

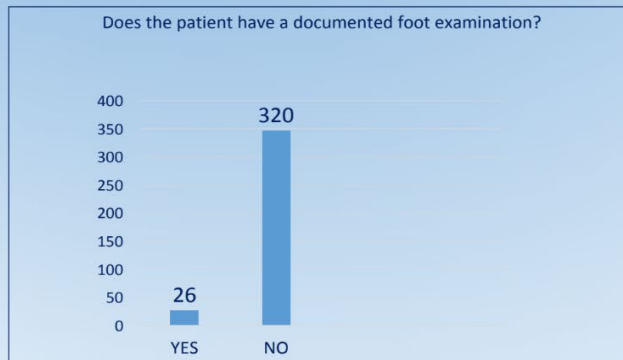
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## Background & Significance

- Diabetic foot disease can lead to diabetic foot ulceration and lower extremity amputation.
- Diabetic foot disease is the costliest and most common complication of diabetes (Raghav, et al., 2017).
- More than 50% of diabetic foot complications can be prevented with routine examinations and proper foot care education (Williams, Jones, & Johnson, 2018).

## Clinical Problem

- The American Diabetes Association (ADA) recommends that all patients with type 2 diabetes receive a comprehensive diabetic foot examination at the time of diagnosis and at least annually (American Diabetes Association, 2018).
- There were 346 patients that met the inclusion criteria for this quality improvement project.
- Initial data revealed that only 26 patients, which was 7.5%, had a documented diabetic foot examination within the past 12 months.
- This was below 2021's national performance average of 73.1% and places this performance in the lowest percentile of CMS's benchmarks which is 58.76-74.02% (U.S. Centers for Medicare & Medicaid Services [CMS], 2022).



## Purpose/Aim

- The goal of this quality improvement project was to increase the number of adult patients who receive an annual diabetic foot examination through education and training of clinicians and support staff.

## Setting & Participants

- Family Medical Clinic, which is a division of Rush Health Systems, is a rural health primary care clinic location in Meridian, MS.
- This clinic provides urgent and primary care services to a population of almost 73,000 people (United States Census Bureau, 2019).
- Participants in this quality improvement project included four full-time primary care providers: two nurse practitioners and two physicians.

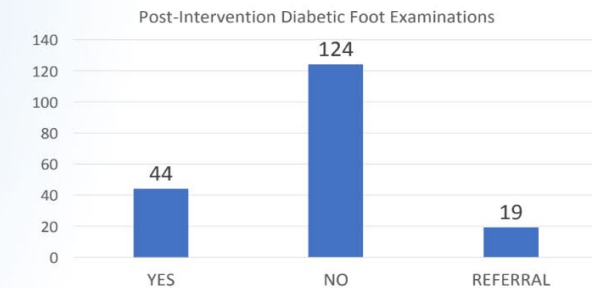


## Methodology

- This was 12-week project with an intervention period beginning 15 June 2022 and ending 7 September 2022.
- Clinicians completed a pre- and post-in-service quiz to determine whether knowledge regarding diabetic foot examinations was increased
- Quality metrics were reviewed bi-weekly to evaluate each provider's performance of diabetic foot examinations.
- In addition to review of metrics, all charts of diabetic patients seen within the 2-week period were assessed for documentation of diabetic foot examination within the past 12 months.
- Inclusion criteria for chart audits: adults aged 18-75 years old with a diagnosis including in the ICD-10 codes E11.0-E13.9 (American Medical Association, 2016).

## Results

- Patients with a documented foot examination will be used as the numerator with the total number of adult diabetic patients seen in the past 12 weeks as the denominator (AMA, 2016).
- There was completion rate of 13.8% during the intervention period, with an overall completion rate of 21.9% .
- There were 124 missed opportunities to perform examinations on eligible patients.
- A Pearson correlation coefficient was calculated and there was a strong positive correlation was found ( $r(344), .295, p < .001$ ), indicating a significant relationship between pre-intervention and post-intervention diabetic foot examination performance.



## Conclusion

- Even though this study include only a small sample of diabetic patients at a primary care clinic, similar interventions can be utilized to impact a larger population of diabetic patients.
- Implementation of a yearly comprehensive diabetic visits could provide opportunity to increase patient compliance.
- This quality improvement project highlighted the importance of working collaboratively and utilizing all staff to improve the quality of patient care.

## References

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