Proper Screening & Diagnosing of Diabetic Kidney Disease (DKD): A Quality Improvement Initiative in a Primary Care Setting for the Underinsured

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Background

Diabetic nephropathy occurs in 20 to 40% of all patients with diabetes and is the single leading cause of end stage renal disease (ESRD) in the United States.

Only 23.1% of diabetics over 65 received evaluation of serum creatinine, microalbuminuria, A1c, lipids and eye examination.

Over 23 million Americans have diabetes. Primary care settings lack well developed QI infrastructure. The largest national effort has accredited only 10% of primary care settings-National Committee for Quality Assurance (NCQA).

Setting & Methods

Setting:
- A private, non-profit, primary care setting for the uninsured in Mid-Michigan.
- Over 5000 patients served.
- Approximately 10% of the patients have a diagnosis of diabetes.

Methods:
- Inclusion Criteria: The adult non-pregnant patient diagnosed with type 1 or type 2 diabetes, considered underinsured.
- Pre and Post intervention one group t-test
- Outcome Measures: Annual microalbuminuria, GFR, creatinine, dilated eye exam, prevalence rate of diagnosis of diabetic kidney disease and HTN, treatment with ACE or ARB, frequency of nephrology referral.

Proposed Project

Identify adult non-pregnant patients with diabetes at a primary care clinic for the underinsured.

Complete a chart audit of proper screening and diagnosis of diabetic kidney disease. Chart audit items include: annual microalbuminuria, GFR, creatinine, dilated eye exam, prevalence rate of diagnosis of diabetic kidney disease and HTN, treatment with ACE or ARB, frequency of nephrology referral.

Facilitate organizational awareness of chart audit data, standards of care and benchmark data. Facilitate organizational goals.

Implement provider education and compliance interventions, based upon American Diabetes Association and the National Kidney Foundation.

Complete second chart audit. Document outcomes.

Theoretical Framework: Quality Improvement Process in Primary Care

Save Kidneys From Diabetes

Implications for Practice

Establish and sustain a quality improvement process at a primary care clinic for the uninsured.

Ensure proper screening for diabetic kidney disease.

Improve the prevalence rate of diagnosing diabetic kidney disease.

Earlier referral to nephrology and improved collaborative practice between primary care and nephrology.

Slower rate of kidney disease progression and patient suffering.

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