T1D Exchange

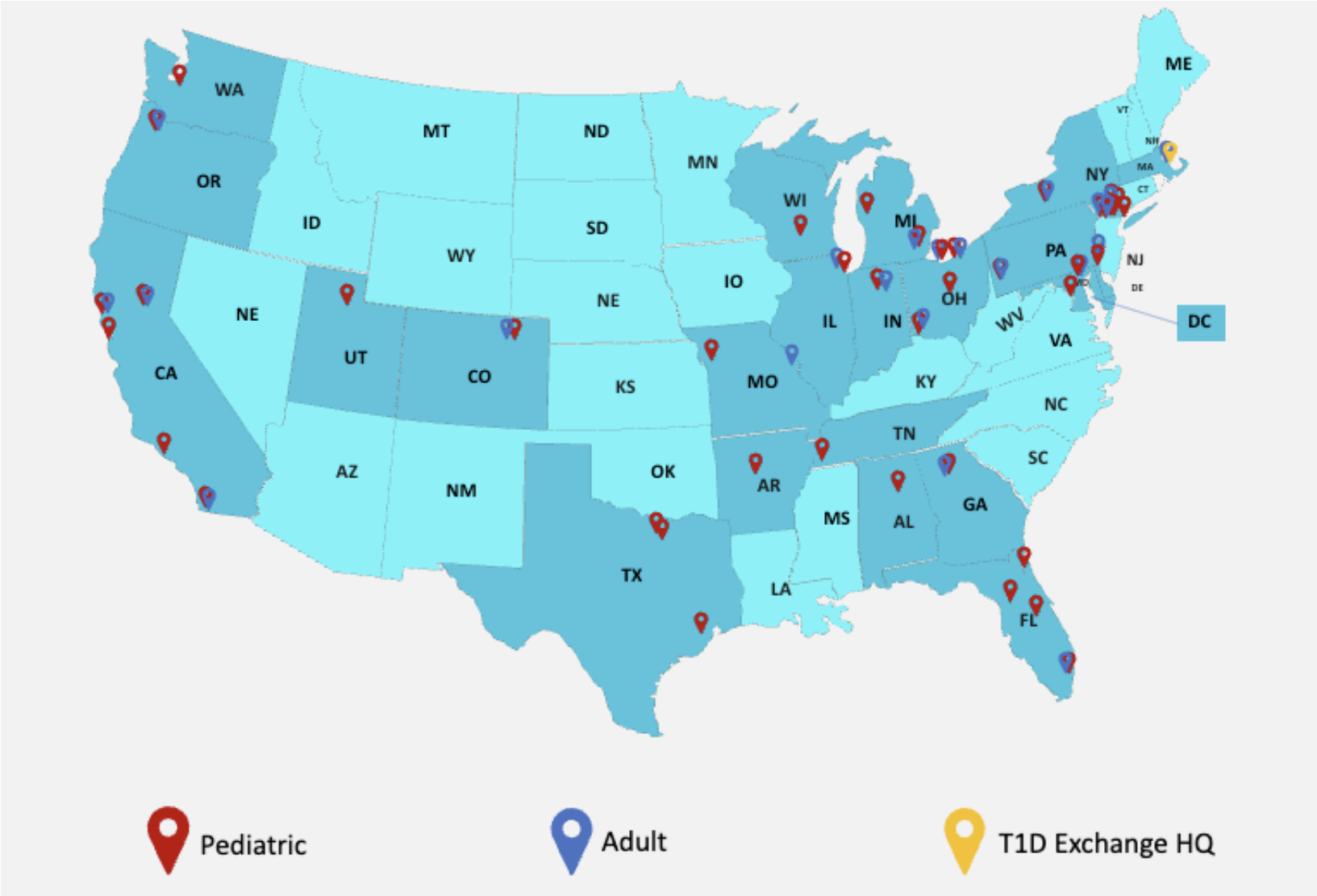
T1DX-QI Collaborative Meeting, Pediatrics

January 29, 2026

Agenda

- Welcome and Introductions
- Updates from the Coordinating Center
- Clinical center presentation: Rainbow Babies
- Clinical center presentation: Seattle Children's
- Next meeting: Combined Adult and Pediatrics call, Tuesday April 14th 3:30-5:00pm EST

T1DX-QI Collaborative Centers: 42 Pediatric & 23 Adult



Find information about T1DX-QI on the member website

Find information about T1DX-QI data and benchmarking on the QI Portal.

T1D Exchange

2026 ADA Abstracts

Thank you for your contributions to the ADA Scientific Session Abstracts!

1. Correlation Of Minoritized Ethnicity Representation Between Patients And Staff Of Diabetes Centers Involved In T1DX-QI
2. Emerging T1D Screening And Intervention Programs: Insights From 63 Centers In T1DX-QI
3. Dietician FTE Support
4. Center Staffing and Structure/FTE
5. Practice patterns for CGM initiation after diagnosis of Type 1 diabetes in pediatric and adult settings: A T1DX-QI study
6. Common barriers to health equity and factors actively addressed to improve health equity in T1DX-QI
7. Using The Consolidated Framework For Implementation Research (CFIR) To Identify Barriers And Facilitators To Adoption Of A Digital Quality Improvement Portal Across A National T1D Collaborative
8. Update of the T1DX/DPV Analysis
9. IMPROVAID focus groups
10. Baseline Microalbuminuria Screening Rate: Result from T1D Exchange Pediatric Registry
11. Increasing Adoption Of Diabetes Technology Among Adults With T1D In A National Quality Improvement Collaborative
12. Increasing Adoption Of Diabetes Technology Among Children And Youth With T1D: T1DX-QI
13. Advancing Equity In Diabetes Technology: T1DX-QI Multi-Center QI Project Across Adult And Pediatric Centers
14. Operationalizing Screening for Stage 1 and Stage

Annual Clinic Survey Questions, 2026

We are collecting annual survey question proposals now through Friday, May 1, 2026.

Guidelines:

- Please limit to no more than 8 questions per topic
- Questions should be multiple choice
- Ranking and metric tables are suggested
- Free text is discouraged
- Submitters are expected to create an abstract (ADA, ISPAD, etc) on topic
- We highly encourage the development of manuscripts based on these topics

To submit your topics, please email qi@t1dexchange.org and cc nrioles@t1dexcahnge.org and crainey@t1dexchange.org

Topic areas from 2025, for reference

- Clinical Demographics
- Clinic Staffing and Structure
- Teamwork, Targets, Technology and Tight Glycemia
- Dietician (FTE) Support
- Health Equity
- Healthcare Transition
- GLP-1 Use in Children w/T2D
- Economic Impacts
- T1DX-QI Experience

T1DX-QI Learning Session, Save the Date for 2026!

Thank you for joining us in person in 2025!

- Your abstracts and the commentary for the 2025 LS will be published next month in the *Journal of Diabetes*.
- You can find presentations and posters from 2025 on the LS page of the member website.

2026

- November 9th- welcome reception in the evening
- November 10-11 Learning Session
- We look forward to seeing you in San Diego!
- The conference will be hosted at the Westin Bay View.

T1DX-QI 2026-2028 Measures

New 2026-2028 Measures go live on 1/1/2026

- New Smartsheets for the new measurement period will be shared with teams within the next month.
- Data reporting for the new period is requested by 3/31/2026 to begin reporting data for the 1/1/2026+ period

- You can find updates measures on the Member Website: https://t1dx-qi.t1dexchange.org/measures/

Quality Improvement (QI) Pediatric Metrics

2022 - 2025	2026 - 2028
• A1c <7%; A1c >9% • Median A1c	• A1c <7%; A1c >9% • Median A1c • Median GMI
• CGM use • AGP: TIR; Hypo; Hyper	• CGM use • AID use[1] • AGP; TIR >70%; Hypo <4%;Severe Hypo <1%
Bolusing 3x daily by pump or pen	Incretin Mimetic Prescribing
• Depression screening: PHQ-2; PHQ-9 • Diabetes Distress	• Depression screening[2]: PHQ-2; PHQ-9; • Diabetes Distress Screening: PAID-T
DKA Hospitalization and Events	DKA Hospitalization
Social Determinants of Health	Social Drivers of Health: Economics; Transportation; Housing
Transition of care plan	Transition of care plan
Tobacco Use	• Severe Hypo Hospitalization • Severe Hypo Events[3]
AID Use	1. Counting pump use and AID use, combined, assuming that pump is AID use. 2. For the measurement period 3. Events requiring external assistance, including PROs.

