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Quality Improvement of Diabetes Care in Chiawelo Community Practice

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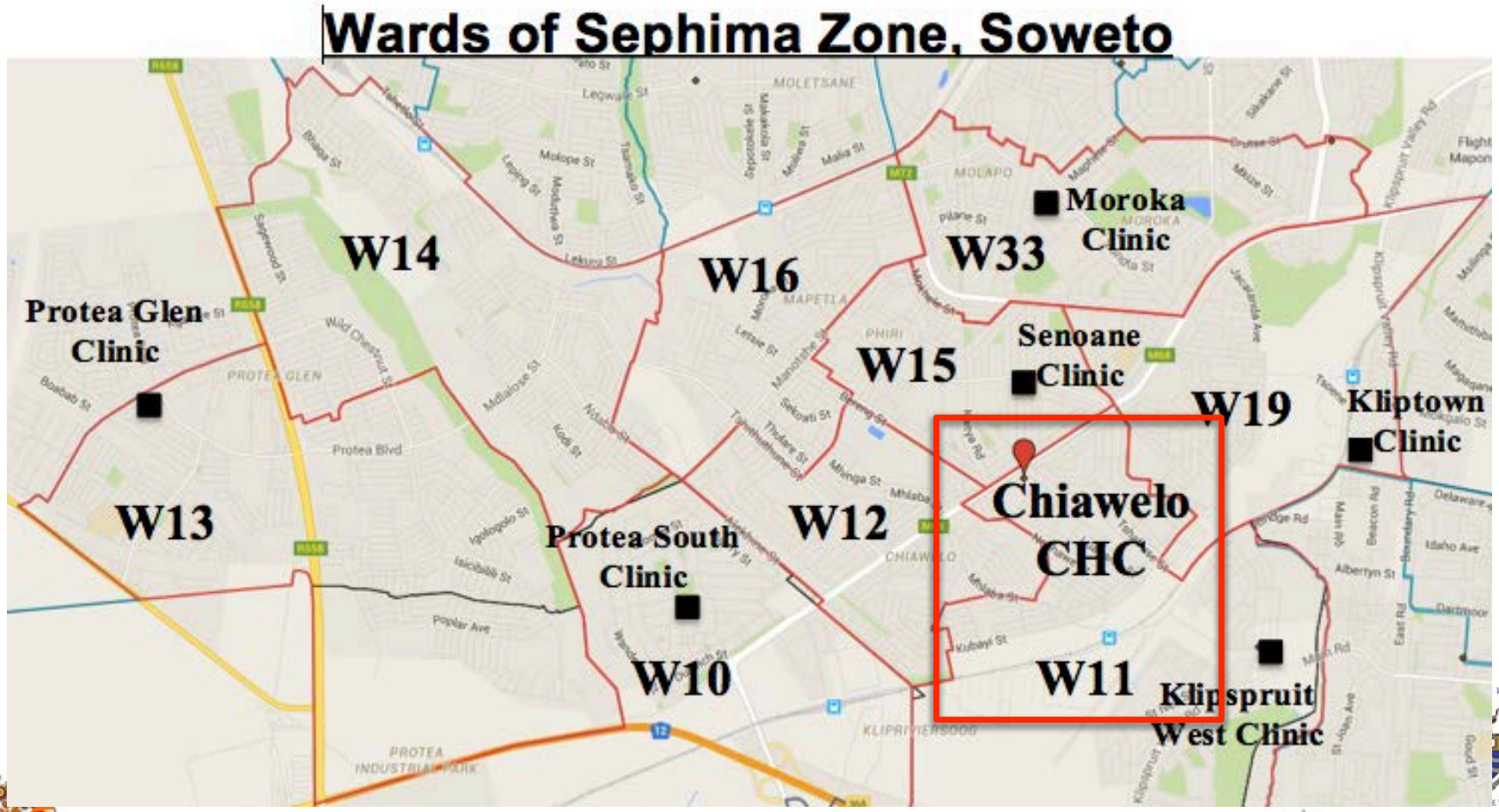
Chiawelo Community Practice



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Problem

- Global challenge: 80% of 366m in LMICs
- SA: 6.5% of adults 20-79yrs (1.9m) – growing!
- <33% meet HbA1c target (<7%)
- *"We are all confronted, on a daily basis, with patients where we can speak not of the standard of care but the standard of neglect; patients whose first serum creatinine is measured at the time of end-stage renal failure"*

