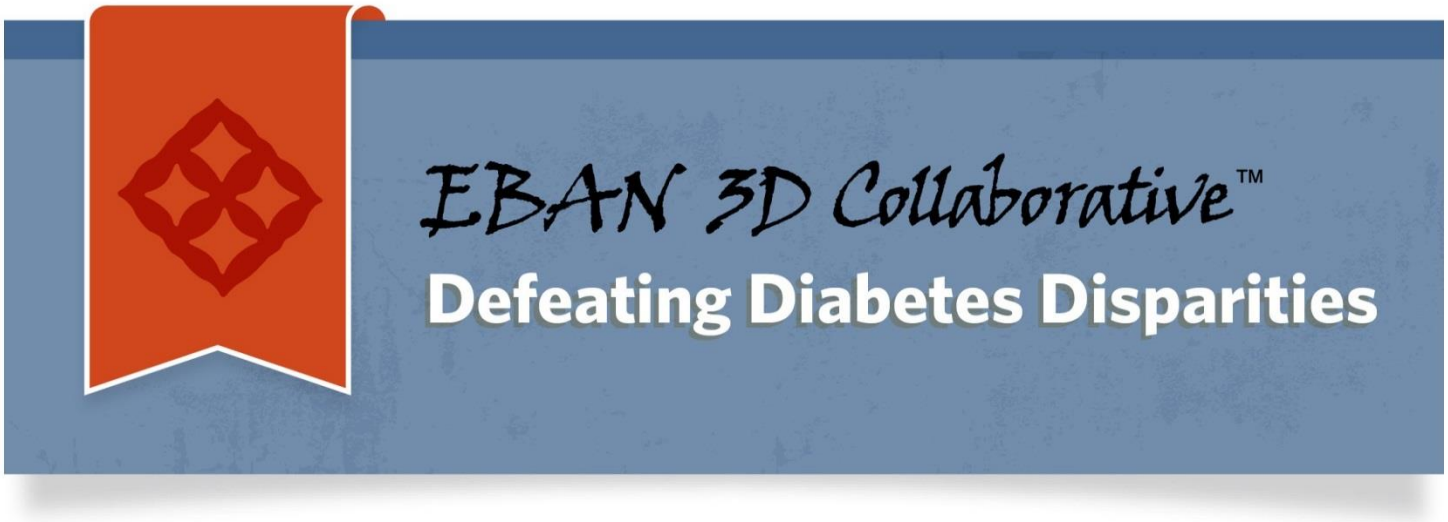

Riverside Team

June 4th, 2014

Team Members

Name	Credentials	Title	Organization
Dr. Rynn Burke		HP Physician	
Marybeth Causse		HP Care Delivery Sup.	
Mickey Lindgren		HP LPN	
Maria Krueger		HP RN	
Rebecca Straub		HP Dietician	
Carol Engelhart		HP Diabetic Nurse Ed.	
Fartun Wardere		HP Interpreter	
Robert Albee		Community Partner	
Paul Amla		Community Partner	
Ora Hokes		Community Partner	
Fowsiyo Jibril		Community Partner	
Fahrio Khalif		Community Partner	
Sophie Noelle		Community Partner	
Rashid Ali		Community Partner	
Halima Nur		Community Partner	

Specific Aim

Our specific aim was to decrease Dr. Kim's African American diabetic patient's LDL to less than 100 who had a visit with him between April 1, 2014 and May 1, 2014

PDSA Cycle 1

To identify all African American diabetic patients with a visit on Dr. Kim's schedule through Pre-visit planning.

During the rooming process, the rooming nurse printed a copy of their last 4 LDL's using a flow sheet.

PDSA Cycle 1

She was given scripting to follow describing the dangers of LDL over 100 in diabetic patients and were asked if they would consider one of three interventions.

1) referral to our Dietician
2) referral to MTM to discuss lipid lowering medications
3) starting lipid lowering medications.

PDSA Cycle 1

Answer was put into the chief complaint for Dr. Kim to address and appropriate orders were placed.

PDSA 1 Results

The results will be reflective of how many patients made a change in their LDL plan and ultimately lowered their LDL to less than 100.

We needed to extend the time to June 1, 2014 in order to have a large enough n size (20 patients)and to review results 3 months after any intervention.

PDSA 1 Results

Patients(6) had a positive reaction to the education and 3 started a statin. 2 made appts with MTM and one declined any change.

Lessons Learned

Don’t assume patients aren’t interested in change.

Learn to ask the questions before continuing same regime.

We also learned that it may take much more time than initially thought to find patients in a control group.

How did you integrate your community partners into your work?

As we did this project, we took the education we learned from our community advisors to determine education levels and how to judge interest in learning.

How to intervene in the most respectful and health oriented way was information we needed and received from our community partners.

Recommendations for Sustainability

Depending on outcome, this approach could be sustainable for all care teams. It does not change our CMP rooming process by much so it could be rolled out to other care teams.