Quality Improvement (QI) Metrics 2026 - 2028

Adult Priority Measures

1) A1c <7%; A1c >9%; Median A1c
2) CGM use
3) AID use
4) AGP; TIR >70%; Hypo <4%;Severe Hypo <1%
5) Food insecurity
6) DKA Hospitalization
7) Severe Hypo Hospitalization
8) Severe Hypo Event

Pediatric Priority Measures

1) A1c < 7%; A1c >9%; Median A1c
2) CGM use
3) AID use
4) AGP; TIR >70%; Hypo <4%;Severe Hypo <1%
5) Food insecurity
6) DKA Hospitalization
7) Severe Hypo Hospitalization
8) Severe Hypo Event
9) Transition Plan

T1D Exchange

QI Metrics (Pediatrics) 2022 - 2025

1) A1c < 7%; A1c >9%
2) Median A1c
3) CGM use
4) Depression screening: PHQ-2; PHQ-9
5) AGP: TIR, Hypo, Hyper
6) Bolusing 3x daily by pump or pen
7) DKA
8) Transition of care plan
9) SDOH
10) Tobacco use
11) Diabetes distress
12) Automated Insulin Delivery Use

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Updated QI Metrics (Pediatrics) 2026 - 2028

1) A1c < 7%; A1c >9%; Median A1c
2) CGM use
3) AID use
4) AGP; TIR >70%; Hypo <4%;Severe Hypo <1%
5) Food insecurity
6) DKA Hospitalization
7) Severe Hypo Hospitalization
8) Severe Hypo Event
9) Transition Plan
10) Median GMI
11) Diabetes Distress (PAID-T)
12) Depression screening: PHQ-2; PHQ-9
13) Incretin Mimetic Prescribing
14) Social Drivers of Health: Economics; Transportation; Housing

T1D Exchange

Screening and Monitoring Update

T1DX-QI convened a Beta Cell Preservation Workgroup in November 2025. The group has been tasked with identifying how we can operationalize new workflows to:

1) Track and monitor Stage 1, Stage 2, and Stage 3 diabetes
2) Prioritize measures for diabetes screening, monitoring, and prevention and incorporating them into the T1DX-QI data specification
3) Be poised for teplizumab labelling for Stage 3 diabetes use (anticipated this winter/spring.)

Key outcomes from the Workgroup

1) A white paper has been developed and will be available for dissemination by 2/23 on the T1D Exchange website
2) A manuscript, summarizing the elements of the white paper, is in development and will be submitted to JCEM in February
3) New measures for screening and monitoring will be presented to the Data Science Committee for review and incorporation into the data spec in 2026


T1D
Exchange

Center Presentation: Rainbow Babies and Children's, University Hospitals

Rainbow Babies and Children's, University Hospitals

- **Multidisciplinary Team Members**
- Ped Endo MD: 11*
- PNP: 1 (new)
- Endo Fellows: 4
- Registered Nurses (including CDES): 7
- Social Worker: 2
- Psychologist: 1 (0.5 FTE Child/Adol)
- Research Team: 2
- Medical Assistant: 3
- Diabetes Navigator: 1

*including partial FTE of a med/peds endocrinologist for transition

Volume and Demographics

~1000 patients with T1D, including our young adults and new onset youth

Newly diagnosed patients per year: ~85

Insurance: ~ 40% public

Race/Ethnicity

~70% white

~20% black

~5% Hispanic

~5% Other

Contact Names

Site PI:

Anna Neyman, MD

Anna.Neyman2@UHhospitals.org

Site Coordinator:
Quiana Howard, MSN, RN-BC

Quiana.Howard@UHhospitals.org

Team Members

Jamie Wood, MD

Nadine Houmani, MD

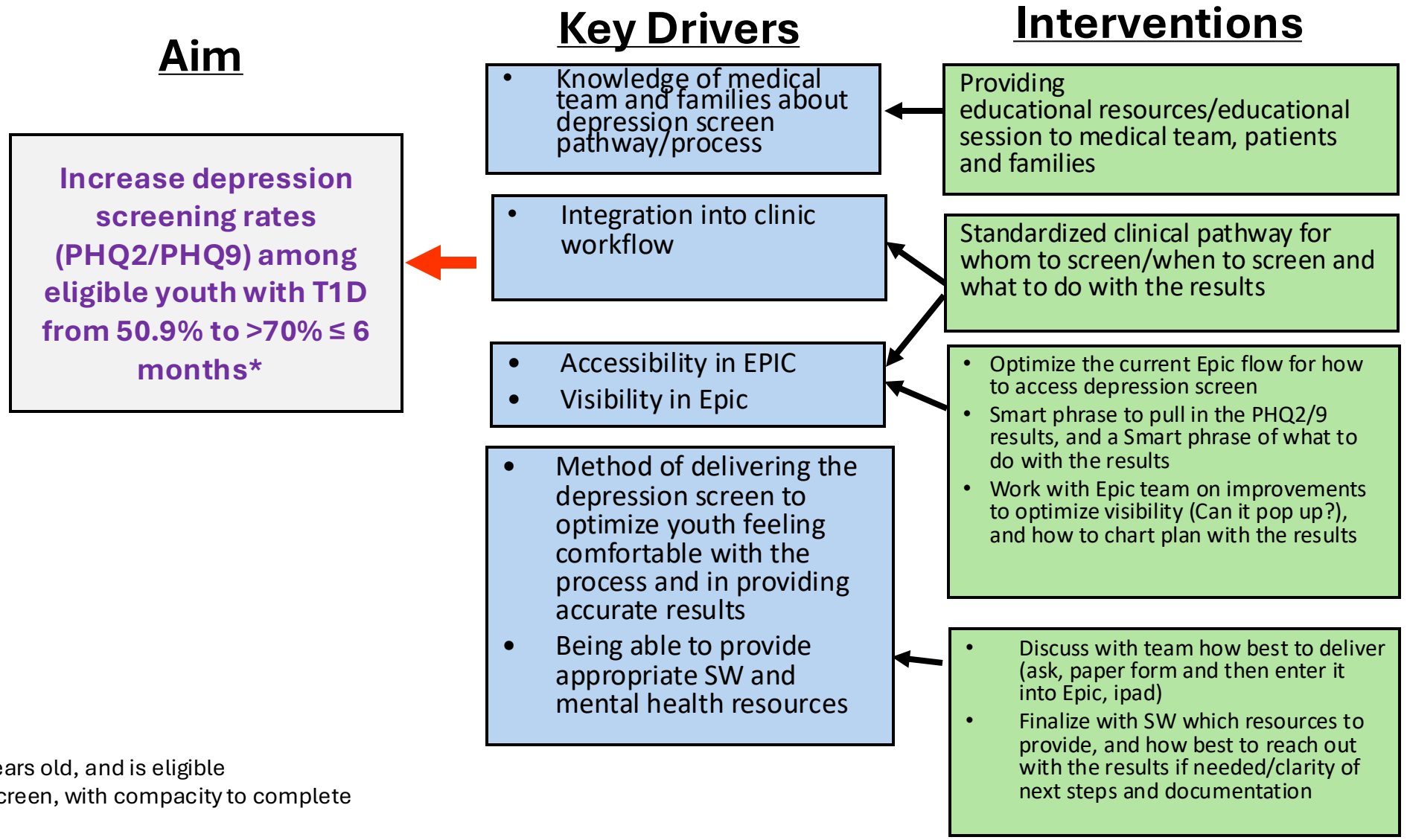
Anna Kessler, RN, BSN

University Hospitals
Rainbow Babies & Children's

Depression Screen QI Project

- **We know that mental health is an important component of both well being and glycemic control.**
- The **ADA and ISPAD** re-iterate the importance of depression screening to be able to intervene when needed as early detection can lead to earlier treatment and decrease potential adverse effects.
- **In 2023 our depression screen percentage decreased significantly to 50.9%.**
- At the same time, our EMR system was in the process of changing, and thus this was the moment to intervene to improve this important clinical metric.
- **Our goal was to increase our depression screening to >70% within 6 months.**

