HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

HUTT UNION & COMMUNITY HEALTH SERVICE

DIABETES IMPROVEMENT PROJECT

March 2018

Project Leads: Sandy Bhawan & Sally Nicholl. Project Team – Rowena Sosich & Kim Baker (GPs), Nita Vaofusi & Leanne Long (Nurses), Tai Pairama & Tria Tamaka (Patient representatives), Mere Te Paki (Community Health Worker), Muriel Tunoho (Governance), Sandy Bhawan (Pharmacist), Sally Nicholl (Manager)

Problem Analysis

- Hutt Union & Community Health Service has 578 patients with diabetes. Almost 50% of patients have an HbA1c greater than 64mmol/mol, which indicates poor glycaemic control
- The target HbA1c level for people with diabetes is between 50-55mmol/mol
- Evidence shows that for every 10mmol/mol reduction in HbA1c there is a 21% decrease in diabetes related death and significant decreases in other complications

Our aim is to reduce the average Hba1c by 10% in HUCHS patients with diabetes by 31 December 2017

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Theory of Change

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
To reduce the average Hba1c by 10% in HUCHS patients with diabetes by 31 December 2017	Effective diabetes management processes	Clear pathways for patients with diabetes
		Individualised patient management plans
		Improved integration between providers
	Barriers to access	Reduce financial barriers
		Provide culturally appropriate services
		Clinic access
	Patient empowerment	Patient knowledge
		Patient engagement
		Community & Whanau partnerships

CHANGE IDEAS

Effective diabetes management processes:

- Provide regular data and feedback to providers [adopted]
- Have a consistent pathway for new and existing patients with diabetes [testing]
- Individualise patient management plans [testing]
- Standardise prescribing of diabetes medication
- Review patients on pioglitazone after 6 months with no significant reduction in Hba1c [adopted]
- Map external and internal diabetes services and agree referal and feedback processes
- Better connection with local community pharmacies

Barriers to access:

- Check eligiblility for disability allowances and for clinic visits and medications [planning]
- Increase staff knowledge and awareness of cultural issues
- Offer extended clinic hours
- Transport plans for patients as needed

Patient empowerment:

- Develop education sessions and programmes based on patient feedback –**Pt Experience Survey** [testing]
- Print out Hba1c chart for each patient [adopted]
- Implement Manage My Health patient portal
- Patient, whanau and community feedback and co-design [adopted]
- **Sharing patient stories** [planning]
- **HUCHS facebook page** [planning]
- **Patient info sheet** [testing]
- **Diabetes Blood Glucose Monitoring Software**
- **Exercise Programme** [testing]
- **"Sticky Blood" Letter** [adopted]

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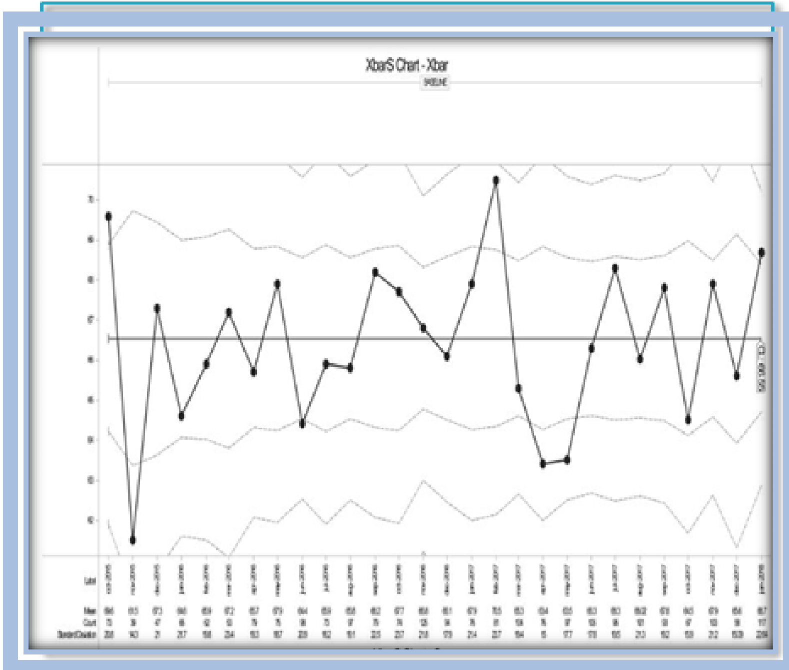
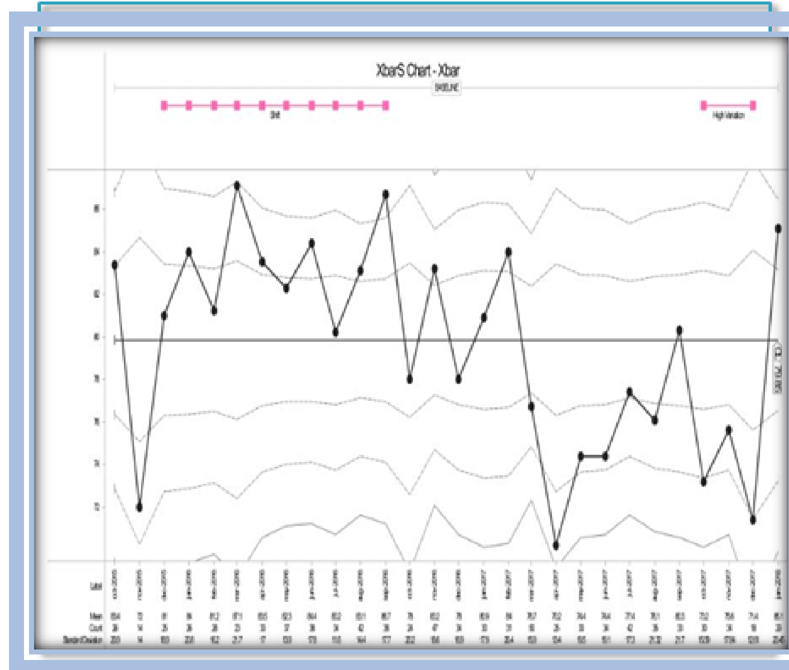
Measures Dashboard

