


New Beginnings at Barnett Family Practice



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July 10 - August 2

Barnett Family Practice Lancaster, South Carolina



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The Problem:



- ⌘ Nine providers with nine different ways of recording information
- ⌘ Over 30,000 charts
- ⌘ Diabetic patients require constant monitoring
- ⌘ This monitoring involves multiple tests and exams, including referrals
- ⌘ Oftentimes, providers must cover another physician's patients
- ⌘ It is impossible to remember what one has done for every patient and when
- ⌘ Important care is being missed or forgotten

Aims



- ⌘ To improve the adherence of screening and care for diabetic patients at Barnett Family Practice
- ⌘ Short-term aims:
 - ⌘ 1. To identify the specific ADA guidelines that are more frequently neglected during diabetic visits to the practice
 - ⌘ 2. To inform the physicians, physician assistants, and nurse practitioners at the practice about the regularity with which their patients' care is meeting the ADA guidelines
 - ⌘ 3. To identify methods that may improve compliance with the ADA guidelines

Measures



- ⌘ 1. Evaluate the charts of diabetic patients seen by a care-provider before and the charts of patients seen after the intervention and compare the percentage who meet ADA guidelines
- ⌘ 2. Administer a questionnaire to physicians, physician assistants, and nurse practitioners requesting their perception of their adherence to the ADA guidelines in the care of their patients
- ⌘ 3. Evaluate response rate and consensus of providers to all surveys
- ⌘ 4. Approval of ideas indicates that viable options have been identified.

Rejection of an idea indicates that it is not a viable method.

Brainstorm



- ⌘ Inform providers about ADA guidelines
- ⌘ Inform providers about their patient care by reviewing charts
- ⌘ Add a flow sheet to the chart
- ⌘ Add a check sheet to the chart
- ⌘ Add a reminder flag to a diabetic's name on the electronic schedule
- ⌘ Give patients a log book in which doctors can record data
- ⌘ Switch to an electronic record

PDSA Cycle #1



⌘ Plan: Prepare a survey soliciting providers' perception of regularity of diabetic patient care.


⌘ Do: I distributed the survey and asked for suggestions

⌘ Study: Measure response rate. I looked for common themes

⌘ Act: Compare provider opinion to actual data in charts

Response: One hundred percent response rate

(Numbers indicate number out of ten)



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|---|--------------------------------------|
| ⌘ Percent of patients making office visits as often as you would like | ⌘ Range: 5-8 Mean: 6 Mode: 7 |
| ⌘ Quarterly Hemoglobin A1c | ⌘ Range: 5-10 Mean: 8 Mode: 10 |
| ⌘ Quarterly foot exam | ⌘ Range: 3-8 Mean: 5.5 Mode: 3 and 8 |
| ⌘ Yearly microalbuminuria | ⌘ Range: 0-6 Mean: 4 Mode: 5 and 6 |
| ⌘ Yearly lipid profile | ⌘ Range: 7-10 Mean: 8 Mode: 8 |
| ⌘ Yearly ophthalmologist visit | ⌘ Range: 5-10 Mean: 7 Mode: 5 |
| ⌘ Yearly ECG | ⌘ Range: 0-10 Mean: 4 Mode: 2 |
| ⌘ Do you know the ADA guidelines? | ⌘ 83% yes |
| ⌘ Would a new tracking system for diabetics be helpful to you? | ⌘ 100% yes |

