

Improving the screening for abdominal aortic aneurysm at Grand Prairie Internal Medicine Clinic



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Background

- An abdominal aortic aneurysm (AAA) is typically defined as aortic enlargement with a diameter of 3.0 cm or larger.
- The prevalence of AAA has declined over the past 2 decades among screened men 65 years or older in various European countries.
- The current prevalence of AAA in the United States is unclear because of the low uptake of screening. Most AAAs are asymptomatic until they rupture.
- Although the risk for rupture varies greatly by aneurysm size, the associated risk for death with rupture is as high as 81%.

Objective

- This QI project will involve MCA residents and Grand Prairie clinic attending to incorporate screening for abdominal aortic aneurysm guidelines used by USPSTF and attempt to encourage all our established and new patients who fit into the criteria for screening to be screened for AAA

Methods

- To prevent any detrimental effects from AAA rupture, the USPSTF recommends 1-time screening for AAA with ultrasonography in men aged 65 to 75 years who have ever smoked.
- Education has been given to all residents on why screening for AAA is important and complications that can arise from not undergoing screening.
- We have developed a specific template on eClinicalWorks which indicates the criteria of: current or previous smoker, age 65-75 years, and previously screened for AAA with ultrasound.
- There are posters in examination rooms indicates a thoughtful approach to implementing reminder systems, potentially increasing compliance with screening guidelines.

Results

- Data collected:**
- Determined from eClinical Works for November 2022 to March 2023 how many male patients 65-75 years of age who are current or previous smokers (obtained from social history) received AAA screening or are previously screened for AAA via abdominal ultrasound (obtained from patient data documents for previously screened and assessment code for newly screened) – **zero**

Time: December 2023

- 1. Educate residents at Grand Prairie IM clinic about what AAA is, the prevalence of AAA in United States, and the current USPSTF guidelines about AAA screening
- 2. Via brief PowerPoint presentation on a Thursday morning conference.
- 3. QI team encouraged the residents to always ask all male patients who fall in the age group of 65-75 years if they are current or former smokers and if their response is a yes then next question will be to ask if they have ever had screening for AAA done and if their response is a no, then we will advise them to get screened.
- 4. Patient agrees to get screening, where will we include this in the assessment and which assessment code will we use.
- 5. Patient declined screening then where will we document this in the assessment and additional notes so that if they are ever seen by another resident physician, they know that patient has previously declined screening.
- 6. This allows to keep track of how many patients were offered screening, and how many accepted or rejected the process.
- 8. Since education does not necessarily mean behavioral change to promote resident compliance, the QI team continues to mention about American College of Preventive Medicine awards program honors members of the College and leaders in the field for excellence in service to preventive medicine and how we can nominate our colleagues who have shown exceptional leadership through incorporating preventative medicine in their day to day practice.

Time: November – December, 2023

- Worked with clinic attending to develop a template for AAA screening to load onto eClinical Works

Time: December 2023 to February 2024

- Allow residents to implement new screening via template use
- Analyzed through eClinical Work how many males 65-75 years old, current or previous smokers who were offered or have been screened for AAA.

Time: March 2024

- Based on results analyzed, the QI team will assess what has not worked and where the clinic has improved and of course the areas of strength.

