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QI Project

AVOIDING DELAY IN IDENTIFYING MICROALBUMINURIA; IMPROVING URINE SAMPLE RETURN RATES FOR ACR TESTING

Aim: Improve urine sample return rates for ACR testing for patints living with type 2 diabetes.

Objective: To increase urine return rate from 50% to 75% in the next 6 months from June 2025 to December 2025.

Background: Early detection and treatment of diabetic nephropathy helps lessen the severity and impact of this complication. To facilitate timely identification, treatment initiation, and monitoring, annual urine ACR testing is one of the 9 key diabetic care processes. An audit carried out at our practice showed that we are currently only meeting this standard at a rate of 50%.

Method: An audit of urine samples following diabetes annual review showed only 50% completion, due to unreturned samples. The process for requesting and following up on samples was reviewed. Contributing factors were identified, and mitigation strategies have been developed. These informed a reconfiguration of the process to improve completion rates.

HOW?

Reconfigure Workflow: Steps 1-6

1 Appointment booking

- Verbal reminder to bring unrine sample to appointment

2 Accurx message

- Reminder text at least 24 hours prior to appointment to bring urine sample

3 Urine sample

- Urine sample to be sent to lab if brought to appointment

4 Annual review

- Nurse to educate patient on importance of urine sample, reminder to bring sample and provide pot

5 Schedule task

- 2 week follow up task to chase up ACR sample

6 6 Month HBA1C

- Another opportunity to repeat process at interim blood test booking and appointment

NEXT STEPS

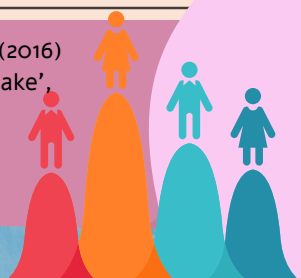
Next Steps:

- Implement Reconfigured Protocol (Steps 1-6)
- Implement Communication strategy:
  Clinical Staff: inform through staff notification bulletin & clinical governance
  Non-clinical staff: teaching session
  Patients: Waiting room visuals
- Repeat Audit in 6 months

Analysis of process weaknesses:

Role	Influencing factors	Potential measures
Patient	Awareness, Access, Activation	Empower patient with education on uACR
Non-clinical staff	Awareness	Automated prompt to give verbal request at booking
Clinical staff	Awareness, Activation	Refresh understanding and publicise performance
Overall Workflow	Insufficient recall	Build in recall

Reference: Thomson, A., Robinson, K. and Vallée-Tourangeau, G. (2016) 'The 5As: A practical taxonomy for the determinants of vaccine uptake', Vaccine, 34(8), pp. 1018–1024. doi:10.1016/j.vaccine.2015.11.065.



Practice Patient Demographic:

SCAN ME