Depression Screening QI Project

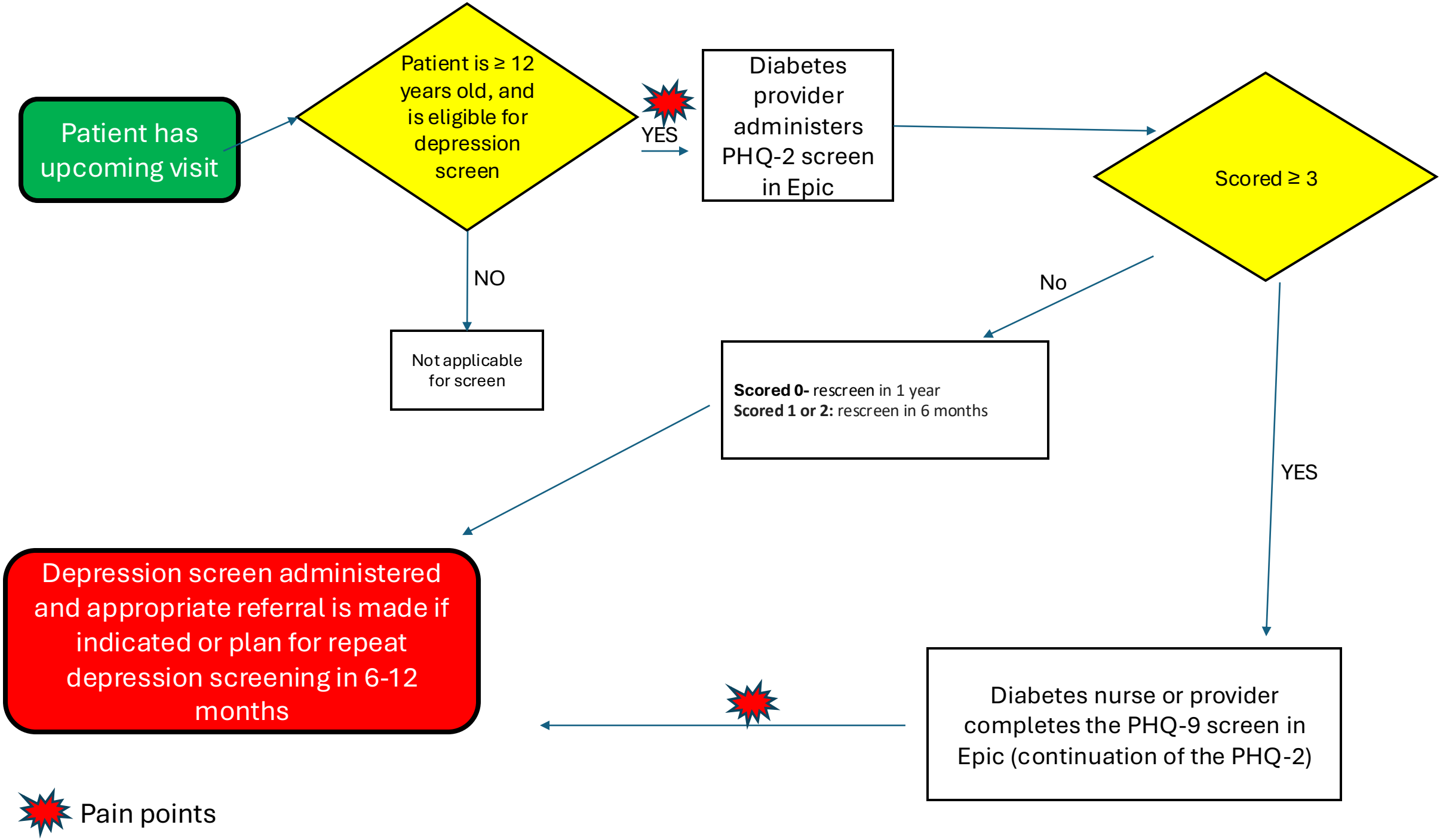


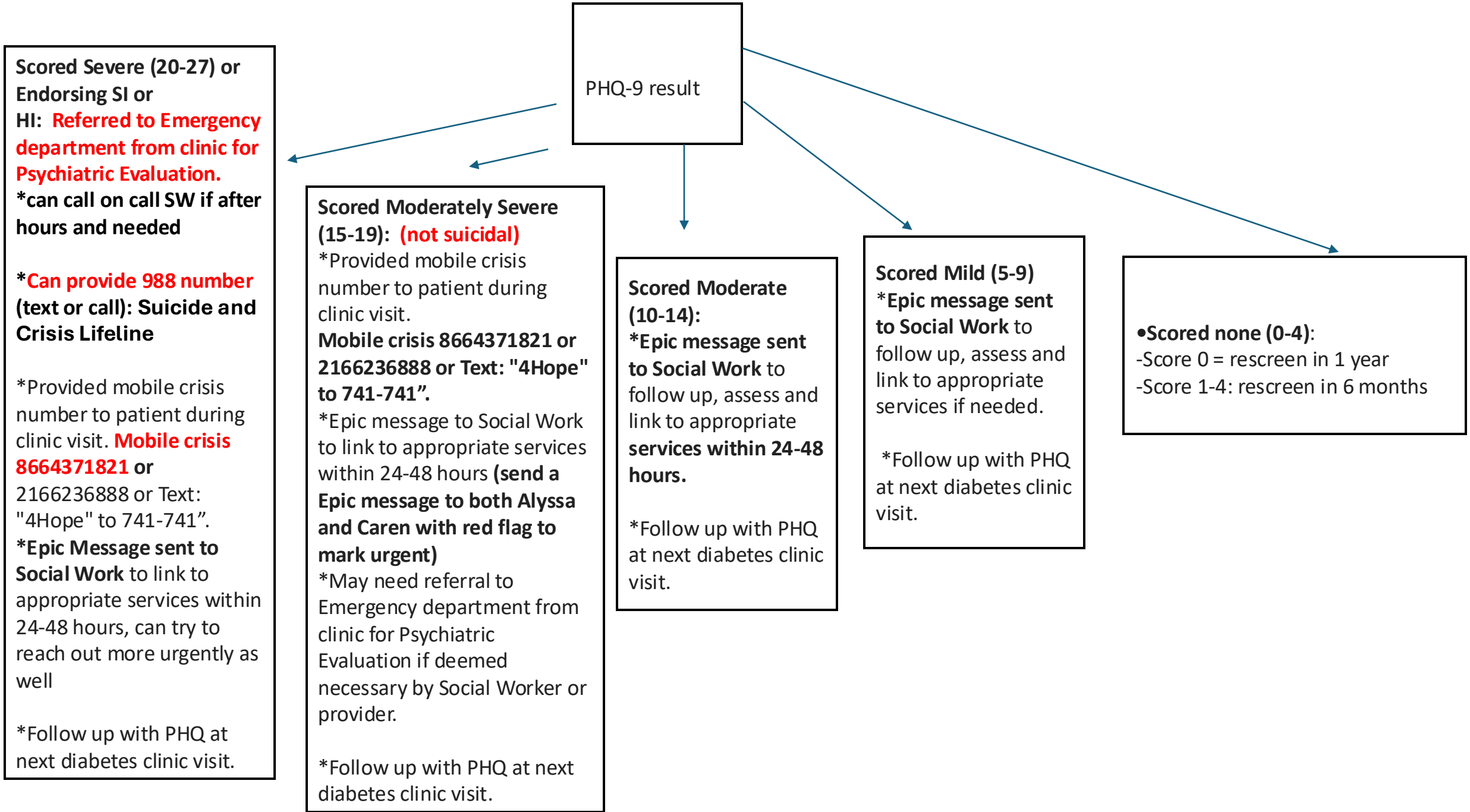
* Patient is ≥ 12 years old, and is eligible for a depression screen, with compacity to complete the survey.

Education

- Created a **standardized clinical pathway** for whom to screen, when to screen and what to do with the results

- Worked as **a multidisciplinary team with our providers, diabetes nurses, and social work**


Patient has upcoming visit
Patient is ≥ 12 years old, and is eligible for depression screen
YES
NO
Diabetes provider administers PHQ-2 screen in Epic
Scored ≥ 3
No
YES
Not applicable for screen
Scored 0- rescreen in 1 year
Scored 1 or 2: rescreen in 6 months
Depression screen administered and appropriate referral is made if indicated or plan for repeat depression screening in 6-12 months
Diabetes nurse or provider completes the PHQ-9 screen in Epic (continuation of the PHQ-2)
Pain points


PHQ-9 result
Scored Severe (20-27) or Endorsing SI or HI: Referred to Emergency department from clinic for Psychiatric Evaluation.
***can call on call SW if after hours and needed**
***Can provide 988 number (text or call): Suicide and Crisis Lifeline**
*Provided mobile crisis number to patient during clinic visit. **Mobile crisis 8664371821 or** 2166236888 or Text: "4Hope" to 741-741".
***Epic Message sent to Social Work** to link to appropriate services within 24-48 hours, can try to reach out more urgently as well
*Follow up with PHQ at next diabetes clinic visit.
Scored Moderately Severe (15-19): (not suicidal)
*Provided mobile crisis number to patient during clinic visit.
Mobile crisis 8664371821 or 2166236888 or Text: "4Hope" to 741-741".
*Epic message to Social Work to link to appropriate services within 24-48 hours **(send a Epic message to both Alyssa and Caren with red flag to mark urgent)**
*May need referral to Emergency department from clinic for Psychiatric Evaluation if deemed necessary by Social Worker or provider.
*Follow up with PHQ at next diabetes clinic visit.
Scored Moderate (10-14):
***Epic message sent to Social Work** to follow up, assess and link to appropriate **services within 24-48 hours.**
*Follow up with PHQ at next diabetes clinic visit.
Scored Mild (5-9)
***Epic message sent to Social Work** to follow up, assess and link to appropriate services if needed.
*Follow up with PHQ at next diabetes clinic visit.
•**Scored none (0-4)**:
-Score 0 = rescreen in 1 year
-Score 1-4: rescreen in 6 months

