

TENTH ANNUAL
HEALTH SCIENCES CENTER
POSTER CONFERENCE 2005

Medicine

Category: Clinical

94: Moderated

**Improving the process of diabetes care at primary health care
setting by a National Diabetes Care Programme**

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Introduction:

Kuwait Diabetes Care Programme was established in order to improve the quality of care provided for diabetic patients at the Primary Health Care setting throughout Kuwait.

Methods:

The main strategies developed to achieve this goal were (i) development of clinical practice guidelines for diabetes care, (ii) development of standards for diabetes care, (iii) conducting training courses, and (iv) monitoring and evaluation system. Four cycles of audits were performed to evaluate the impact of KDCP on the structure and process of diabetes care over a period of 3 years.

Results:

There was significant improvement in the process of diabetes care. The prevalence of smoking assessment increased significantly from 2.8 % to 27.2 % ($p<0.001$); the prevalence of conducting fundus and foot examination increased significantly from 2.4 % to 31.6% ($p<0.001$); and from 0.4 % to 40.4 % ($p<0.001$) respectively; the prevalence of urinary microalbumin determination increased significantly from 4.4 % to 26.4 % ($p<0.001$); the prevalence of measuring serum creatinine and HbA1c values increased significantly from 16 % to 78.4 % ($p<0.001$); and from 10.4 % to 60.8 % ($p<0.001$) respectively; the prevalence of measuring serum total cholesterol, triglycerides, HDL-C, and LDL-C increased significantly from 16.4 % to 80 % ($p<0.001$); from 14.4 % to 80 % ($p<0.001$); from 2.4 % to 32.8 % ($p<0.001$); and from 2.4 % to 24 % ($p<0.001$) respectively. Lack of specialized diabetes care team, lack of policy for appointment system, non-improvements in the adherence of patients to their appointment, and lack of patients' education programmes were the main deficiencies.

Conclusions:

A national diabetes care programme was associated with improved processes of diabetes care. Support from health authorities, provision of manpower resources, continuous monitoring and evaluation system, conduction of structured education programmes are crucial to further improve the quality of diabetes care.

Key Words: Diabetes; Quality; Kuwait;

Funding Agency: None