SEMDSA Guideline 2012

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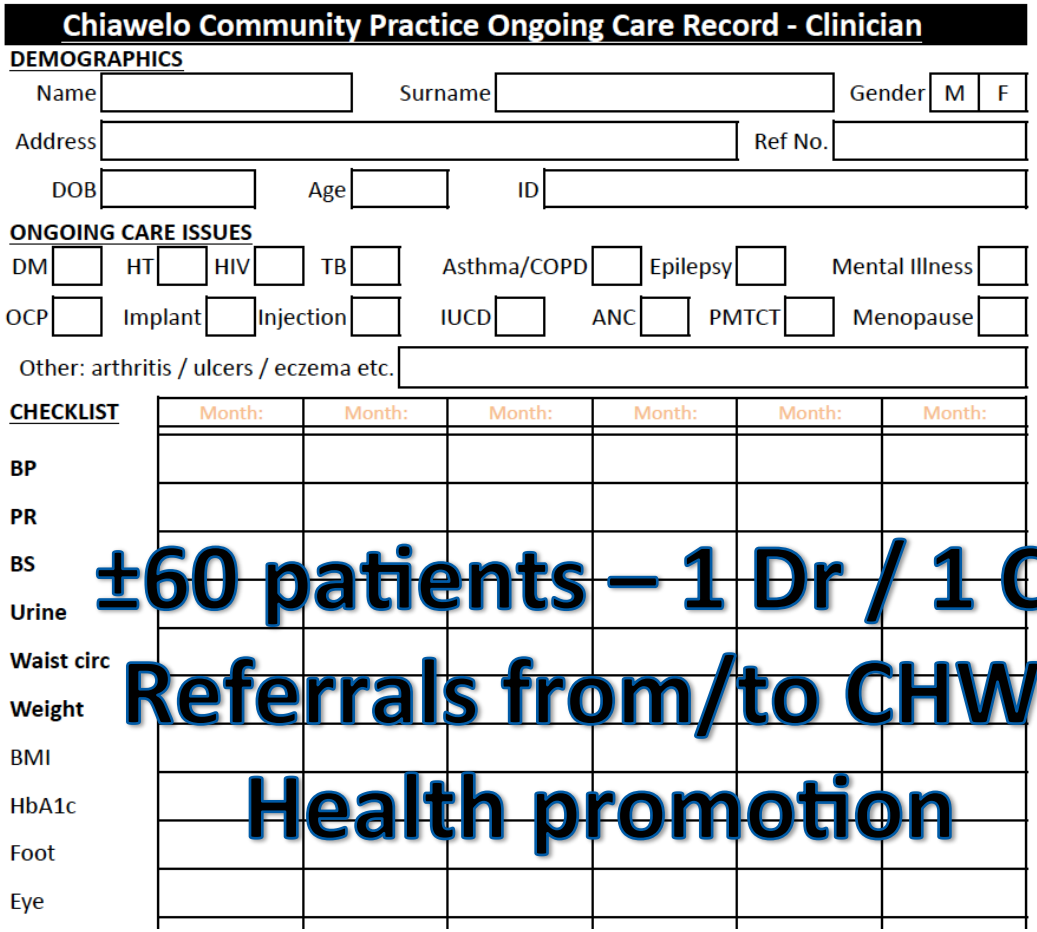
Problem

- Chiawelo CHC Chronic Care
  - Audit of Chronic Care records (2015)
  - 27% controlled with HGT<11
  - 3% had foot examination done in past year
  - ***0%*** had HbA1c / urine exam / U&E / fundal exam in past year

Progress

Progress Sephima Zone	W10	W11	Rates	W12	W13	W14	W15	W16	W19	W33	Total	%
Ppl/family		3,5		5,5			3,5	3,5	3,5			
TB Suspects		122	0,8%	0			27	13	12		**174,01**	0,6%
Want HIV test		922	5,8%	18			109	40	4		**1093,1**	*3,8%*
Want Family Planning		244	1,5%	3			44	14	3		**308,02**	1,1%
Home-based care		11	0,1%	0			51	132	15		**209**	0,7%
Needs grant		33	0,2%	4			321	68	2		**428**	1,5%
OVC		0	0,0%	0			6	17	0		**23**	0,1%
Pregnant		87	0,5%	10			35	30	21		**183,01**	0,6%
Delivered		96	0,6%	2			20	2	2		**122,01**	0,4%
<2,5kg		5	0,0%	0			15	22	0		**42**	0,1%
Immunisation#		10	0,1%	0			219	79	3		**311**	1,1%
Vit A		7	0,0%	0			216	91	3		**317**	1,1%
Weight		2	0,0%	0			184	70	0		**256**	0,9%
PCR		2	0,0%	0			25	3	4		**34**	0,1%
TB		184	1,2%	2			19	8	16		**229,01**	0,8%
HIV		453	2,8%	64			113	61	50		**741,03**	2,6%
HT		1104	6,9%	175			310	134	153		**1876,1**	6,6%
DM		599	3,8%	55			84	62	95		**895,04**	3,1%
Other		680	4,3%	58			144	67	70		**1019**	3,6%

CCP Chronic Care



Chiawelo Community Practice Ongoing Care Record - Clinician

DEMOGRAPHICS

Name | Surname | Gender M F

Address | Ref No.

DOB | Age | ID

ONGOING CARE ISSUES

DM | HT | HIV | TB | Asthma/COPD | Epilepsy | Mental Illness

OCP | Implant | Injection | IUCD | ANC | PMTCT | Menopause

Other: arthritis / ulcers / eczema etc.