Education

Provided

Educational Sessions	Informational Emails	Handouts

This was provided by both our physician team and our diabetes nurse QI champion

Informational Handout

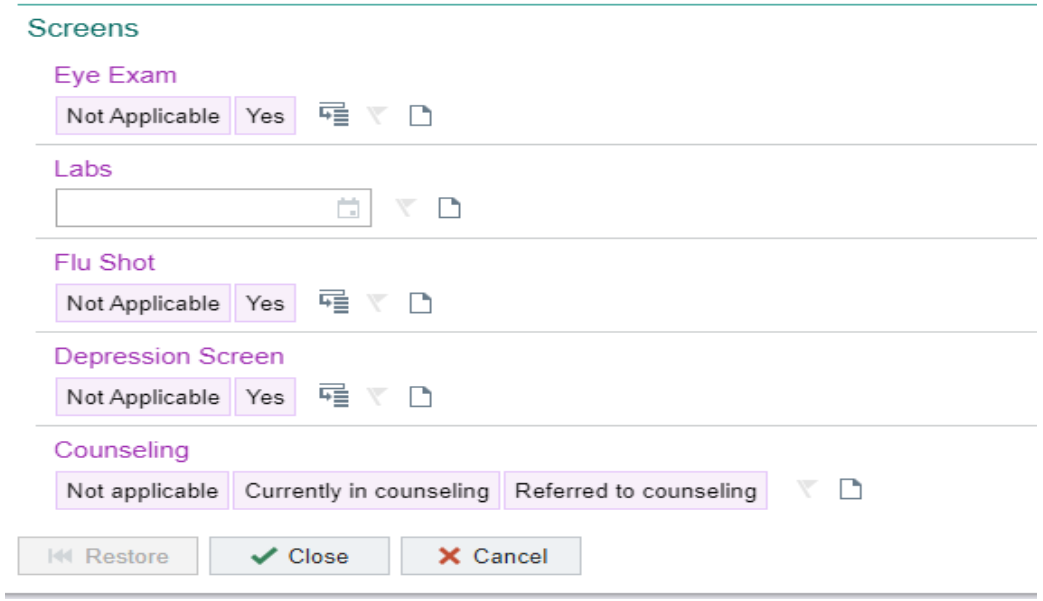
Depression Screening: PHQ2/PHQ9

- Screen any patient 12 years and older, as developmentally appropriate
- Screening should be completed once every calendar year
  - You can "hover to discover" over the last screens answers to discover the date it was entered
- You do not need to screen if patient is actively receiving mental health treatment
  - If there is a known mental health history but patient is not actively receiving treatment, they should still be screened
- If PHQ score is **over 5**
  - **Please refer to flow sheet for next steps**
- **If PHQ score is under 5 patient to rescreen in 6-12 months.**
- Caren and Alyssa have a "social work" file in the Sdrive that they update with resources

Please see below for the Depression Algorithm (Flow Sheet)

EMR

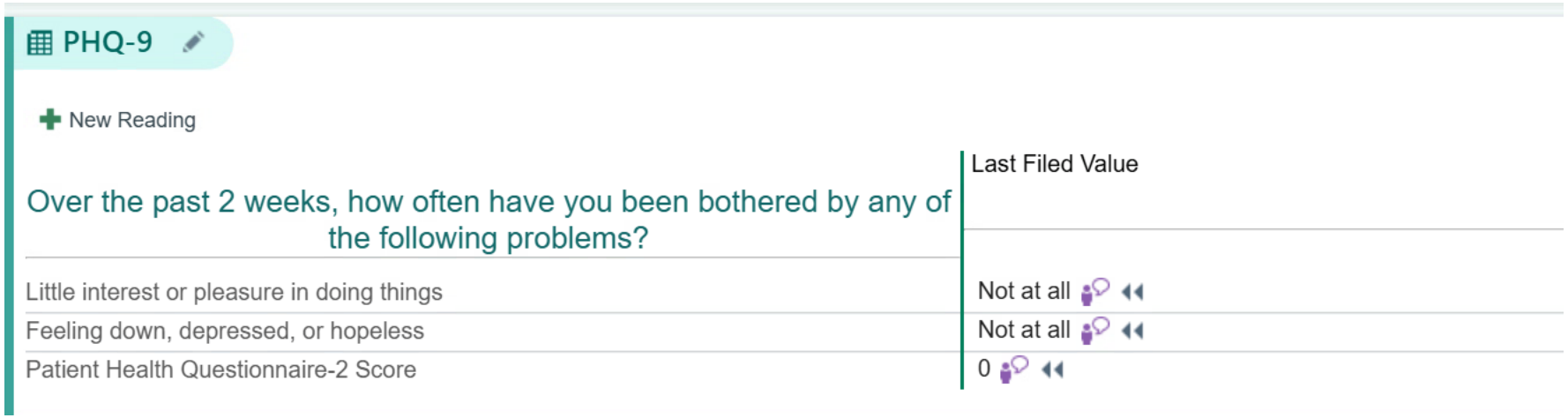
- **Created the Diabetes Tab**
  - Created and later edited for clarity and to include our screening questions, as listed below:



EMR

Worked with the Epic team to **optimize the current Epic flow** for how to access the depression screen

- PHQ-2/PHQ-9 right below in the same tab



EPIC dot phrase

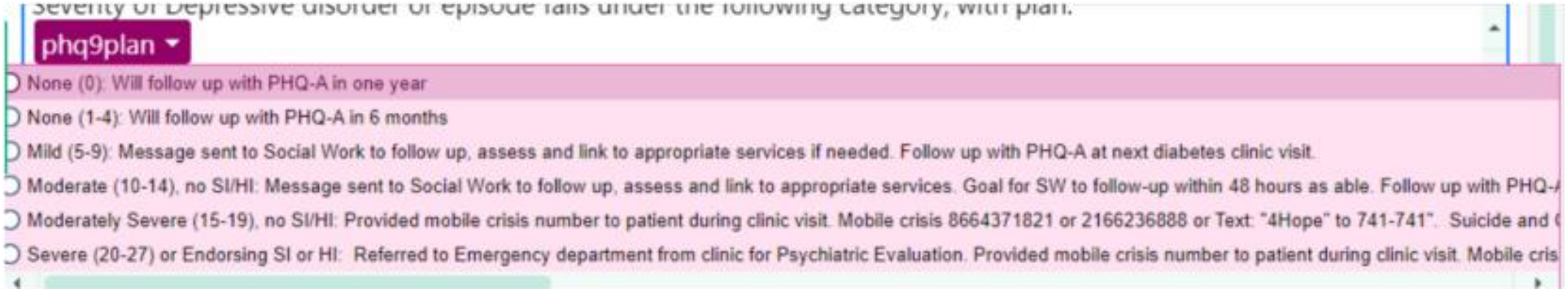
Created an **Epic SmartPhrase** that automatically pulls the results and in addition has a drop down with the plan for each score

Severity measure for depression (PHQ9 for Adolescents-Adapted) Total or Prorated Raw Score= Patient Health Questionnaire-9 Score: 14

Severity of Depressive disorder or episode falls under the following category, with plan:

phq9plan

when you click on, the below options, appear and you click on the right one



Methods to assess intervention

- Three clinic days from three different clinic sites were reviewed every month to analyze our percentage of eligible patients that had appropriate depression screens done (PHQ-2/PHQ-9).

