

Improvement of Uveitis Screening Documentation for Patients with Juvenile Idiopathic Arthritis

Danielle R. Bullock, MD; Bryce Binstadt, MD, PhD; Betty Bishop, RN; Colleen K. Correll, MD, MPH;
Denise Erlanson, RN; Patricia M. Hobday, MD; Sara Kramer, MPH; Mona Riskalla, MD; Richard K. Vehe, MD

ABSTRACT

Background: Uveitis is a vision-threatening complication of juvenile idiopathic arthritis (JIA), and adherence with uveitis screening guidelines is a main process measure of the Pediatric Rheumatology Care & Outcomes Improvement Network (PR-COIN). Analysis of adherence at our institution revealed that a lack of eye exam documentation in the electronic health records (EHR) is a major barrier to adherence improvement.

Aim statement: To increase the percentage of patients with JIA who have an eye exam documented in the EHR from 69% to 95% over a one month period.

Methods: Serial PDSA cycles focused on reviewing and implementing a documentation process, starting with two providers, then spreading to the other providers. Data sharing, feedback, and culture building were utilized in additional cycles.

Results: Mean baseline documentation was 68%. After multiple PDSA cycles, we achieved a mean documentation of 82% and a median of 86%. No special causes were identified.

Conclusion: We achieved improvement in uveitis screening documentation, a critical step in assessing screening adherence. Future efforts will focus on adherence with screening guidelines.

CONTACT

Danielle R. Bullock, M.D.
University of Minnesota
brue0190@umn.edu

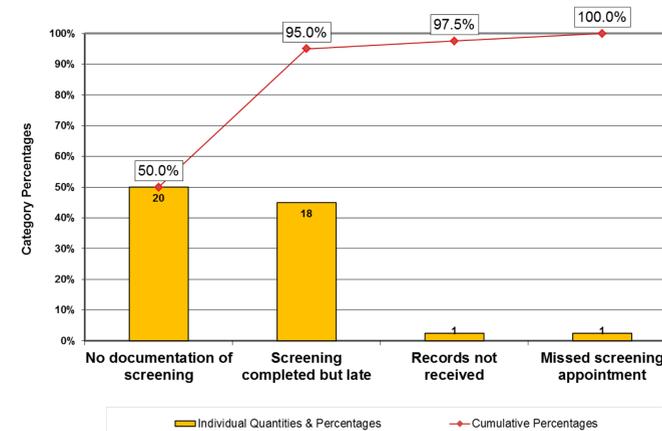
BACKGROUND

- The Pediatric Rheumatology Care & Outcomes Improvement Network (PR-COIN) is a multi-center Learning Network focused on improving care and outcomes for patients with juvenile idiopathic arthritis (JIA), the most common pediatric rheumatic disease.
- Because uveitis occurs in up to 30% of patients with certain subtypes of JIA and can be vision-threatening if unrecognized [1], PR-COIN has prioritized uveitis screening as a main target for improvement.
- In order assess adherence to screening guidelines, adequate documentation of the last eye exam is needed.

PROBLEM

FIGURE 1: Guideline Adherence Pareto Chart

Documentation of screening was often missing from the Electronic Health Record (EHR) so adherence to guidelines could not be adequately assessed.



AIM STATEMENT

To increase the percentage of patients with JIA who have an eye exam documented in the EHR from 69% to 95% over a one month period.

METHODS

FIGURE 2: PDSA Ramp

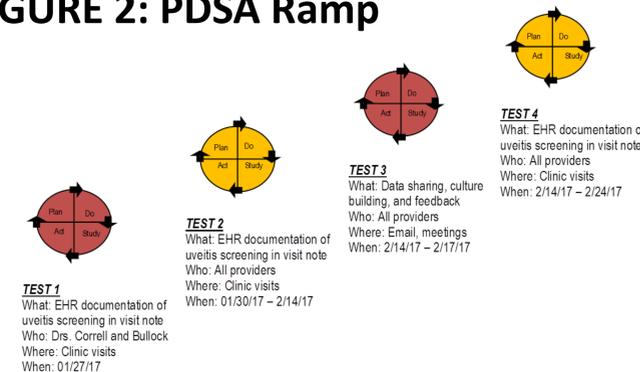
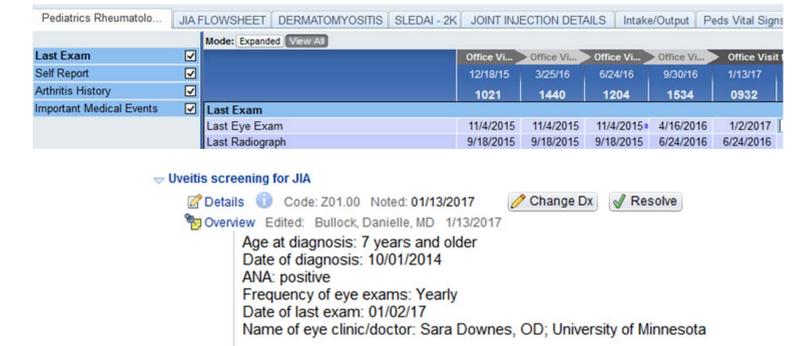


FIGURE 3: EHR Charting Options



Mode: Expanded	Office Vis...	Office Vis...	Office Vis...	Office Vis...	Office Visit
Last Exam	12/18/15	3/25/16	6/24/16	9/30/16	1/13/17
Self Report	1021	1440	1204	1534	0932
Arthritis History					
Important Medical Events					

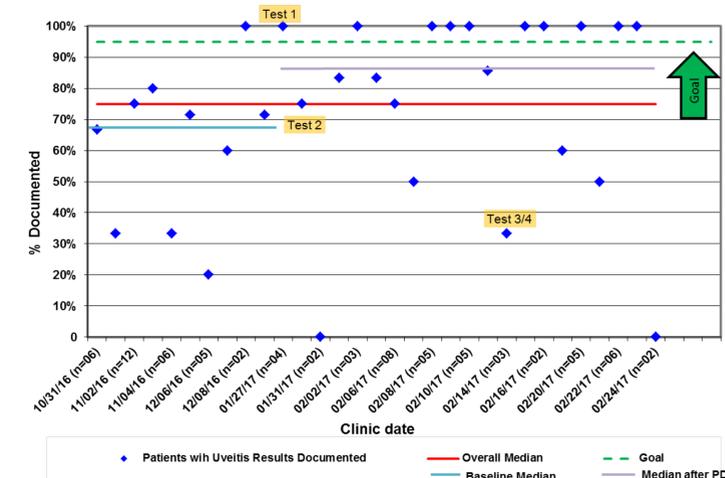
Uveitis screening for JIA

Code: Z01.00 Noted: 01/13/2017

Age at diagnosis: 7 years and older
Date of diagnosis: 10/01/2014
ANA: positive
Frequency of eye exams: Yearly
Date of last exam: 01/02/17
Name of eye clinic/doctor: Sara Downes, OD; University of Minnesota

RESULTS

FIGURE 4: Run Chart Demonstrating % of Patients with Uveitis Exam Documented



- Median baseline documentation was 69%.
- After multiple PDSA cycles, a median of 86% was achieved.
- No special causes were identified so the overall median was 75%.

CONCLUSIONS

- There was a trend toward improvement in uveitis screening documentation, a critical step in verifying screening.
- No special causes were identified and the aim not fully achieved so further PDSA cycles are indicated.
- Future efforts will focus more directly on patient adherence with screening guidelines.

REFERENCES

- Petty, R., Laxer, R., Lindsley, C. (2011). Textbook of Pediatric Rheumatology. Philadelphia: Elsevier.

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