

ABO NON-CLINICAL QUALITY IMPROVEMENT (QI) APPLICATION

Topic

Quality Improvement Topic:	How to Improve Compliance with Diabetics in our Group.
	<p>Diabetes is an epidemic in this country. It is the leading cause of blindness in Americans younger than 50 years of age. With prevalence that is increasing and a population struggling with obesity it is expected that the rates will increase over the next few decades.</p> <p>Diabetes in the eye can be treated and blindness prevented with follow up and careful control of blood sugars. Unfortunately compliance in this population has historically been difficult and a challenge. The topic I would like to address is how to improve compliance with diabetics in our group. First of need to see how many patients are lost to follow with diabetic retinopathy, determine if there is a pattern, find a solution or way to improve compliance, execute the new plan. The goal being that if we can improve follow-up care in this population, then we should be able to reduce the negative outcomes that accompany untreated retinopathy.</p>
What is the reach of this QI activity?	Local
Please explain/identify:	Approximately 40% of the patients seen in our group are diabetic. I want to identify the cause and reasons for lack of follow-up in this population. Once we identify the reasons then we can put forth a plan to increase our compliance rate. Areas to look at; shorter follow-up visits vs. longer. How to confirm the appointments. Will email, phone call, automated system, language barriers, appointment time availability, transportation needs, cost. Will do compliance rate before and after to see if new plan has impact on problem.
Please identify the funding source(s) for this QI activity?	Self Funded

Project Description

1. Describe the quality gap or issue 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 non-clinical QI project.)	If we can improve compliance rate in our patient population significant resources can be saved by preventing blindness.
2. Describe the specific aim(s) of this activity (explanation of the numeric goals and importance to your work processes and your organization).	Will go back and look at last 1 month in our patient population. Identify our no-show rate. Survey 100 patients as to the reasons and how we could improve the compliance rate. Implement a plan and try for one month. Recheck compliance rate and see if impact is made.
3. Identify the measures that were evaluated in your workplace and provide a summary of pre- and post-intervention data for each measure. (Please provide source information for each measure.)	No show rate, reasons for no shows will be our measures before and after implementation of plan.
4. What was the source of your data (check all that apply)?	Electronic Medical Record Survey Administrative Data
5. What methods were used for data collection (check all that apply)?	Retrospective Chart Review Web-based Data Entry Electronic Medical Record
6. What was the comparison group in this activity (e.g., a regional or national benchmark)?	Regional benchmark will be used to compare our group with similar groups in area.

7. Will the identified measures address important issues for your processes of care and/or patients?	Yes
8. Describe the process you went through to develop the QI plan and the tests of change that will be undertaken to improve care (i.e., quality improvement plan design, implementation, and re-evaluation)	Discussed with doctors in our group the challenges of this population. Found an area we think can have a positive impact on this group and will figure out the best way to improve compliance.
9. Present baseline data that supports the need for your change concept, then specify the intervention(s) that will be implemented in your practice and why they were chosen.	40% of patients are diabetic. Number one cause of blindness in younger Americans. National no-show rate is 10-12% for retina patients. Our records show that this diabetic population in our area average 15-25% depending on region.
10. What benefit do you believe these interventions will have on your processes of care and/or patient population?	Improved Processes of Care Improved Patient Outcomes

Project Outcomes/Results

1. Describe in detail your role in this activity (i.e., your role in identifying measures and reviewing data, identifying the QI topic, developing the QI plan, identifying interventions, implementing the QI plan and interventions into your practice, etc.).	I initially developed the idea to improve compliance in patients with diabetes within our practice. The QI plan involved setting up several measures to determine the most effective way to improve the show-up rate in this population, and reduce the no-show rate. Our interventions were a modified reminder system for the patients: this included using televox automated system, doing more reminder calls, calling on Sunday rather than Friday for a Monday appointment.
2. Were other members from your care team involved in this activity?	No
If yes, please describe their role(s) in this activity.	N/A
3. Describe the impact this QI effort had on your practice and the care that you provided to your patients.	We were able to reduce the no-show rate in this group by 18% with a few small changes.
4. What data can you provide to demonstrate that your change concept produced meaningful improvement in your current processes or patient outcomes? (i.e. percentage reduction in post-operative complication, percentage improvement in a specific cohort of patients etc.)	Reduction of no-show rate was 18%. Most effective was calling the day before to remind pts. This included having staff members call on Sundays. Least effective was using automated phone system. 63% of pts hung up before confirming their appointment.

Project Reflection

5. Reflecting on this self-directed non-clinical QI project, how do you plan to sustain your improvement?	We have made these changes a permanent part of our SOP.
6. Was this non-clinical QI project beneficial to your processes, patient population or practice?	Yes, all around. Improving compliance in this high-risk group will not only improve their chances for maintaining vision but also made our office more efficient in that our no-show rate went down. We have since implemented this system across the board for all patients.
7. Please describe any lessons learned about your work processes by participating in this self-directed non-clinical QI project?	Changing a previously set up system takes more work than previously thought. There is inertia within a group that takes time to change.
8. What do you plan to do next to improve i.e. reduce variation in your processes of care?	Will continue to monitor these rates to make sure we don't fall off. Will continue to look at ways to improve.

9. Please describe whether or not you found participation in the self-directed non-clinical QI project to be meaningful, impactful and a valuable use of your time.	Yes, was worth it.
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