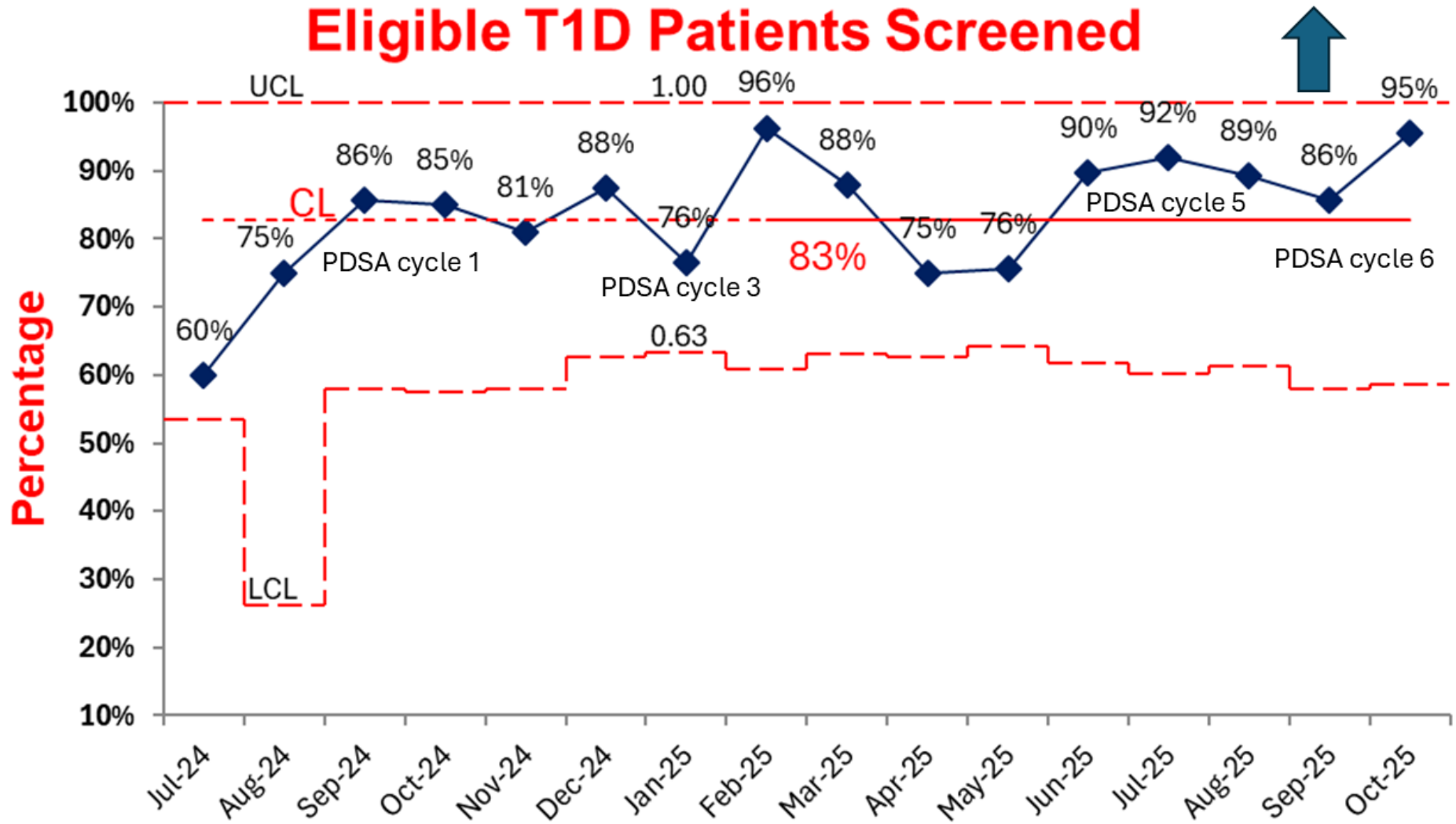
- We used our PDSA cycles to create interventions and then used this data to analyze and help guide further changes.

Results

- **Baseline**
  - Our 2023 baseline was 51%
  - Our baseline data in the 2 months prior to starting the QI project using our 3-site clinic analysis method was **63%.**

- **After the initial PDSA cycle:**
  - We quickly increased our percentage to meet our goal

- **We had some decreases in depression screening rates, which prompted further analysis and interventions. After these further PDSA cycles**
  - Our percentage rose again
  - **Our most recent months average is 90%**
  - Our relative increase from baseline was 31.7%


Eligible T1D Patients Screened
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
UCL
CL
LCL
1.00
0.63
83%
60%
75%
86%
85%
81%
88%
76%
96%
88%
75%
76%
90%
92%
89%
86%
95%
PDSA cycle 1
PDSA cycle 3
PDSA cycle 5
PDSA cycle 6
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25

Conclusions

- Using targeted education with a multidisciplinary approach and harnessing the EMR helped to increase our diabetes depression screening rates and exceed our goal for this important clinical care metric.

Next steps:

- Project has transitioned to maintenance phase
  - maintain depression screening levels > 80%
- Assess post-intervention results (for example, was pathway followed for positive screen)

AID QI Project

Improve utilization of AID technology

Nadine Houmani, Quiana Howard, Anna Kessler, Sarah MacLeish, Anna Neyman

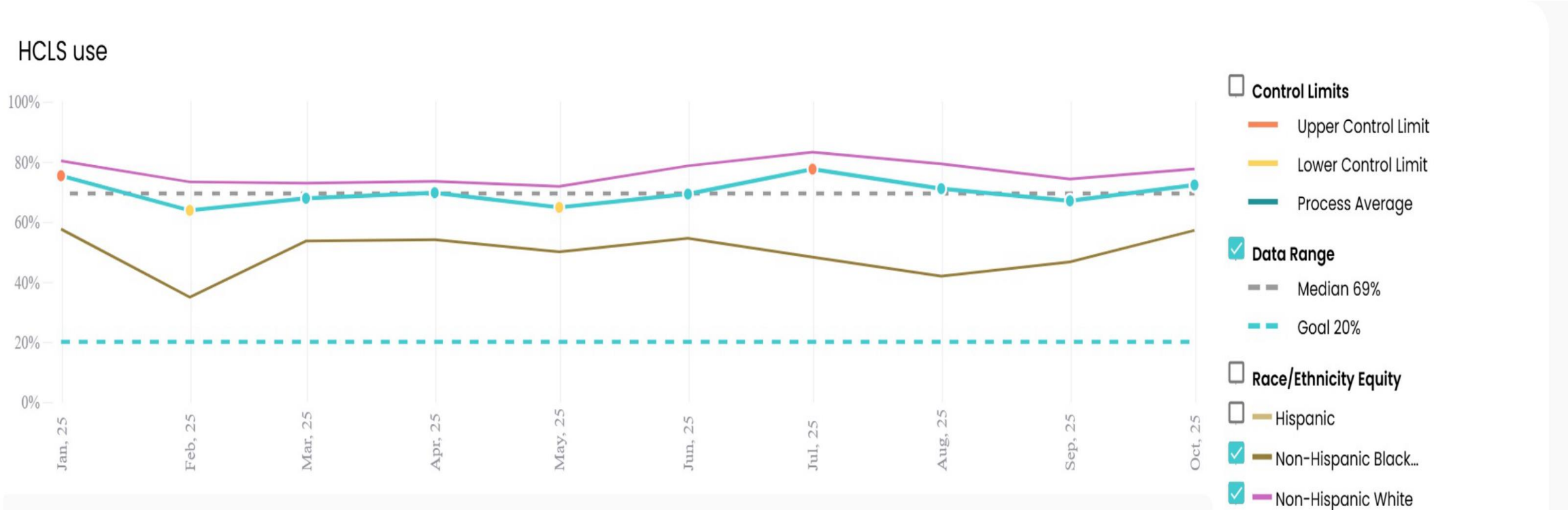
Background

- T1Dx Primary Aim: increase proportion of patients achieving glycemic targets in an equitable manner

- On review of our pediatric population data at our site, only ~1/4 of our T1D population reach goal of HbA1C <7%

- We know that AID use leads to improved HbA1c and that there is a gap in AID use