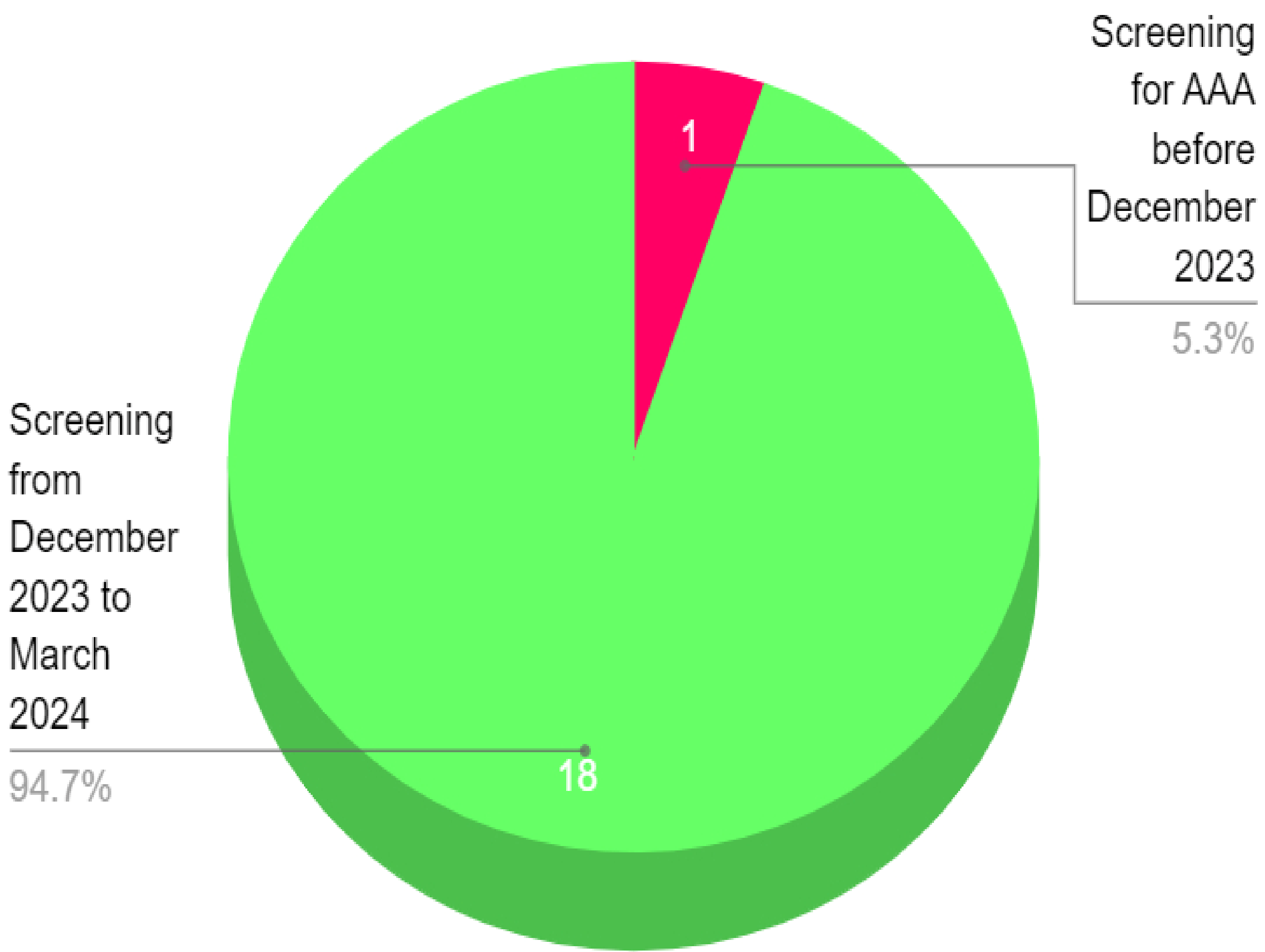
Results

Time: March 2024

- After a careful analysis of what has worked and what can be done differently, I will again hold a interactive meeting on a Thursday morning with residents from MCA to provide an update on our results so far and what we can do differently to improve the current data. Through this interactive meeting, I will also incorporate any suggestions that the residents may have on improving our current data.

Time: April 2024

- Keeping in mind that the clinic is not a very busy clinic, the QI team will aim for at least 30-40% increase in screening for AAA.



Conclusion

- This QI project demonstrates a proactive approach to increasing AAA screening rates in a clinic setting. Clear methods, targeted education, and the use of reminder systems contribute to its strength.

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