

The Use of Innovative Practices to Improve Diabetes-Related Neuropathy Screenings



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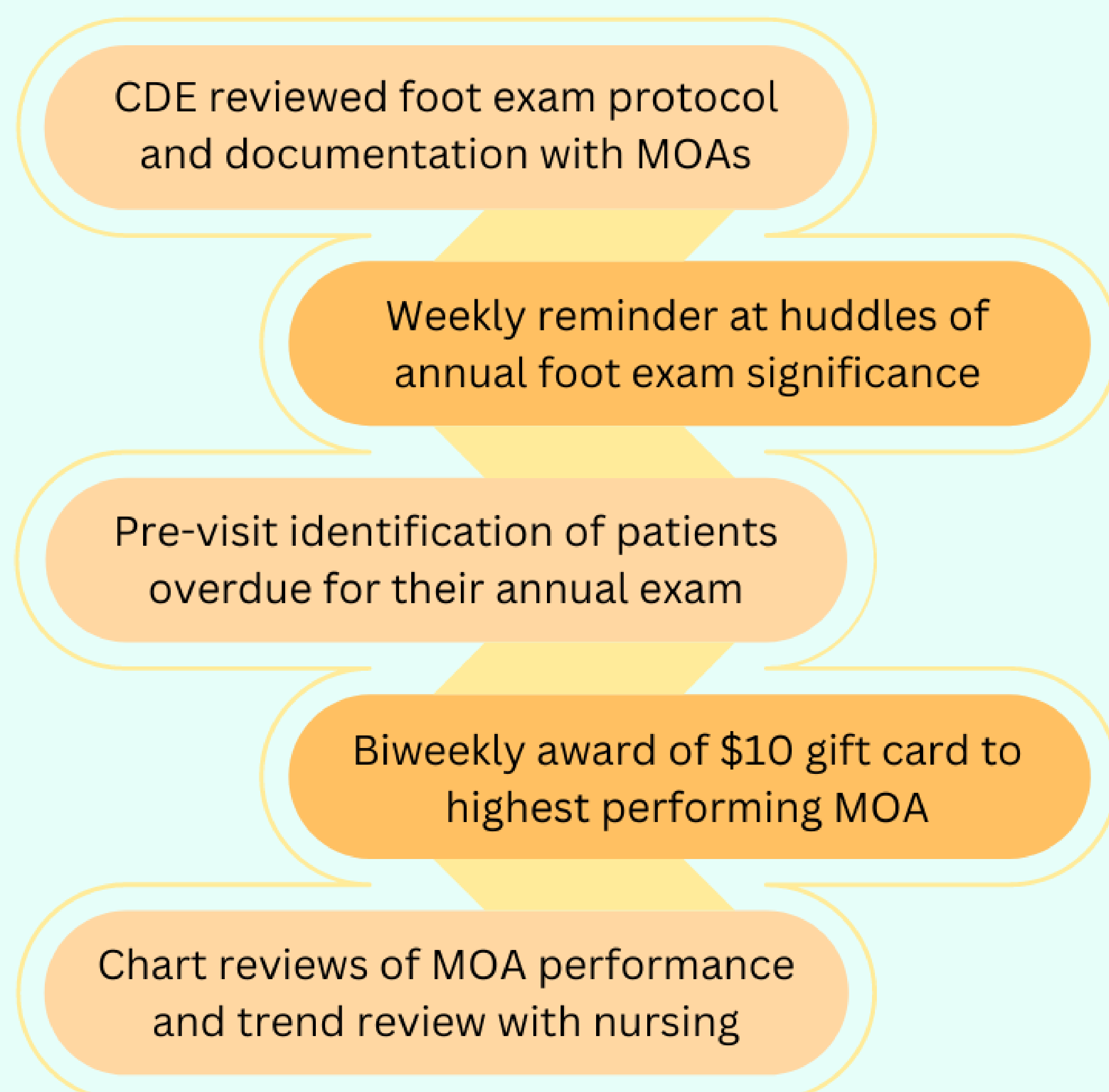
Introduction

Uncontrolled diabetes can have long-term complications that affect daily activities, and therefore having preventative screenings in place allows us to limit adverse consequences such as foot amputations. At IFH, we annually screen all patients with diabetes for loss of sensation with the monofilament and pedal pulse tests.

Objective

As a consequence of the recent global pandemic, there has been inconsistent follow-up and an increase in telehealth visits over the past few years. At Harlem, we have 1,087 patients with diabetes and there has been a backlog of individuals overdue for foot exams. As CDEs (Certified Diabetes Educators) attempted to resume in-person visits, there was an opportunity to boost foot exam completion at the site level. **The purpose of this intervention was to address overdue foot exams by increasing MOA performance through engagement.**

