

Increasing the annual microalbumin testing in the T2DM population at the GAMA clinic

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Background

-Microalbuminuria is an indicator of incipient diabetic nephropathy.

-Annual screenings and early intervention has been noticed to reduced the natural history of diabetic renal involvement and possibly reduce the incidence of end stage renal failure.

-Even though the percentages of annual microalbumin tests are mostly suboptimal(< 85%) in primary settings little projects to address this have been done.

- POCT have been proven to increase access and improve decision making in the primary care setting by providing almost immediate results.

PROBLEM: Suboptimal annual microalbumin testing in the T2DM population

Objectives

SMART AIM: To increase the percentage of yearly microalbumin tests in the T2DM population at the GAMA clinic in 25 % in 6 months

Methods

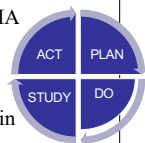
INTERVENTION: To implement in-office urine sample collection for microalbumin as part of the routine evaluation in all patients with T2DM who do not have a microalbumin test done in the last 12 months at the GAMA clinic.

MESAURES:

- Outcome measure: percentage of microalbumin testing in the T2DM population at the GAMA clinic within the last year.

- Process measure: percentage of microalbumin orders in a month at the GAMA clinic

- Balancing measure: percentage of patients with a due microalbumin screening that do not get to have a microalbumin test performed during a given visit



PROCESS:

- Based on the weekly Pre-visit planning performed by the GAMA senior practice manager which pre-identifies patients with T2DM as well as the date of the last microalbumin test, the GAMA senior practice manager will sent the LPN, rooming staff and residents a list of the patients that are due for a yearly microalbumin test.

- The list will be sent by the GAMA senior practice before the start of the working day.

- Nursing staff will note the names of the patients on the board in reception and round on each other so that they are all aware. Then , they will leave a urine sample container in the patient's room once rooming process is complete as an indicator to the provider that we need a sample and order placed .

- The provider seeing the patient that date will be expected to place the order for microalbumin test at any point during the visit and remind the patient to leave the sample before checking out.

- The nursing staff will deliver the urine samples for microalbumin tests to the highland hospital lab.

Results

Figure 1. Number of nephropathy screening at the GAMA clinic

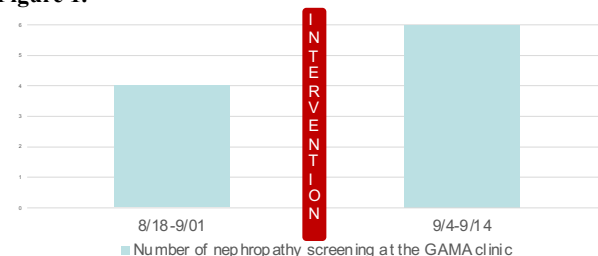
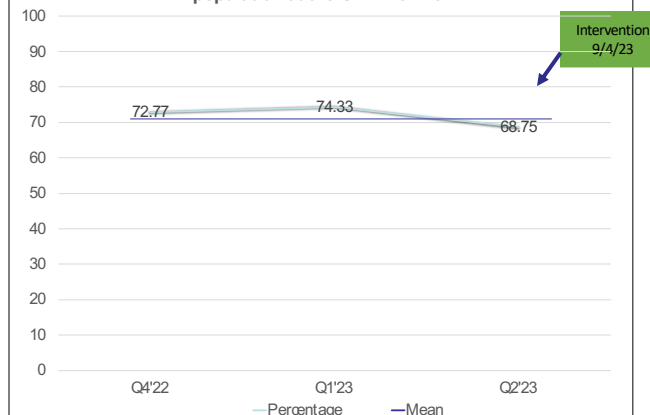


Figure 2 Percentage of Nephropathy screening in the T2DM population at the GAMA clinic



Conclusions

- The in-office collection of microalbumin testing seems to be a promising option to improve nephropathy screening at the GAMA clinic
- Further data is needed to appoint final conclusions
- A team based approach to improve screening in outpatient population might be key to obtain target rates

References

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