Continuous Quality Improvement Process Results

Date: 11-30-2019

FORMAT: this document is in two sections:

1. Summary update of CQI from prior year (2018)
2. CQI Results for current year (2019)

1. Summary update of CQI from prior year (2018)

Our CQI initiative from prior year: screening diabetes patients for untreated depression (meaning patients who screen positive for depression and who are currently not receiving treatment for depression) was continued in 2019. During patient intake and enrollment into our DSME/T program: many patients reported depression as a barrier or challenge that negatively impacted their improvement in diabetes self-management and contributed to poor outcomes for diabetes. Hence this CQI was continued from the prior year due to un-met need: treatment for depression among populations with positive screens for depression. This CQI was continued and combined with our new CQI plan for addressing knowledge and skills-set in knowing what to eat and how to prepare it to improve blood glucose control.

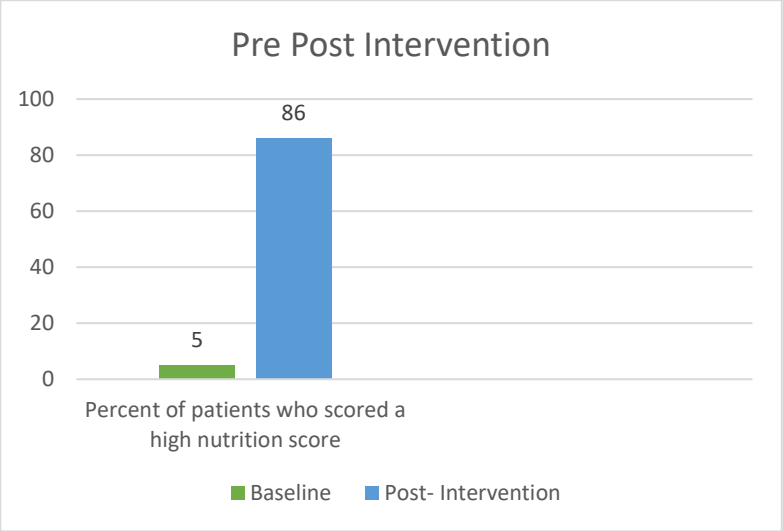
2. CQI for current year (2019)

Date: 9/16/18- 8/31/19

Identified Problem: Patients with Type 2 Diabetes who are referred to our Diabetes Self-Management Education (DSME) program responded to surveys requesting additional information and skills-building work-shops to practice building healthier plates and increase awareness and better understand what to eat, and how to prepare it. Many patients attributed lack of understanding on what to eat and a factor in worsening diabetes control.

Comment: It should be noted that there is decreased access to healthy foods in our predominantly poor neighborhoods. Fast-foods and deep-fried: packed with empty calories are most affordable and available. Additionally, many cultural foods contribute to obesity as they are packed with sugar and are deep-fried.

PLAN:	Improve the percentage of patients referred to DSME and are confident about nutritional choices for meal planning that will support blood sugar control and weight management.
DO:	1. Each patient enrolled in class will receive a survey about their confidence and knowledge regarding nutritional intake. 2. Identify barriers in access to nutritional foods. 3. Initiate a plan to increase the number of patients who improve confidence and knowledge skill in knowing what to eat.
STUDY:	1. Monitor percentage of patients who attend nutrition workshops for building your own plate. 2. Monitor the number of patients who show improvement in knowledge/ skill in building your own plate, evidenced by increase in nutrition score. Utilize spreadsheet to track data.
ACT:	1. Use strategies that are effective and create new ones as needed to improve patient knowledge of nutrition and what to eat. Report results quarterly to risk management and the advisory committee at least annually. Repeat cycle as needed.

RESULTS:	
INTERVENTION:	**OUTCOMES:**
1.	1. N= 124 participants who chose healthy eating as a goal. 
2.	2. N= 124