Baseline Statistics



	total (%)	NHW (%)	NHB (%)
Median (baseline) Jan-Oct	69.5	76	52

AID QI project

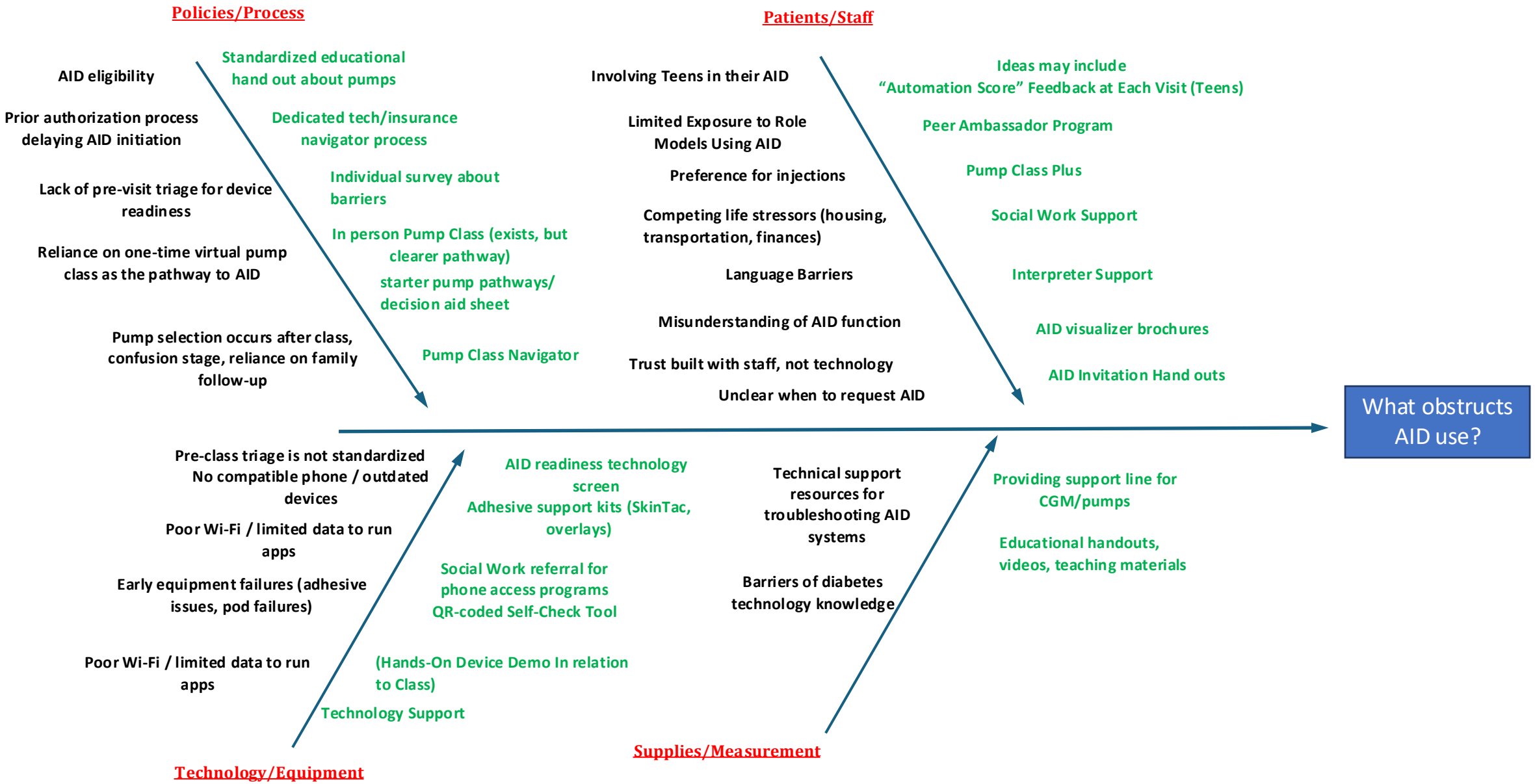
Our baseline data shows median 69.5% AID use in the past 10 months (Jan-Oct 2025).

We did a subgroup analysis, including markers such as insurance status, race/ethnicity to review if any subsets have an AID use <60%.
Our NHB pediatric patients with T1D have median of 52% AID use.

Aims:

1. Increase Total AID utilization by at least 5% in 12 months.
   Increase from baseline 69.5% ≥ 73%

2. In any cohort that has median AID use <60%, increase AID utilization by 10% in 12 months.
   In our NHB youth increase AID utilization from baseline 52% ≥ 57%


Policies/Process
AID eligibility
Prior authorization process delaying AID initiation
Lack of pre-visit triage for device readiness
Reliance on one-time virtual pump class as the pathway to AID
Pump selection occurs after class, confusion stage, reliance on family follow-up
Standardized educational hand out about pumps
Dedicated tech/insurance navigator process
Individual survey about barriers
In person Pump Class (exists, but clearer pathway)
starter pump pathways/ decision aid sheet
Pump Class Navigator
Patients/Staff
Involving Teens in their AID
Limited Exposure to Role Models Using AID
Preference for injections
Competing life stressors (housing, transportation, finances)
Language Barriers
Misunderstanding of AID function
Trust built with staff, not technology
Unclear when to request AID
Ideas may include
"Automation Score" Feedback at Each Visit (Teens)
Peer Ambassador Program
Pump Class Plus
Social Work Support
Interpreter Support
AID visualizer brochures
AID Invitation Hand outs
What obstructs AID use?
Technology/Equipment
Pre-class triage is not standardized
No compatible phone / outdated devices
Poor Wi-Fi / limited data to run apps
Early equipment failures (adhesive issues, pod failures)
Poor Wi-Fi / limited data to run apps
AID readiness technology screen
Adhesive support kits (SkinTac, overlays)
Social Work referral for phone access programs
QR-coded Self-Check Tool
(Hands-On Device Demo In relation to Class)
Technology Support
Supplies/Measurement
Technical support resources for troubleshooting AID systems
Barriers of diabetes technology knowledge
Providing support line for CGM/pumps
Educational handouts, videos, teaching materials

Questions

Center Presentation: Seattle Children's Hospital

Utilizing Quality Improvement to Implement and Standardize Peripheral Neuropathy Screening in Pediatric Patients with Diabetes

Jessica Johnson, ARNP, DNP, FNP-BC, CDCES

01/29/2026

Seattle Children's®

Background

Research

- SEARCH: Diabetic Peripheral Neuropathy (DPN) prevalence - 7% Type 1 Diabetes & 22% Type 2 Diabetes (T2D)
- TODAY Study: Youth w/T2D show evidence of DPN early

Insights

- The high rates of DPN among youth with diabetes are a cause of concern and suggest a need for early screening and better risk factor management

Seattle Children's®

About Us: Seattle Children's Hospital Diabetes Center

Our Patients

- 2932 w/Diabetes
- 469 w/T2D
- 51% NHW, 46% male
- 89% English preferred language
- 69% public insured

Our Staff

- 21 Physicians
- 12 APPs
- 19 RNs
- 2 Psychologists
- 1 Athletic Trainer
- Multidisciplinary Team
- MA, RD, SW

Seattle Children's®

About Us: Seattle Children's Hospital Diabetes Center

Seattle – Sand Point Clinic
(40% of all diabetes patients)

Everett – (30%)
Bellevue – (10%)
Federal Way – (16%)

Olympia
Wenatchee
Tri-Cities

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Available Knowledge

American Diabetes Association Standards of Care

- T2D Diabetes Foot Exam at diagnosis and annually thereafter

Comprehensive Diabetes Foot Exam (DFE)

- Inspection
- Assessment of foot pulses
- Pinprick or temperature sensation
- 10-g monofilament sensation
- Vibration sensation 128-Hz tuning fork
- Ankle reflex tests
- Assessment of neuropathic pain
- Prevention focused on achieving glycemic goals
- Foot care education
- Referral to Neurology or Pain Specialist

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How are we doing at SCH?

Chart Audit: Care Gaps

- 0% had DFE
- 0% provided foot care education
- 7.8% visual assessment

Clinical Care & Internal Reports

- Lack DFE supplies in clinic
- Lack foot care education materials
- DFE not part of usual care
- 0 Tracking of DFE

Seattle Children's®

SMART Aim

To increase annual peripheral neuropathy screening in youth with type 2 diabetes from 0% to 20% at Sand Point Clinic from July 2025 to December 2025

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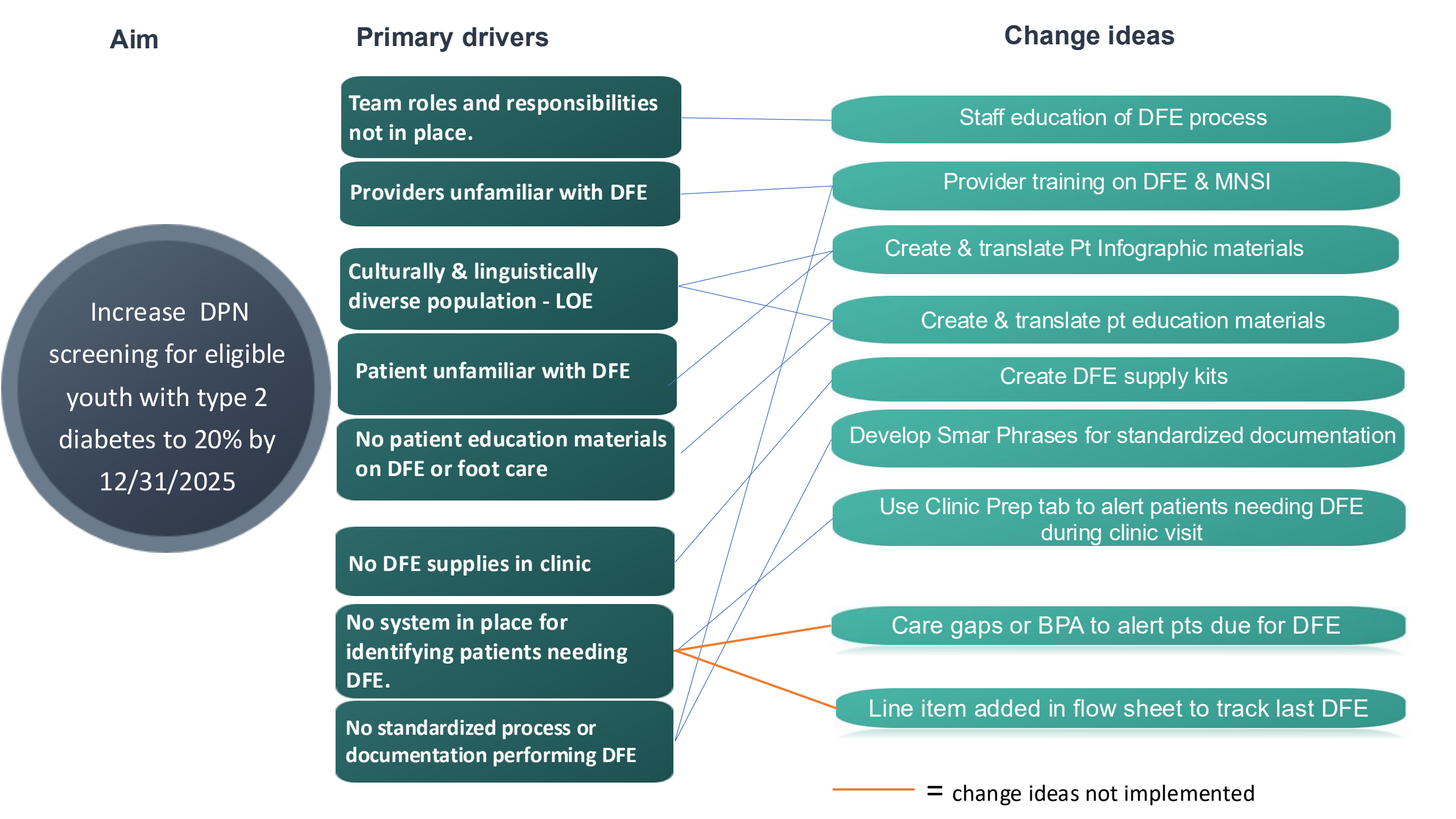

