Optimizing Lipid Screening for T1DM Patients in Diabetes Clinic

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Conflict of Interest Disclosure

• Conflict(s) of Interest
  • None
  • Amy Moffett, CPNP

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Objectives

• Understand rationale behind lipid screening for children and adolescents with Type 1 diabetes mellitus.
• Discuss how a quality improvement program can help lead to meeting departmental goals in relation to recommended screenings, thus improving patient outcomes.
• Discuss how electronic health records (EHRs) can be used to facilitate ordering of recommended screenings by providers in a timely manner.
Quality Improvement Project

Increase number of patients with Type 1 Diabetes Mellitus (age ≥ 10 years, T1DM for ≥ 1 year and/or established glycemic control) screened for dyslipidemia within the last 5 years from 74% to >90% by 12/31/2016 and sustain until 12/31/2017.

Background

• Those with T1DM are high risk for dyslipidemia → CVD
• Atherosclerotic disease begins in childhood
• CVD can begin within 10 years after diagnosis of diabetes
• ADA and ISPAD recommend baseline lipid screening in children 10 and older with T1DM for >1 year (or sooner if glycemic control is established)

Challenges/Barriers

• Provider unawareness for screening
• Patient unawareness
• Failure of patients to go to the lab
• 74% of our eligible patient population with T1DM was receiving the appropriate recommended screening
Methods

• Diabetes team educated about initiative and made aware of guidelines for lipid screening in T1DM pts
• A key driver diagram (KDD) was formulated with the specific aim, key drivers, and interventions
• A “Best Practice Alert” (BPA) was built into the electronic medical system (EMR) to alert providers at the time of clinic visit for the need of placing an order for a lipid profile

Lipid Screening in T1DM Patients

Lipid Best Practice Alert
Methods, continued

- Importance of screening was emphasized to patients/families
- Sent directly to lab following visit
- At process year end, list of patients with outstanding orders compiled and patients received reminder to have them drawn.
- If no order was in system, order placed and patients were mailed lab requisition and letter.
- Appropriate evaluation and follow up plan made based on results.

Results

- At baseline, 74% of our eligible population received recommended lipid screening. Implementation of a BPA along with measures to enhance provider awareness of the need for screening increased lipid screening to 91% of our eligible population of children and adolescents with T1DM.
Discussion

- Future ideas to continue to maintain and improve the successful established workflow may include collecting labs in the endocrinology clinic instead of sending patients to the lab.
- Utilizing the laboratory's new “SAFE” program, Safe Area For Everyone and social stories to help prepare children for lab draw.

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References

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