

# Developing a care bundle to improve monitoring of Type 2 Diabetes in a primary care setting

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**Aim: By April 2023, 85% of patients on Southern Machars Diabetes register will have evidence-based annual reviews, in line with current NICE guidelines.**

## Background

Diabetes Mellitus is an endocrine condition characterised by defective insulin secretion by  $\beta$ -cells found in the pancreas, and the inability of tissues to respond appropriately to insulin [1]

All patients who have been diagnosed with diabetes should receive annual monitoring to check height, weight, blood pressure, blood tests (HbA1c, U&E's, Lipid profile), urinary albumin creatinine ratio (UACR) measured, and a foot exam [2,3]. These parameters were implemented as process measures for the project.

## Methods

A variety of quality improvement methods were used to identify change ideas, the forcefield analysis and fishbone diagram were the most effective tools used. The development of change ideas used Plan, Do, Study, Act (PDSA) cycles to gain feedback on the ideas and determine if these would be beneficial to the project overall and the long-term goals for the practice.

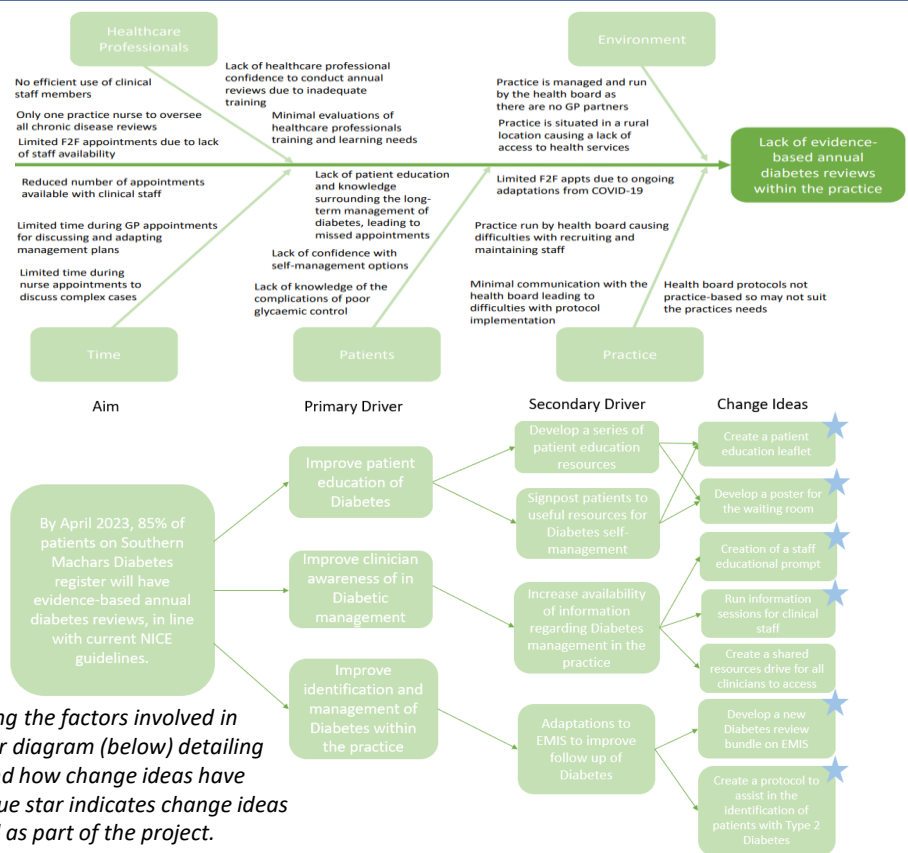


Figure 1 - A fishbone diagram outlining the factors involved in reduced diabetes monitoring. A driver diagram (below) detailing the primary and secondary drivers and how change ideas have been developed. The presence of a blue star indicates change ideas that were subsequently implemented as part of the project.

## Results

Baseline data of all patients coded as diagnosed with T2DM showed that only 60% of patients receive a complete annual review based on NICE guidelines.

The outcome measure (Figure 2) was to increase the number of evidence-based diabetic reviews to 85% within the practice. This was determined to be successful if all process measures were met.

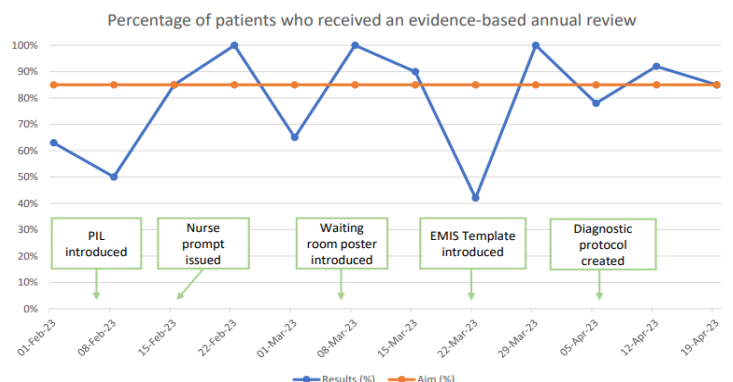


Figure 2 - A run chart to show the percentage of patients who received an evidence-based annual diabetic review and how these measurements relate to the overall aim of the project.

## Conclusion

The aim for this project was met consistently in the final two weeks of data collection, demonstrating that the change ideas were beneficial in improving monitoring of patients, however long-term goals have been established with the practice team to ensure the longevity of the project e.g. EMIS template, PIL, and clinician and nurse joint advice clinic. It is hoped that these interventions will improve the standard of diabetic monitoring within the practice to reduce the long-term complications of diabetes.