Aim
Primary drivers
Change ideas
Increase DPN screening for eligible youth with type 2 diabetes to 20% by 12/31/2025
Team roles and responsibilities not in place.
Providers unfamiliar with DFE
Culturally & linguistically diverse population - LOE
Patient unfamiliar with DFE
No patient education materials on DFE or foot care
No DFE supplies in clinic
No system in place for identifying patients needing DFE.
No standardized process or documentation performing DFE
Staff education of DFE process
Provider training on DFE & MNSI
Create & translate Pt Infographic materials
Create & translate pt education materials
Create DFE supply kits
Develop Smar Phrases for standardized documentation
Use Clinic Prep tab to alert patients needing DFE during clinic visit
Care gaps or BPA to alert pts due for DFE
Line item added in flow sheet to track last DFE
= change ideas not implemented

Intervention #1

Tools: Supply Kit

Timeline: Implemented at start of project

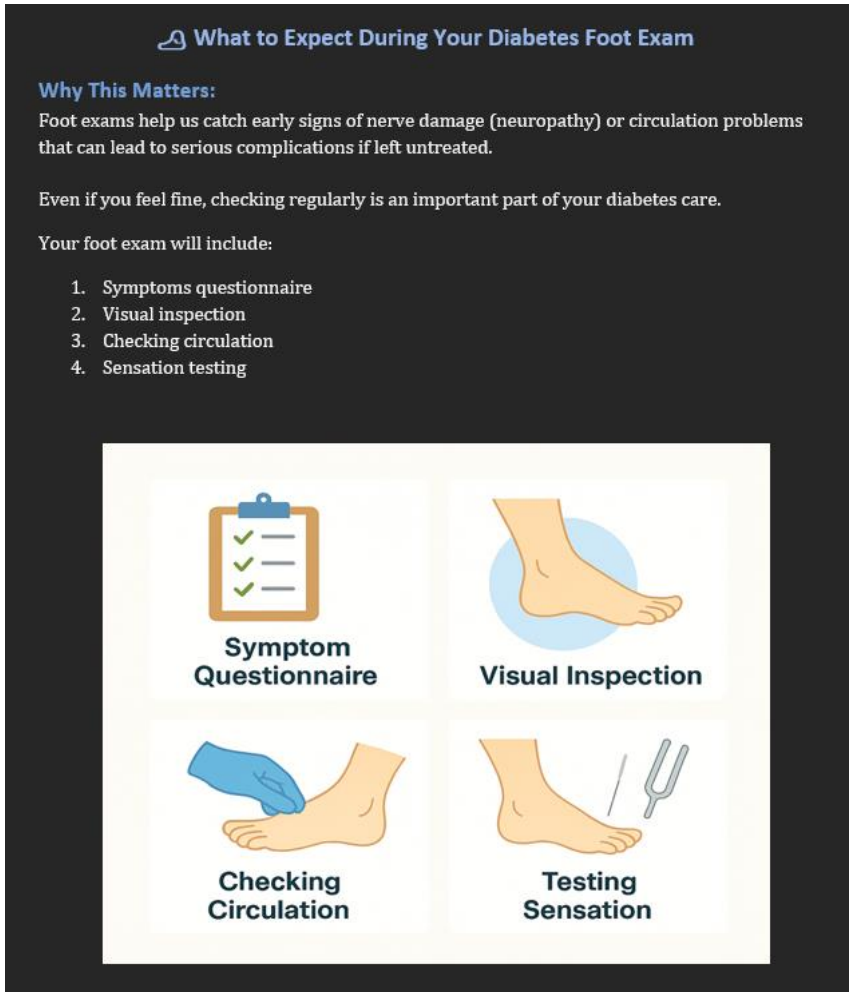
Reflex hammer
128 hertz tuning fork
10-gram monofilament

Seattle Children's

Intervention #2

Tools: Infographic

Timeline: Implemented at start of project



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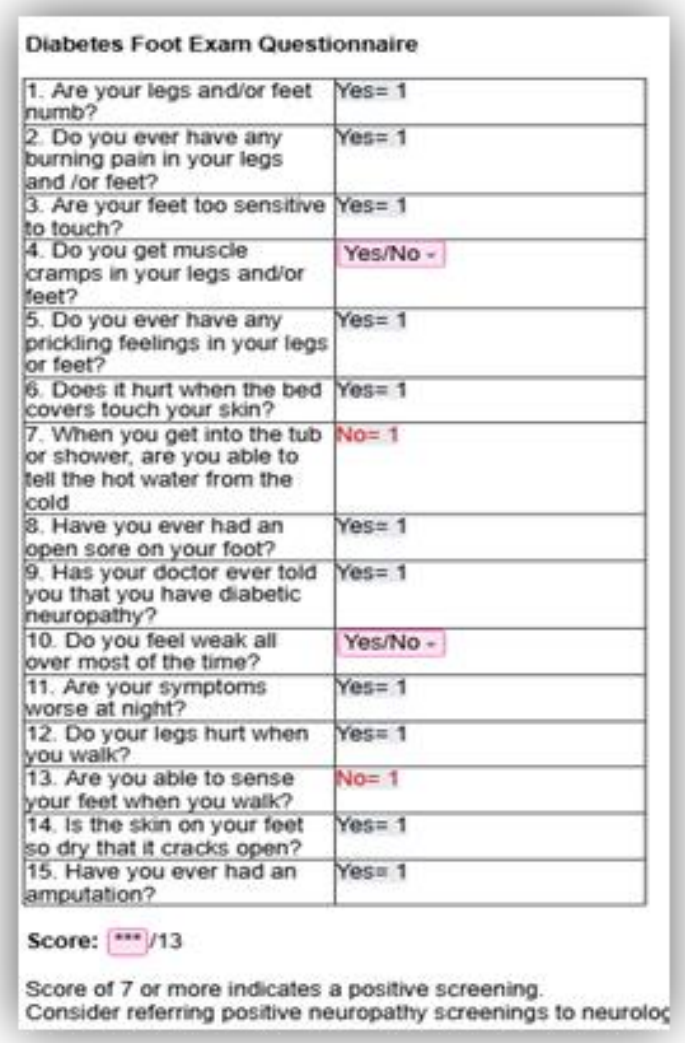
Intervention #3a

Tools: Michigan Neuropathy Screening Instrument (MNSI) Questionnaire

Timeline: Implemented at start of project

A score of 7 or more indicates a positive screening.



Diabetes Foot Exam Questionnaire

1. Are your legs and/or feet numb?	Yes= 1
2. Do you ever have any burning pain in your legs and /or feet?	Yes= 1
3. Are your feet too sensitive to touch?	Yes= 1
4. Do you get muscle cramps in your legs and/or feet?	Yes/No -
5. Do you ever have any prickling feelings in your legs or feet?	Yes= 1
6. Does it hurt when the bed covers touch your skin?	Yes= 1
7. When you get into the tub or shower, are you able to tell the hot water from the cold	No= 1
8. Have you ever had an open sore on your foot?	Yes= 1
9. Has your doctor ever told you that you have diabetic neuropathy?	Yes= 1
10. Do you feel weak all over most of the time?	Yes/No -
11. Are your symptoms worse at night?	Yes= 1
12. Do your legs hurt when you walk?	Yes= 1
13. Are you able to sense your feet when you walk?	No= 1
14. Is the skin on your feet so dry that it cracks open?	Yes= 1
15. Have you ever had an amputation?	Yes= 1

Score: *** /13

Score of 7 or more indicates a positive screening.
Consider referring positive neuropathy screenings to neurolo

Seattle Children's

Intervention #3b

Tools: MNSI Exam

Timeline: Implemented at start of project with modifications as tests of change.

