



# 2018-2019 Bernard A Kershner Innovations in Quality Improvement Award Submission Lac Courte Oreilles Community Health Center, Hayward, Wisconsin CQI BENCHMARK STUDY RETINOPATHY EXAMS FOR DIABETIC PATIENTS

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## Element 1: Purpose

To evaluate the Health Center's performance in relation to diabetic patients in need of a recommended annual retinopathy exam

- Diabetic retinopathy is the most common diabetic eye disease. It causes progressive damage to the retina, the light-sensitive lining at the back of the eye.
- Diabetic retinopathy is the leading cause of new blindness in American adults. Studies have shown 50% of American Indian/Alaskan Native people with diabetes do not receive timely diagnosis and treatment of diabetic retinopathy.

## Element 4: Evidence of Data Collection

Productivity and completion of Retinopathy exams was tracked monthly by productivity reports and Quality Measure tracking system in the Electronic Health Record



## Element 7: Corrective Action Plan

An information meeting was held with Quality Assurance Manager and the Diabetic Team

The main identified problem was in the scheduling process

The process included:

1. Beginning at the top of the Diabetic registry, selecting a set number of patients to schedule per month
2. Exams were scheduled for patients with no patient contact
3. Notification of the exam to the patient was completed by mailing a letter with the appointment date and time

Based on the preliminary findings; the process was changed the first of August to:

1. Diabetic Case Manager developed a list of all Diabetic patients (353 patients).
2. Manual examination of the patients' charts to verify Diabetic diagnosis and need for retinopathy exam
3. Case Manager contacted patients by phone, explaining the importance of retinopathy exam
4. Appointments schedule
5. Reminder phone call to patient day before appointment.
6. Patient received phone call if patient was a cancel or no-show.
7. Patient received phone call if abnormal exam results and needed referral to optometrist/ophthalmologist.
8. Every patient receives letter of retinopathy exam results.
9. Exam results documented in Electronic Health Record

## Element 9: Additional Corrective Actions

No additional corrective actions were needed as the study successful.

The LCO Health Center exceeded both its goal of 55% and the Indian Health Service and GPRA goals of 61.3 and 63.1

## Element 2: Performance Goals

Historically LCO Clinic has never met the benchmark Retinopathy goals set by IHS and GPRA. In 2016 (FY audit) LCO performance rate was 37%. In 2017 (Jan - Jul) performance rate was 22%. As we only had 5 months to improve our performance we chose a goal to have 55% of all diabetic patients complete their annual retinopathy exam

← 55% completion rate →

## Element 5: Data Analysis

The baseline data collected showed from January 1 to July 31 the average number of retinopathy exams completed each month was 15.8.

Of all appointments scheduled:

- 61% were cancelled or rescheduled
- 17% were no-shows
- 21% had occurred

It was determined during a meeting with the Diabetic Team; the primary reason for the high cancel and no-show rates were due to the scheduling process

## Element 10: Communication of Findings

Study results were reported to Health Center staff at the monthly staff meeting and in staff departmental huddles

Study results were reported to the Tribal Governing Board in the Continuous Quality Improvement Annual Report

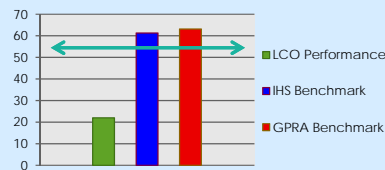
## Element 3: Data Collection Plan

Baseline Data was gathered from January 1 to July 31, 2017

Baseline data was collected by using the Quality Measures tracking system in the Electronic Health Record and a monthly productivity report which includes:

- Total number of appointments scheduled
- Cancelled appointments
- No-show appointments
- Occurred appointments
- Pending appointments
- Rescheduled appointments

### Performance with Benchmarks & Goal



## Element 6: Comparison with Goals

Compared to the yearly benchmark goals set by Indian Health Services - 61.3 and the Government Performance and Results Act (GPRA) - 63.1

The Lac Courte Oreilles Community Health Center performed only 79 out of 367 patient exams, which accounted for 22% from January to July 2017

## Element 8: Re-Measurement

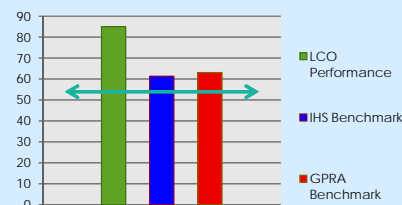
The study was conducted between August 1 and December 31, 2017

Re-measurement was conducted at the end of December using the same method as the baseline measurement

The re-measurement showed 302 out of 353 patients had a completed eye exam which resulted in an increase from 22% to 85%

This accounted for a 182.28% increase in completed exams while the cancels and no-show rates decreased

### Performance with Benchmarks & Goal



**Goal Exceeded!!**

