

Writing a Quality Improvement Project – General Outline

1. Title:
 - a. A Quality Improvement Project Titled...
 - b. A Process Improvement Project Titled...
 - c. A Program Evaluation Project Titled...
2. Project Team Members: (project manager...*not* Principal Investigator)
3. Project Objectives:

We are monitoring any improvement in the compliance of our patients with their diabetes management. We hope that the automated telephone system will improve our patient's compliance with appointments for follow-up and laboratory testing as outlined by the National Center for Quality Assurance (NCQA) in their Diabetes Recognition Program at Portsmouth Family Medicine.
4. Background:

It is without question that diabetes has become an epidemic in the United States with 25.8 million children and adults (8.3% of the US population) have diabetes (1). This disease leads to numerous complications which cause significant morbidity and mortality including heart disease and stroke, high blood pressure, blindness, kidney disease and neuropathy (1). The cost of diabetes is also a very significant burden with an estimated \$245 billion being the total cost in the United States in 2012 (1). Fortunately, a significant amount of research has been done to reduce the burden of this disease (2).

There has been mixed success with the use of an electronic reminder system with the management of diabetes in the outpatient setting (7, 8, 9). The use of an automated telephone call with nursing follow up in addition to regular care has been shown to increase frequency of glucose monitoring, foot inspection, and weight monitoring and improvement of medication adherence (10).

We have developed a new automated telephone reminder for diabetic patients with a follow up nursing protocol and order templates in our clinic for all patients. The goal of this quality improvement project is to examine if there is any improvement in compliance of our diabetic patients.
5. Project Plan:

We will monitor our diabetic patients as they return to the clinic for follow up visits with their primary care physicians at the Portsmouth Family Medicine Clinic. We know from monitoring our clinic records that the rates of compliance has been unsatisfactorily low. We hope the following data points will improve.

Compliance with lab work ordered, lower blood pressure, lower body weight, compliance with eye examinations, compliance with influenza and pneumococcal immunization, improved laboratory values for A1c, LDL, and Microalbumin/Cr ratio

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6. Procedures:

A standard automated message via Televox will be left for the diabetic patients who are in need of a routine standard of care A1c laboratory test. The message will ask them to make an appointment at that time.

We will monitor our diabetic population for any changes in compliance with their physician directed standard of care. We will monitor this process for 3 months from DEC 2013 through the end of Feb 2014.

This is a “counting and comparing” monitor for changes in compliance.

7. Evaluation Plan (Data Analysis Plan):

To evaluate the effectiveness of Televox in increasing the number of diabetic patients to follow up, we will compare the number of patients who made an appointment and showed up, to the total number of patients called.

To evaluate the effectiveness of Televox in increasing the measures indicated on the overall diabetic population at Portsmouth Family Medicine. We will compare the diabetic population at Portsmouth Family Medicine prior to and after the administration of Televox.

The evaluation plan is a “counting and comparing” activity.

This project is designed as a process improvement project and is not designed as a research project. We have no research question to answer and we do not intend to disseminate the results of this project as research.

8. References

9. Data Collection Tool