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# Standardization of Monofilament use in a Resident-Run Clinic

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## Background

The Hartnett health center is a hospital based resident- run clinic that provides free care to under-served patients.

Diabetic patients are often prone to developing foot problems, which is a significant cause of morbidity. The monofilament is perhaps one of the oldest and inexpensive tools used to test for peripheral neuropathy, which is an important risk factor for ulcer formation in diabetic patients. Most Physicians do not perform a thorough routine physical examination of the diabetic feet <sup>(1,2)</sup>

## Aim

The aim of this study was to improve incidence of regular foot exams among clinic diabetic patients.

## Method

In September 2016, during the weekly safety meeting and using a faculty facilitated consensus driven decision we elected to use the PDSA approach to identify DM patients lacking foot exams and 5s organizational methodology to facilitate the provision of the diabetic foot exam.

The 5s methodology was used to standardize the location of the monofilament with room supplies. The work space was sorted through, set in order, identifying only essential items while we standardized and sustained the location for the monofilament.

The residents and staff were involved in the decision and were educated as to the location. The current location and resupply process has been maintained for 5 months to date from January 2017.

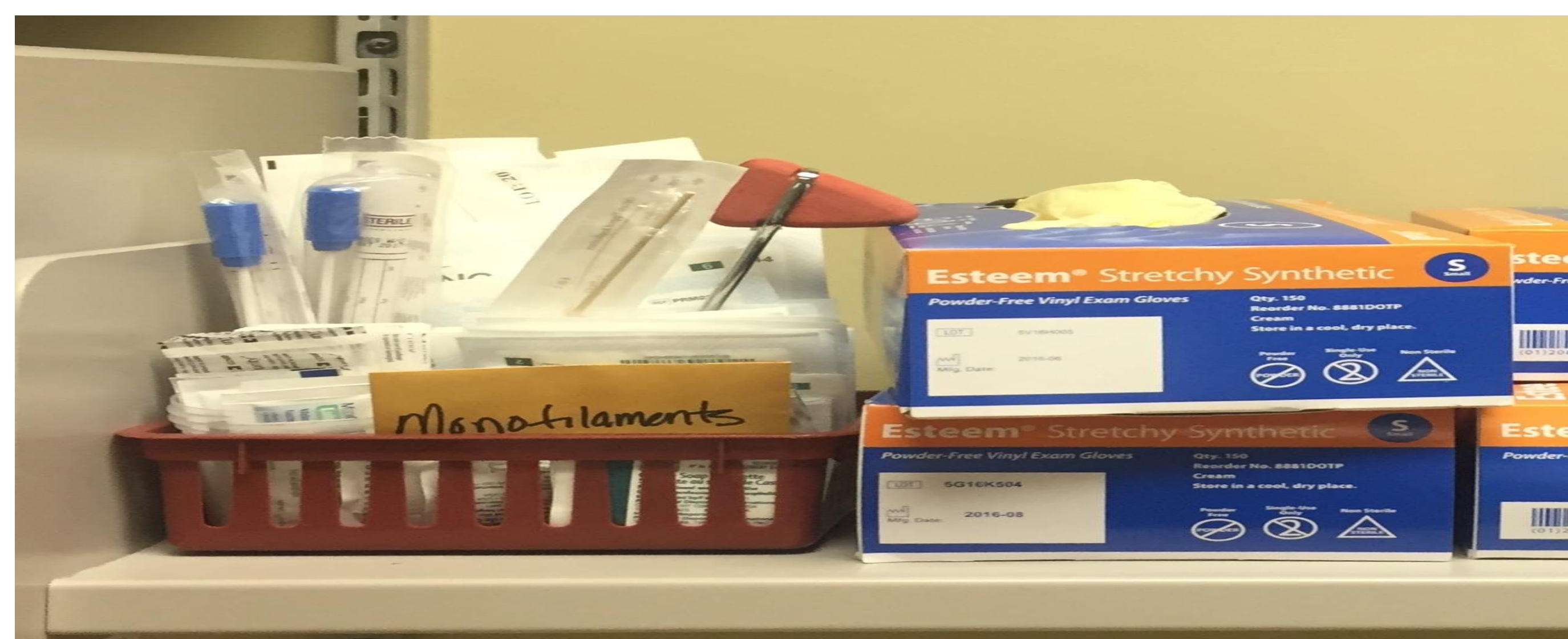
## Method continued

A prospective cohort study was then performed on all internal medicine diabetic clinic patients from August 2016 to February 2017 who had foot exams carried out either through the use of a podiatrist or by a resident physician.

## Results

August 47 diabetic patients, 72% done  
September 44 diabetic patients, 84% done  
October 49 diabetic patients 82% done  
November 66 diabetic patients, 86% done  
December 54 diabetic patients 80% done  
January 60 diabetic patients 93% done  
February 66 diabetic patients 83% done

To study the impact of this change we polled the internal medicine residents who are responsible for this exam. Data was from 14 of 36 respondents to the survey. 10 of the 14 found it very difficult to locate the monofilaments prior to our intervention and 13 of 14 respondents found it easy to locate post improvement.



## Lessons Learned

Ambulatory services clinic diabetic patients now have easy and affordable access to yearly foot exams which is safe, timely, efficient, equitable, and patient-centered.

## Next Steps

1. Continue yearly monitoring diabetic foot
2. Collect regular feedback from all staff about improvements that can be made; some of the suggestions include having diabetic patients take off their shoes prior to entering the room
3. Regular teaching sessions with new residents on foot areas to check and how to use the monofilaments.

## References:

1. [Kenny SJ, Smith PJ, Goldschmid MG, et al. Survey of physician practice behaviors related to diabetes mellitus in the U.S. Physician adherence to consensus recommendations. Diabetes Care 1993; 16:1507.](#)
2. [Peters AL, Legorreta AP, Ossorio RC, Davidson MB. Quality of outpatient care provided to diabetic patients. A health maintenance organization experience. Diabetes Care 1996; 19:601.](#)