Diabetes Foot Exam

	Right	Left
Appearance of feet: (Deformity, dry skin, callus, infection, fissure)	Normal= 0	Abnormal= 1
Ulceration	Absent= 0	Present= 1
Ankle Reflexes	Absent= 1	Present/reinforced= 0.5
Vibration perception at great toe	Absent= 1	Decreased= 0.5
Monofilament	Absent= 1	Absent= 1
Foot pulses: (O-4+)	Dorsalis pedis: pedal pulses Posterior tibial: pedal pulses	Dorsalis pedis: pedal pulses Posterior tibial: pedal pulses
Temperature Sensation	Temperature sensation	Temperature sensation

Score: ***

Score of greater than 2 is considered a positive exam.
**Consider referring positive neuropathy screenings to neurology.*
Consider referring non-neuropathy related foot appearance abnormalities to PCP treatment or possible podiatry referral per PCP.

Score of greater than 2 is considered a positive exam.

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Intervention #4

Tools: Education Materials

Timeline: Implemented at start of project with modifications as test of change.

- Diabetes Foot Care Tips - PE4447 (Amharic) (Arabic) (Russian) (Simplified Chinese) (Somali) (Spanish) (Vietnamese)

Diabetes Foot Care Tips

Why is Diabetes Foot Care important?

If you have diabetes, taking care of your feet is really important. Diabetes can damage your nerves, making it hard to feel things like pain or heat.

If you get a cut or blister you may not notice until it gets worse. Nerve damage can also change the shape of your feet, so regular shoes might not fit well and could hurt you.

Diabetes can cause poor blood flow in your feet. This happens because the blood vessels get smaller and stiffer. When blood doesn't flow well, your feet have a harder time fighting infections and healing cuts or sores.

Even small cuts or sores can turn into serious infections that may lead to losing a foot or leg. But, you can protect your feet by following some simple tips. These can help you avoid injuries and lower the chance of foot problems caused by diabetes and nerve damage.

How do I practice good daily foot care?

Wash your feet every day using warm, soapy water, do not use hot water. Look for any cuts, blisters, or redness while you clean. Dry your feet gently and use a soft lotion, but don't put it between your toes because it can cause infections.

How do I trim my toenails?

Keep your toenails short to prevent sores. Cut them straight across, not into the corners, to avoid ingrown nails. After trimming, use a nail file (emery board) to smooth out any sharp edges.

How do I chose the right type of footware?

Don't walk barefoot, even indoors because this can lead to foot injuries. Wear socks and shoes or slippers to protect your feet. Socks that pull moisture away from your skin help keep your feet clean and dry.

Check your shoes before wearing them. Make sure there are no sharp objects like tiny rocks inside. Wear shoes that fit well and don't pinch or rub. If they are uncomfortable, ask your doctor about special shoes or inserts.

Get Moving

Physical activity helps your blood flow better, especially in your legs and feet. Try walking in strong, comfy shoes that fit well. But skip walking if you have any open sores on your feet because it could make things worse.

Work with your diabetes care team

Take care of your feet and overall health by managing the things that cause nerve and blood flow problems.

Follow your diabetes team's advice:

- Quit smoking
- Keep your blood sugar under control
- Manage your blood pressure
- Maintain healthy cholesterol levels

If you notice numbness, sores, or cuts that don't heal, call your doctor right away.

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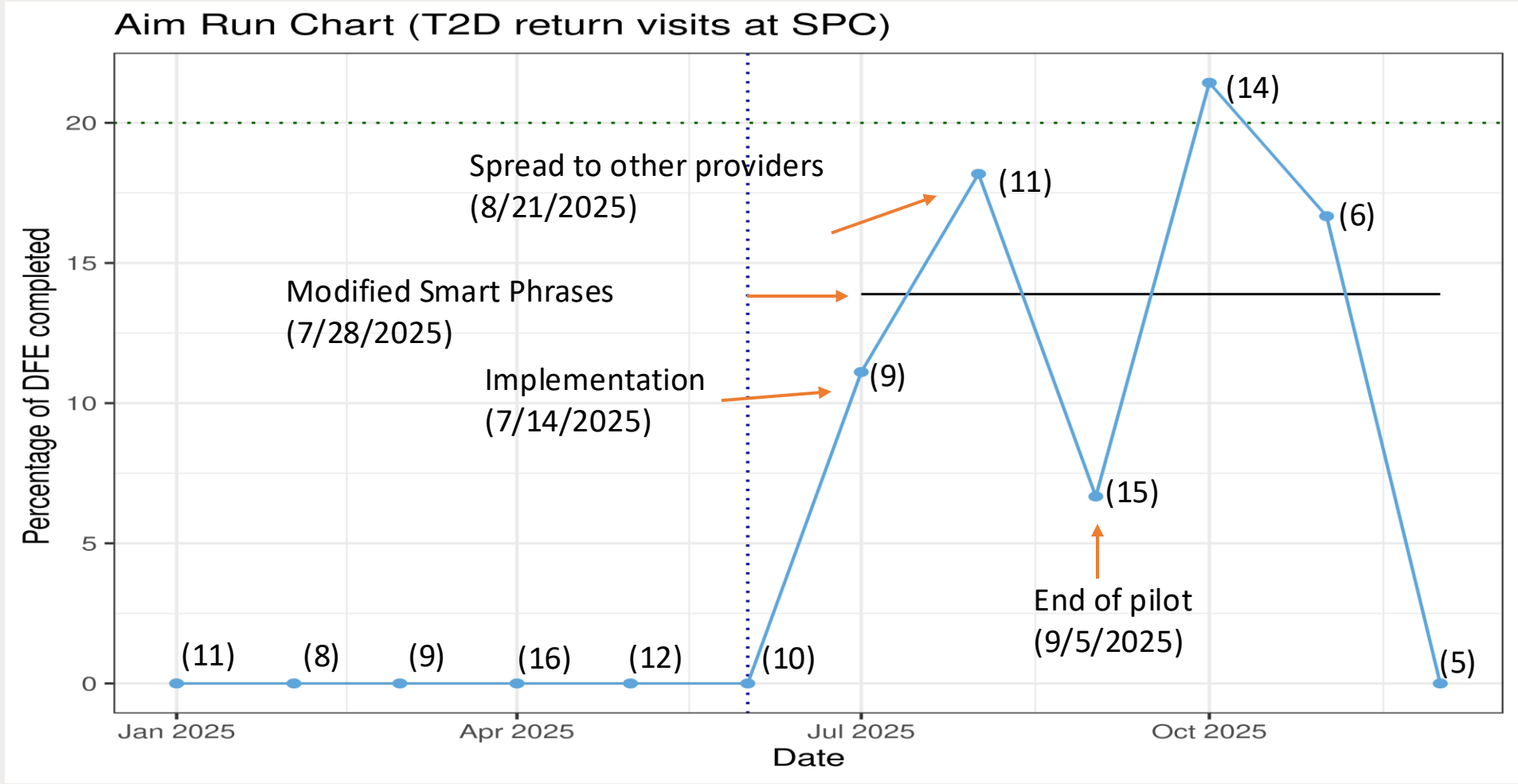
Aim Run Chart (n=126)



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Screening Results

Overall screening rates demonstrated DPN positivity rate of 1.6 % (n= 1 of 63) for patients with T1D and a positivity rate of 11.9% (n= 5 of 42) for patients with T2D. This is consistent with results from SEARCH report of a higher prevalence of DPN in youth with T2D (22%) than those with T1D (7%).

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Questionnaire Findings

Discussion Points:
Are your legs and/or feet numb?
Do you ever have burning pain in your legs and/or feet?
Do you get muscle cramps in your legs and/or feet?
Do you ever have prickling feelings in your legs or feet?
Have you ever had open sores on your foot?

Lessons Learned:
Was the appearance of feet abnormal?

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Conclusion

Sustainability & Spread	Lessons Learned	Next steps
Low cost to implement	Staff education drove quality improvement	Clinic-wide scaling & training
Steps embedded into daily workflow	Low-cost changes can improve diabetes cares	Addition of DFE supplies to recurring inventory
	Use of Epic Tools to enable standardization of documentation	Optimizing EHR for tracking and health maintenance alerts
		Ongoing process improvement w/new pilot QI

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Thank You!

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