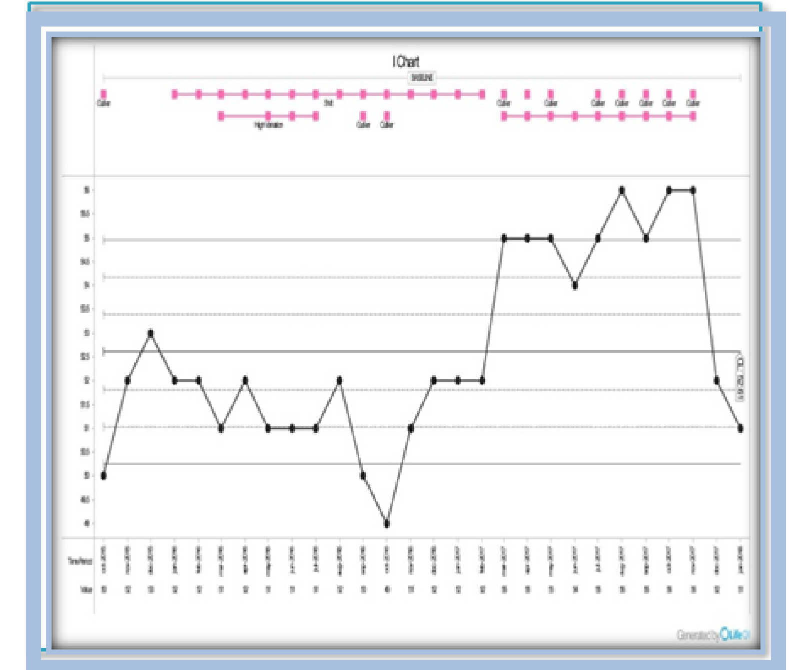
Average Hba1c



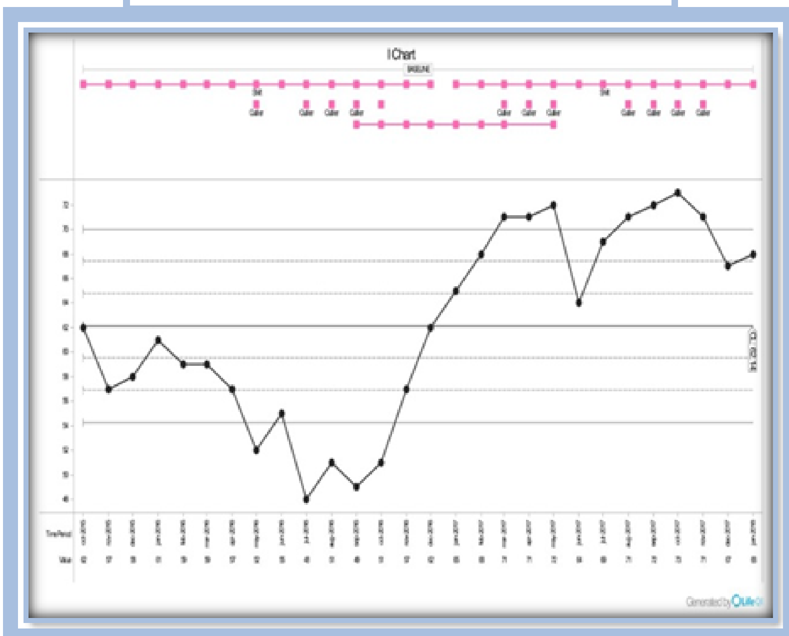
Average Hba1c –Cohort 1



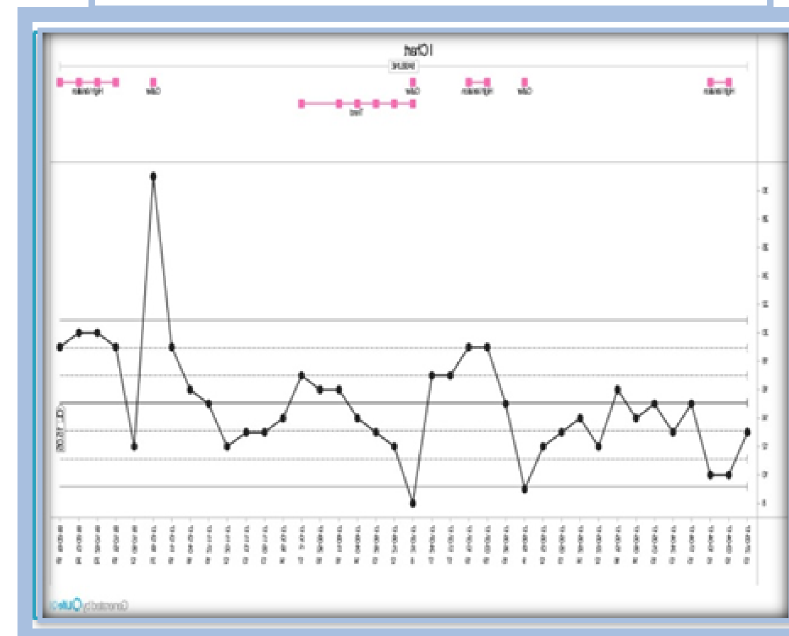
Percentage with Hba1c ≤64



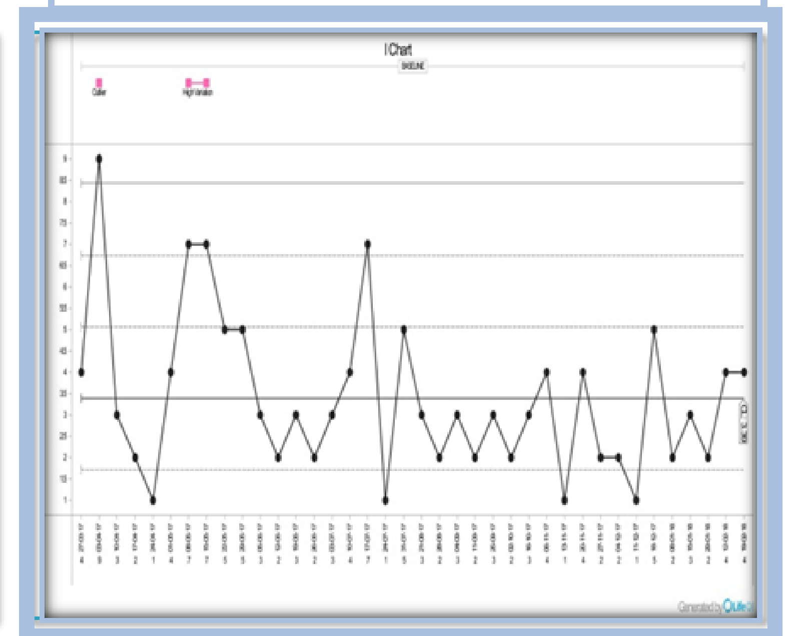
Patients completed DAR



Third next available doctor appt



Third next available nurse appt



Highlights

- Positive results from patient surveys
- Use of diabetes care plans increasing
- Completion of first series of Toiora exercise group
- HQSC article on Te Kete Hauora & Toiora
- Toiora presentation at Let's Talk conference

Issues

- Data for the last 2 months is not so good
- Need a plan for where to next with our diabetes project
- Time commitment to the project has impacted on other activities
- Sandy leaving has left a gap

Toiora Diabetes Exercise Group

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HUCHS Team at Let's Talk Conference

Tai at the Let's Talk Conference

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Ronnie at the Let's Talk conference

Kamal at the Let’s Talk conference