CHECKLIST	Month:	Month:	Month:	Month:	Month:	Month:
BP						
PR						
BS						
Urine						
Waist circ						
Weight						
BMI						
HbA1c						
Foot						
Eye						

±60 patients – 1 Dr / 1 CA

Referrals from/to CHWs

Health promotion

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Quality Improvement Process

- Small bites for iterative QIP in 4 weeks
- System: Chronic Care of Diabetics (W11)
- Criteria: HbA1c / Urine / Renal Function
- Indicator:
  - HbA1c done in last 6mths
  - Urine + Renal Function Test (RFT) done in last year
- Standards (based on literature)
  - HbA1c (60%) / Urine (90%) / RFT (80%)

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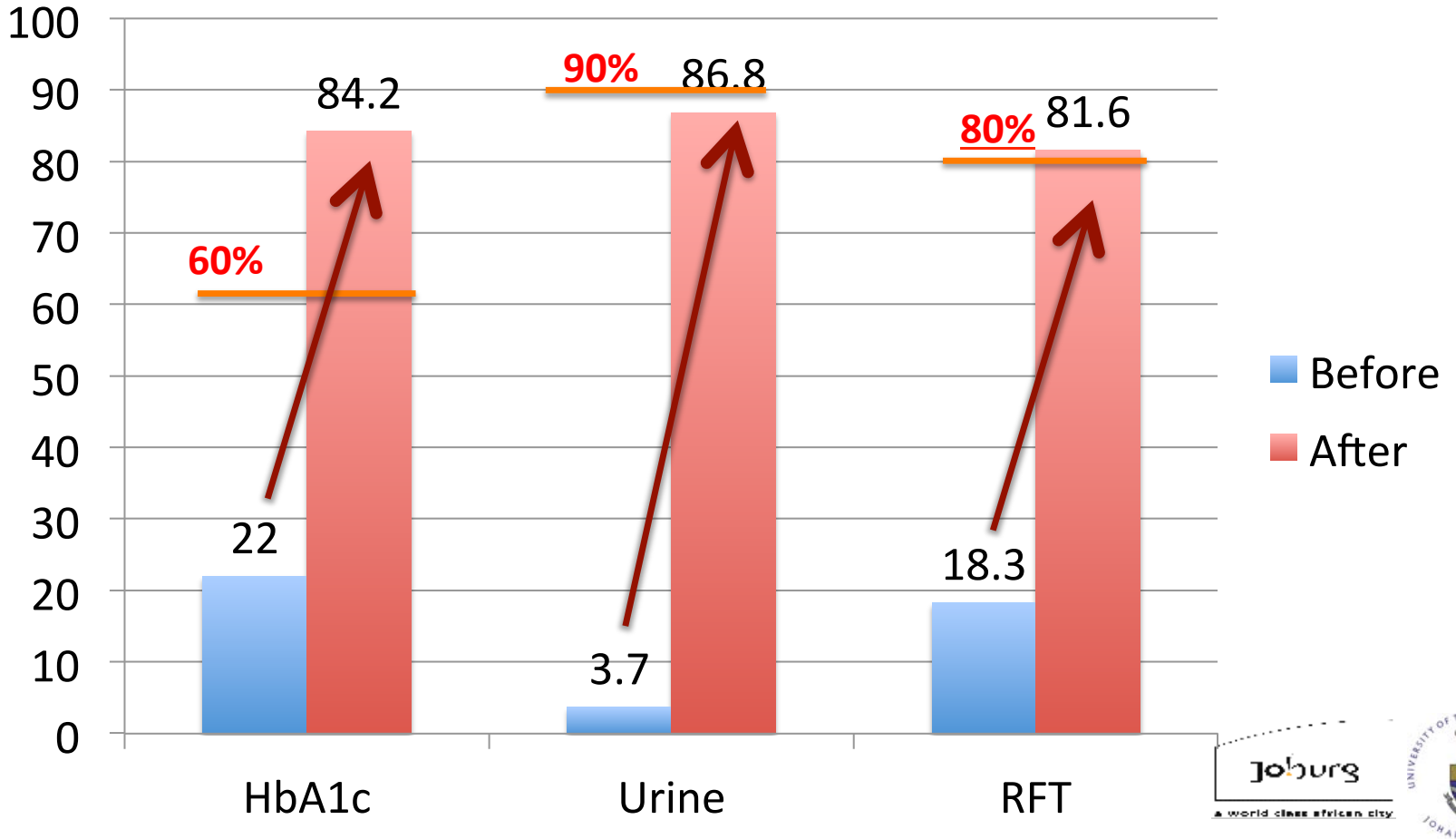
Quality Improvement Process

- Pre-intervention [W2]
  - 109 records audited
  - Random selection from chronic patients in file
- Intervention [W2-4]
  - Small protocol posters
  - Highlighters for planning
- Post-intervention [W2-4]
  - 38 records audited
  - All diabetic patients seen

Results after 2 weeks



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Conclusion

- Easy for quality slip
  - Poor patient outcomes
  - Hospitalization costs
- Chronic care management imperative
- Simple QIPs are easy – with records!
- Accountability - COPC difference

Questions/Comments?