30= 97%</p> <p>The chart also tracked the number of patients with a drop in IOP of 15% or greater which was 21. 21/30=70%</p>

Project Impact

<p>Compare the baseline data to the re-measurement / follow-up data and quantify the impact of the process of care changes (your project interventions). The project hopefully resulted in improvement; however, some projects may result in a diminution in quality. If a lack of improvement or reduction in quality occurred, suggest other strategies that might be more effective.</p>	<p>The project definitely resulted in improved quality of care, with almost all the subsequent patients receiving a gonioscopy evaluation. Previously, many gonioscopes were falling through the cracks, perhaps because patients were dilated prior to being identified as glaucoma suspects or having POAG. Having a reference chart to ensure that the diagnostic tests are performed results in the tests being done at the follow up visit.</p>
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Project Reflection

<p>Did you feel the project was worthwhile, effective?</p>	<p>Yes</p>
<p>How might you have performed the project differently?</p>	<p>Our office still uses paper charts. We are planning to move to EMR very soon and I think with electronic records it will be much easier to track which diagnostic test have been done and when.</p>
<p>Please offer suggestions for other ophthalmologists undertaking a similar project.</p>	<p>It is helpful to create either a paper form or have it within the electronic chart to check off that each test is performed as well as follow up testing being performed in a timely manner.</p>