

QUALITY IMPROVEMENT IDEAS for DIABETES MANAGEMENT

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Aboriginal and Torres Strait Islander patients with or at risk of diabetes

Focus area

Optimising care of Aboriginal and Torres Strait Islander patients with or at risk of diabetes

Why improve this data set?

Aboriginal and Torres Strait Islander patients are 3 times more likely to have diabetes than non-Aboriginal Australians.

Type 2 diabetes is a direct or indirect cause for 20% of Aboriginal Torres Strait Islander peoples deaths*

**Diabetes: The silent pandemic and its impact on Australia 2012.*

Quality improvement ideas

Steps:

- Pen CS search using appropriate recipe to find those who are Aboriginal or Torres Strait Islander
- Cultural awareness and education for the whole practice and ensure this is ongoing (annual)
- Educate the team where the resources are available, the closing the gap goals and the local statistics for that demographic
- Ask every patient at every point of care if they wish to identify as Aboriginal or Torres Strait Islander
- Request HbA1c and any other relevant missing data at scheduled and opportunistic appointments
- Patient education and referrals where appropriate
- Champion protected time to set up continuing recall system agreed with the team.

Advice and treatment options

Practice Resources:

- Primary Health Network Aboriginal Health Access Team
- [RACGP Cultural Awareness training](#) (to meet accreditation standards)
- [HealthPathways Hunter New England](#)
- [Health Pathways Central Coast](#)
- [PenCS](#)
- [TopBar](#)

Patient Resources

- National Diabetes Services Scheme (NDSS) [Indigenous factsheet](#)
- [Integrated Care Team \(ITC\)](#)
- [Patient Info Hunter New England](#)
- [Patient Info Central Coast](#)

ACR Testing Quality Improvement Ideas

Focus area

ACR Testing
Optimising increase ACR
testing.

Why improve this data set?

1.5 million Australians are unaware they have a renal disease. Diabetes is one of the most common causes.

Urine ACR tests are recommended annually to detect the presence of protein.

Quality improvement ideas

Steps:

- Champion protected time for Pen CS search using appropriate recipe to find those who are missing ACR and have diabetes.
- Minimum requirement for the cycle of care is annual ACR
- Develop an agreed system requesting missing pathology and follow up, work flow
- Scheduled and opportunistic appointments, a spot urine ACR test can be performed in clinic to be sent to pathology
- Set up continuing recall system, agreed with team

Advice and treatment options

Practice Resources:

- Onsite pathology collection
- [Pen CS](#)
- [TopBar](#)
- Clinical Software
- Agreed process, workflow on common area wall

Patient Resources

- [National Diabetes Services Scheme \(NDSS\) Annual Cycle of Care \(ACOC\)](#)
- [Kidney Health Australia](#)

Diabetes - BMI and Waist Measurements Quality Improvement Ideas

Focus area

Optimising BMI and waist measurements for all patients.

Why improve this data set?

Increase in BMI and waist measurements and BMI increases the risk of diabetes.

Increase in BMI and waist measurements increases the risk of chronic disease.

Keep patient data up to date.

(SNAP IF data) smoking, nutrition, alcohol, physical activity, immunisation status and falls risk.

Implement evidence based preventative interventions to minimise progression to diabetes.

Provide education resources.

Quality improvement ideas

Steps:

- Install and use TopBar and Pen CS data extraction tool
- Set SMART goals for the practice as a whole and practice at team meetings
- Focus on patient groups with high needs to begin, eg. patients with diabetes using Pen CS tool to identify those with missing data
- Posters and rolling television advertisements used in the waiting room promoting new practice aims.

Advice and treatment options

Practice Resources:

- [Pen CS](#)
- [TopBar](#)
- [Healthy Weight Program](#)
- [HealthPathways Hunter New England](#)
- [HealthPathways Central Coast](#)

Patient Resources

- [Get healthy website and phone support.](#)
- Healthy weight program supported by the General Practice and Clinician
- Dietician referral where required and supported
- Exercise groups

Care of women with diabetes of child bearing age (15-50)

Focus area

Care of women with diabetes of a child bearing age

Why improve this data set?

Better outcomes for mother and child short and long term.

Decreasing miscarriage rate.

Decreasing malformation rates are halved with every 1% reduction in HbA1c eg. HbA1c 6-7.7% is 4% compared to HbA1c >10% = 25%*.

* BMJ 2007; 334: 742-45 Inkster, M. E. et.al. BMC Pregnancy childbirth, 6 30 (2006)

Quality improvement ideas

Steps:

- Install and use TopBar and Pen CS data extraction tool with champion protected time; Female, 15-50 years & diabetes
- Informing team of practice population statistics
- Provide a list to individual GPs
- Invite patients in for review and discussion of options, offer contraception, support and education
- Pre-pregnancy planning including optimisation of HbA1c and high dose folic acid
- Consider referrals to endocrinologist if not currently under specialist care
- Set up continuing recall and reminder system, agreed with team.

Advice and treatment options

Practice Resources:

- [PenCS](#)
- [TopBar](#)
- [HealthPathways Central Coast](#)
- [HealthPathways Hunter New England](#)
- Clinical Software
- [RACGP Guidelines](#)
- Agreed processes, workflow on common area wall
- [Healthy Weight Initiative](#)
- [SeNT referral](#)
- [My Health Record](#)

Patient Resources

- [Patient Info Hunter New England](#)
- [Patient Info Central Coast](#)
- [National Diabetes Services Scheme](#)
- [Diabetes Australia](#)
- Allied Health Referrals

Diabetes Cycles of Care Quality Improvement Ideas

Focus area

Optimising care for patients with diabetes and completing cycles of care

Why improve this data set?

