

Best Practices in Health Promotion and Chronic Care Award Winner – Queen's Family Health Team

An interdisciplinary, collaborative and data-driven approach to chronic disease management



The tools of good chronic disease management — a whole-team approach, solid use of data and actively reaching out to patients — can benefit everyone you care for, the Queen's Family Health Team has discovered.

The Kingston-based organization set out to improve care of its patients with diabetes (which

started with the hard work of creating a registry of them from disjointed patient records). Once that was accomplished, the team could move on to track care through measuring their HbA1C and other health indicators, and assessing how often those measurements were on target.

Efforts to improve diabetes care continued to grow, to include report cards on how teams are doing and, more recently, adding a chronic disease self-management program.

All of this caused the team to take a look at its operations and set three goals for its broader culture and delivery of care. The first was to leverage the contributions of all of its team members, from the clerical staff, through to the nurses, other health professionals and physicians — to create a culture where everyone felt responsible for improving the health and well-being of all patients.

The second goal was to make better use of the electronic medical records. After a focus on improving the quality of the data in the records, the team was ready to start running sophisticated data queries to identify patients overdue for tests and treatments.

Lastly, the better quality records have permitted the team to reach out to its entire roster of patients, not just people who come in to the office. The nursing team audits records to alert people who are overdue for vaccines or flu shots. Members of the clerical staff can contact parents to get babies in for their 15- and 18-month checkups, or warn people when it's time for colon, breast, or cervical cancer screening.

The focus on people with diabetes brought home to the Queen's team both the importance of high-quality data for quality improvement and the importance of starting with an achievable goal. They recommend:

- Empowering and training many members of the team to help reach care goals;
- Finding the funds for a data analyst;
- Assigning tasks to specific people, for accountability;
- Thinking in terms of the entire roster, not just regular office visitors.