Intervention



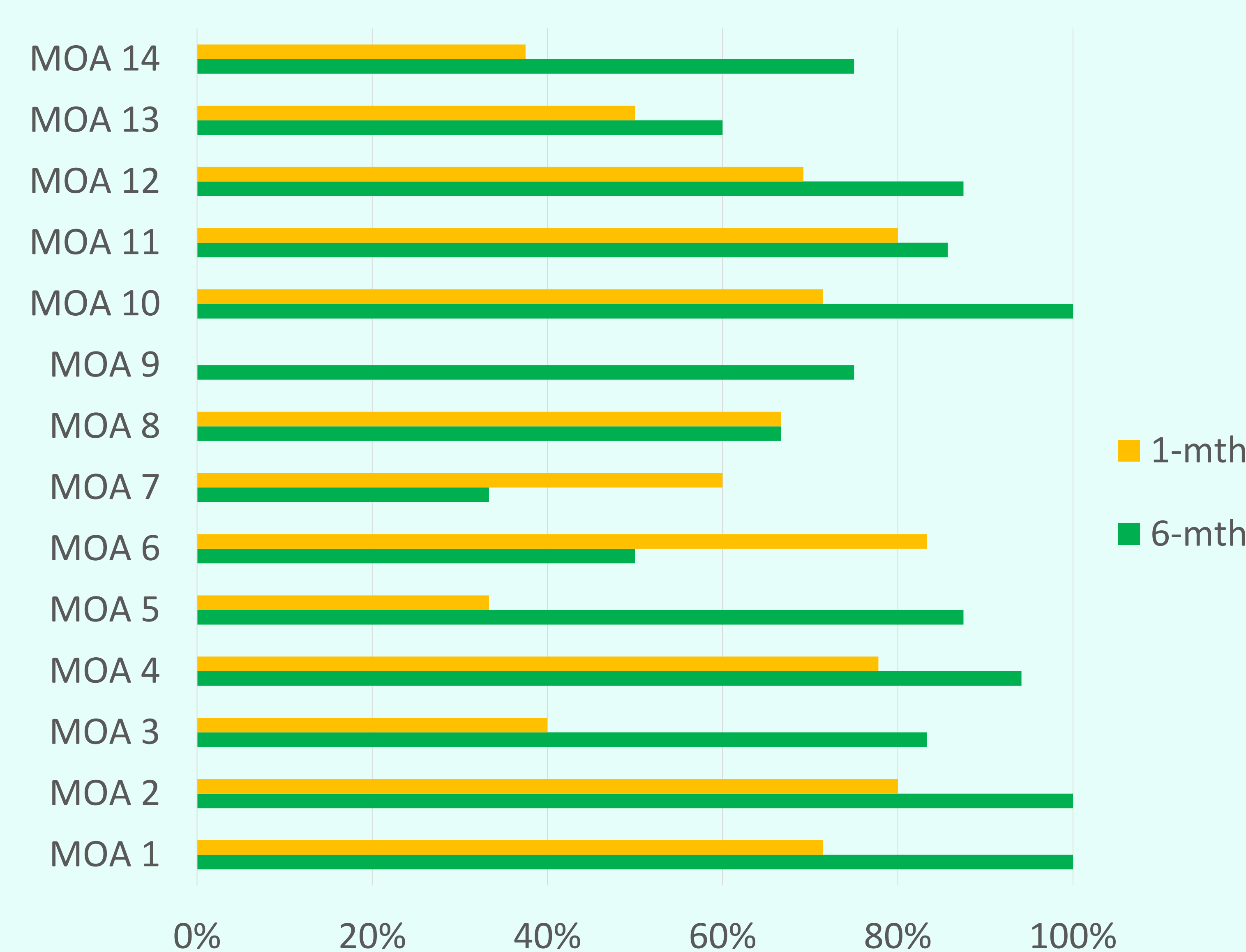
Tools & Methods

- IFH diabetes foot exam video
- Added "MOA: DM foot exam due to appointment notes
- Created smart phrase .DMFOOTEXAM
- Green dot visual aid
- Daily foot exam tracking sheet
- Chart reviews

Results

At the end of the 6-month incentive program, there was a dramatic increase in foot exam performance from 67% to 73% at the Harlem site. **When the data was adjusted to reflect the most recent in-person visits as per NCQA criteria, the foot exam performance at Harlem increased to 87% thereby surpassing the goal of 80%.** On March 1, 2023 the Family Practice Center of Harlem received national recognition for delivering high-quality diabetes care by the National Committee of Quality Assurance (NCQA).

MOA Performance at 1-Month vs. 6-Month of Incentive Program



Conclusion

After the intervention, there was an increase in performance after 3-months into the incentive program. **After the 3-month period the use of the green dot visual aid started to be consistent on schedules.** Two months post intervention the green dot visual aid continues to be used and foot exam completion continues to rise.

Barriers:

- Large volume of staff requiring regular reinforcement
- Individuals with diabetes being hesitant to comply with exam

Noteworthy:

- More MOA staff at the end of the 6-month program
- Incentive program midway was done over the holiday season when staff shortage played a factor in performance
- Results were adjusted to exclude MOAs who had 1 or less opportunity to perform a foot exam
- All 25 Harlem MOAs were given a care kit at end of 6-month period, and this included a baked treat, travel size hand cream, under eye mask, and lavender essential oil

Future Workflow

In order to enable future success, we must transition into more sustainable practices. These innovative practices have highlighted the significance of standardizing the electronic medical record (EMR) format of MOAs and nurses such as adding the **Last Foot Exam Due** column. In addition a daily nurse can be identified as "Nurse DM Champion" to maintain the following practices:

NURSE DM CHAMPION



Implications

There have been additional positive outcomes, specifically individual MOAs are more engaged in overall diabetes care now. Medical assistants will notify CDEs when a patient has an A1c above 9%, blood sugar above 400 mg/dL, and diabetes related questions. This interdisciplinary collaborative approach allows for better comprehensive care for patients with diabetes, and thereby lessens the risk of long-term complications with diabetes such as foot amputations.

Special thanks to Harlem clinic medical providers for funding MOA care kit at end of incentive program. This gesture signified appreciation and rewarded job performance, thereby improved staff engagement overall.