Current cycle of care is agreed best practice for managing a patient with diabetes and ensuring that incremental changes are managed at the earliest.

Implement evidence based interventions to minimise progression to worsening disease.

Quality improvement ideas

Steps:

- Install Pen CS tool
- Use recipes to extract data to work off finding patients with missing items from the cycle of care to follow up
- Set goals with practice and even individual providers to manage missing items ensuring all care is given to patient
- Educate and support patient about the necessity of all items on the cycle and how combination provides care and importance
- Use reminders and recall system to ensure patient returns for appointments when required.

Advice and treatment options

Practice Resources:

- Robust recall and reminder systems
- [TopBar](#) to highlight missing information
- Data extraction to extract lists to analyse missing information
- [HealthPathways Hunter New England](#)
- [Health Pathways Central Coast](#)

Patient Resources

- Access to pathology
- [Diabetes NSW and ACT](#)
- [Get Healthy](#)
- [Annual Cycle of Care Fact Sheet](#)

HbA1c Testing Quality Improvement Ideas

Focus area

Optimising routine HbA1c testing for patients with diabetes

Why improve this data set?

Patients with diabetes are entitled to and should be tested every 3/12 if HbA1c is $> 7\%$ or four times per year.

Minimum required for the diabetes cycle of care in an annual HbA1c.

Currently the agreed RACGP HbA1c recommendation for most people is $< 7\%$ / 53mmol/mol .

Knowledge of abnormal HbA1c provides an opportunity for early intervention.

Improve glycaemic management leads to better outcomes for patients.

Quality improvement ideas

Steps:

- Champion protected time for Pen CS search and action plan
- Find patients with HbA1c missing and provide list to individual GPs
- Request missing pathology at scheduled and opportunistic appointments
- Develop an agreed system requesting missing pathology.
- Reminders follow up and work flow are engaged within the team

Advice and treatment options

Practice Resources:

- [Pen CS](#)
- [TopBar](#)
- Clinical Software
- Agreed process, workflow on common area wall and practice shared drive.

[RACGP Guidelines](#)

Patient Resources

- [National Diabetes Services Scheme \(NDSS\) Annual Cycle of Care \(ACOC\)](#)
- [Dashboard \(nurse below 53\)](#)

Positive ACR - Quality Improvement Ideas

Focus area

Positive ACR

Identifying patients who require ACEi or ARB based on a positive ACR.

Why improve this data set?

1.5 million Australians are unaware they have a renal disease. Diabetes is one of the most common causes.

Urine ACR tests are recommended annually to detect the presence of protein.

When the test returns positive, treatment and escalation are required.

Quality improvement ideas

Steps:

- Champion protected time for PenS search using appropriate recipe to find those who have positive ACR and diabetes
- Invite patients in for review and commencement of treatment, consider eGFR if not attended
- Commence ACEi and ARB with regular monitoring and patient education
- Consider Allied Health referrals.
- Escalation refer to Renal Physician / Endocrinologist as required
- Set up continuing recall system, agreed with team to identify new patients with increased ACR.

Advice and treatment options

Practice Resources:

- [Pen CS](#)
- [TopBar](#)
- Clinical Software
- [Health Pathways Hunter New England](#)
- [Health Pathways Central Coast](#)
- [RACGP Guidelines](#)
- Agreed process, workflow on common area wall

• [SeNT referral](#)

• [My Health Record](#)

Patient Resources

- [Patient Info Hunter New England](#)
- [Patient Info Central Coast](#)
- [Diabetes Australia - Looking after your kidneys](#)
- [Diabetes NSW](#)
- [Kidney Health Australia](#)

Pre-conception care of women without diabetes aged 15 - 50 years

Focus area

Pre-conception care of women without diabetes aged 15-50 years.

Why improve this data set?

Implement screening process that identifies women of child bearing age that have undiagnosed pre-diabetes or diabetes.

Better outcomes for mother and child short and long term.

Decreasing miscarriage rate.

Decreasing malformation rates.

Malformation rates are halved with every 1% reduction in HbA1c eg. HbA1c 6-7.7% is 4% compared to HbA1c > 10% = 25%.

Provide education and resources.

Quality improvement ideas

Steps:

- Install and use TopBar and Pen CS data extraction tool with champion protected time
- Informing team of practice population statistics
- Provide a list of women at risk (AUSDRISK) to individual GPs
- Invite patients in for review and discussion of options, offer contraception, support and education
- Pre-pregnancy planning and counselling if required
- Set up continuing recall and reminder system, agreed with team

Advice and treatment options

Practice Resources:

- [PenCS](#)
- [TopBar](#)
- [HealthPathways Hunter New England](#)
- [HealthPathways Central Coast](#)
- Clinical Software
- [RACGP Guideline](#)
- Agreed processes, workflow on common area wall
- [Healthy Weight Initiative](#)
- [SeNT referral](#)
- [My Health Record](#)

Patient Resources

- [Patient Info Hunter New England](#)
- [Patient Info Central Coast](#)
- [National Diabetes Services Scheme](#)
- [Diabetes Australia](#)
- Allied Health Referrals
- [Get Healthy](#)
- [DOH Healthy Guidelines](#)
- [The Womens](#)