

# Putting Your Foot Down: Improving Diabetic Foot Exam Rates

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# Putting Your Foot Down: Improving Diabetic Foot Exam Rates

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## BACKGROUND

Diabetic foot exams identify patients at risk for foot ulceration and subsequent morbidity. It is also a standard quality measure representing a component of the treatment of diabetic patients. Missed foot exams can result in worse patient outcomes and increased health care expenditures. Among our region comprising 12 physicians and 9 practice locations, nearly 30% of patients are diabetic. Internal review found many patients had no documented diabetic foot exam in the medical record. Practitioners cited major barriers of unfamiliarity with electronic record documentation and lack of time to complete the examination during the patient encounter. Representatives of ancillary staff, either LPN or MA's, were identified for training on workflow and performance of diabetic foot examinations. In turn, these individuals became trainers for other staff. This resulted in less time away from clinical sites as well as reinforcing education through a train the trainer method. Physicians and APC's would then review, confirm, and complete the documentation of the foot exam findings, reducing burden of working within the electronic record. An external audit several months later is planned to ensure proper work flow and documentation is followed and to evaluate work flow effectiveness.

## METHOD

Ancillary staff were empowered facilitate the diabetic foot exam process. Staff were identified that would want to serve as leaders, autonomy was developed, and more individualized instruction could be provided to that initial wave of trainees. This avoided logistical problems of having all staff participate in waves of training which would have incurred additional expense and potential disruption of patient schedules. Once trained, these leaders would return to their main clinical sites and additional staff could be shadowed to them (done at our department based on geographical proximity to reduce travel) and a training the trainers could be adopted. With this work flow, information can be rapidly disseminated and with every member of the staff teaching another member, reinforcement of work flow could also be efficiently accomplished.

## OUTCOMES

A train the trainer program was developed as noted previously. Key ancillary staff members that wished to expand their role within their clinical sites were identified through an informal process of self-nomination. These members of the staff were thus trained at clinical sites that had already adopted a similar workflow process. These staff leads then returned to their

clinical sites and the information was then disseminated to allow for this knowledge to be spread in an efficient manner without necessitating the need to uproot clinics by short-staffing them with respect to training time. We were then able to partner with our electronic health record's existent foot examination template to allow for these trained staff members to easily work their way through the office visit. After completion of existing room activities, those patients that were identified as diabetic (through use of the problem list in the EHR) underwent a diabetic foot examination with monofilament testing. The EHR allowed for these findings to be done via a toggle to either indicate presence or absence of a finding. Once completed, any pertinent positives could then be reviewed by the healthcare provider and the examination confirmed. While still in its early stages of implementation, early data suggests an increased capture rate of 25%. The process will continue for the remainder of the fiscal year with routine checking in as sites come onboard to see where process deficiencies may lie and if the capture rate can be further improved.