PDSA Cycle #2



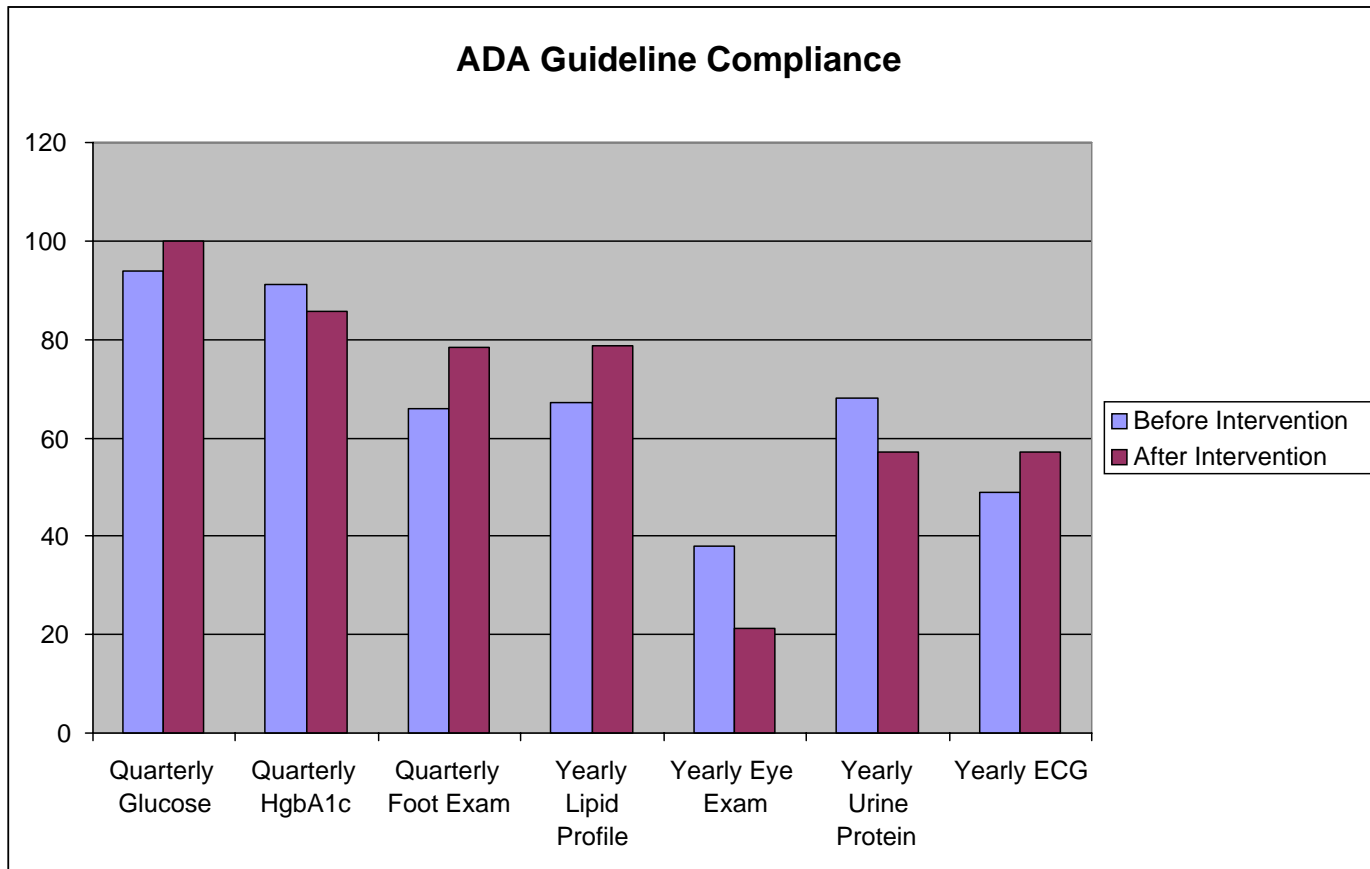
⌘ Plan: Using handouts and chart surveys, inform providers about ADA guidelines and their compliance.

⌘ Do: I distributed a summary of the ADA guidelines for routine care of diabetic patients.

⌘ Study: I screened charts after the intervention to evaluate change.

⌘ Act: Suggest a method for improving care

Chart Survey



PDSA Cycle #3



⌘ Plan: Develop ways to improve charting

⌘ Do: I distributed ideas to all providers for approval.

⌘ I evaluated responses for a method that would work for everyone.

⌘ Study: I evaluated the response rate.

⌘ I found one method was commonly approved by all responding.

⌘ Act: Provide the practice with a form to place in charts

Lessons Learned:



- ⌘ 1. Pulling charts takes a long time
- ⌘ 2. An organized method for recording data in a patient's chart makes it much easier to follow the patient's progress
- ⌘ 3. When dealing with such a large practice it is difficult to make uniform changes
- ⌘ 4. A computerized record system would facilitate patient care considerably
- ⌘ 5. I am slow