



## Quality Improvement Scenario 3: Diabetes Register in CIS

While looking at the **Diabetes Register list of all patients diagnosed with diabetes** in the Practice's clinical system, the Practice Nurse notices that there are patients whose Diabetes Cycle of Care is overdue (**red font-MD**), or without a completion date or a completion date more than 12 months ago (**BP**).

### Medical Director Clinical Front Screen < Search < Diabetes Register

Name	Phone Home	Phone Work	Phone Mobile	Last visit	HBA1C	Eye exam	Foot exam	Height	Weight	BP	Lipids	Microalbumin	Diabetes recall	Diabetes assessment
<input type="checkbox"/> ANDERSON, DAVID				12/04/2021		22/05/2011	18/02/2013	09/04/2021	08/04/2021	08/04/2021	16/06/2012		18/02/2014	08/04/2021
<input type="checkbox"/> ANDREWS, JOHN				03/12/2012	26/05/2012	12/12/1999	12/05/2012	26/05/2012	26/05/2012	26/05/2012	16/06/2012	12/05/2012		12/05/2012
<input type="checkbox"/> WATLAND, HENRY				18/02/2013				12/07/2012	12/07/2012	12/07/2012	16/06/2012			

### Best Practice Main Screen < Clinical < Diabetes Register

Name	D.O.B.	Age	Last Care cycle completed	Last Care cycle billed
Mr. Alan Abbott	30/06/1945	75 yrs	13/04/2021	27/10/2011
Mrs. Madeline Abbott	14/02/1978	43 yrs	27/10/2011	//
Mr. Felix Adams	30/12/1928	92 yrs	//	//
David Charles Alfreds	19/03/1930	91 yrs	//	//
Mrs. Janelle Allen	24/01/1965	56 yrs	//	//
Mrs. Frances Barrett	16/09/1972	48 yrs	//	//
Rose Bishop	24/01/1926	95 yrs	13/04/2021	//
Miss Daisy Duck	06/05/1940	81 yrs	19/05/2021	//

The Practice's Quality Improvement Team wish to improve their use of the navigation functions and use of the **Diabetes Register** to help improve rates of completion of Patients' Diabetes Cycle of Care.

The Practice picks this topic and creates a **Model for Improvement** for the PIP QI Quarter beginning 1 May.

The SMART goal is 100% of staff in the practice will be upskilled in navigation functions and use of the Diabetes Register by 31 July

#### Data Baseline:

Number of Practice Staff competent to navigate in the Diabetes Register/Number of Practice staff  
Example: 5 of 10 practice staff competent

**Review Date:** End of July Quarter.



## PLAN:

**Idea 1:** Find patients whose **Diabetes Cycle of Care** is next due or overdue.

**TIP:** Tick to select show patients whose Cycle of Care is overdue **(BP)**.

**TIP:** Tick to display the next due date of a patient's individual activities in the Cycle of Care **(MD)**.

**Idea 2:** Find patients cared for by **Usual Doctor**.

**TIP:** You can select a specific provider. **(BP)** See above screenshot.

**Idea 3:** Work through a **Patient List or Patient Summary** to contact to attend practice to complete their outstanding cycle of care activities.

**TIP:** You can print this list. **(BP) (MD)**. You can export the list **(MD)**. You can print a summary of each patients Cycle of Care **(MD)**.

**Idea 4:** Access a **Patient's File** to check their details.

**TIP:** You can open a patient file from the register **(BP) (MD)**.

**Idea 5:** Determine the **Practice's Performance** on Cycle of Care Activities.

**TIP:** You can review/print Practice's aggregated statistics of meeting/not meeting criteria of each activity in Diabetes Cycle of Care. **(MD)**.

**Idea 6:** Use a template to send a **Reminder** to all patients via File < Mail Merge. (A copy of the Reminder can be saved in Correspondence Out in patient record as template name **(BP)**. You can **Add Recall** to patient's record **(MD)**. You could send these reminders/recalls via a third-party vendor.

**TIP:** Use Reminder Clean-up Tool **(BP, MD)** or cease free-text reminders **(BP Configuration)**.

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**By end of July quarter, the Practice Nurse and Quality Improvement Team complete the Improvement Cycle:**

**DO:** What did you do?

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**STUDY:** What were the reviewed results?

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What can be added, continued, and removed from process?