Harnessing Electronic Medical Records to Improve Diabetic Patient Management

Good data is always important for improving quality; it is absolutely essential in caring for patients with diabetes, where tracking numbers is key to maintaining health. The Central Hastings Family Health Team has greatly improved its diabetic care by using its electronic medical records to generate data that lets the team manage day-to-day care of individual patients and identify overall areas where quality needs improving.

Practitioners on the Central Hastings team receive monthly updates of statistics on their diabetic patients for more precise management of their conditions. And if a patient is overdue for a check-up or tests, he or she gets a call. Those efforts have paid off. Central Hastings has a diabetic population of 724 patients; its first monthly recall turned up more than 150 patients overdue for care. That number has dropped to between 40 and 50 per month. In June of this year, only four per cent of diabetic patients had not had an A1C test in the previous six months (usually because they couldn’t be reached by phone).

But use of the data doesn’t end with direct care. The practitioners also get together to review the results of their work, identify poor results or gaps in care, and set priorities for improvement. Those are sent on to the Diabetes Mellitus (DM) Focus Group, led by Dr. Adam Stewart. It includes nurse practitioners, the dietitian and the program coordinator. Its job is to develop strategies to achieve the improvements the practitioners have identified; it does that in the form of quality-improvement plans, which are taken back to the practitioners for input. So far, this process has led to the development of care pathways and education for newly diagnosed diabetics, and a special program for people starting insulin.

It’s an ongoing process: the focus group’s guiding philosophy is “one small step at a time.” Working steadily, but toward realistic, achievable goals, is the key to success, folks at Central Hastings feel—and they think that makes it a good model for other family health teams, particularly smaller ones. Dr. Stewart has shared their documents and programming strategies with other health teams around the province.