Eye Examination: Satisfying a Quality Care Measure in Diabetes

Date: November 16, 2018
Time: 03:00 p.m.
Place: College of Nursing

Abstract
Purpose: The National Committee for Quality Assurance (NCQA) recommended an annual eye examination as a required Quality Care Measure (QCM) in patients with diabetes mellitus (DM) (CDC, 2017). Visual changes such as diabetic retinopathy (DR) can occur when the glycosylated hemoglobin (HbA1c) exceeds 7.0% [American Diabetes Association (ADA), 2018]]. Following the ADA recommendations, this study aimed to evaluate the rate of documented eye examinations and the range of HbA1c results in patients with DM in a family practice clinic.

Method: This Quality Improvement (QI) project, included a retrospective medical record review from June 1, 2017, through March 31, 2018, using available data obtained in a small, private, Midwestern family practice clinic. Adult patients, aged 18-90, with a diagnosis of DM were included. The most recent HbA1c for each patient with the presence or absence of a documented eye examination were recorded. Descriptive and inferential statistical analyses were completed using MS Excel 2016, and Intellectus Statistics.

Results: All patients seen with DM had a documentation of HbA1c (N=129, 100%), mean HbA1c result as 7.41%, SD = 1.78, however only 30% (n=39) had documented eye exam results. There was no essential difference between age, gender, race regarding HbA1c and eye examinations.

Implications: An opportunity exists for lowering the HbA1c and documenting completed eye examinations in this family practice. Consideration for a HbA1c tracking form and a faxed referral template to a vision provider may fulfill the QCM requirement. Lowering HbA1c reduces the risk for DR, and obtaining an annual eye exam allows early recognition and treatment for DR in patients with DM.

Key Words: diabetes, HbA1c testing, eye examination, diabetic retinopathy (DR), quality improvement (QI)

Defense of Dissertation Committee
DNP Committee Chair: Laura Kuensting, DNP, APRN, PCNS-BC, CPNP-PC, CPEN
DNP Committee Member: Carla Beckerle, DNP, APRN, ANP-BC
DNP Committee Member: Natalie Murphy, PhD, APRN, FNP-BC