

**ELEVENTH ANNUAL
HEALTH SCIENCES CENTRE
POSTER CONFERENCE
2006**

Medicin

Category: Clinical

94

**Implementing the Diabetes Care Programme standards at the primary
health care setting in Kuwait**

*Al-Adsani AMS ¹, Al-Jassar Sh ², Al-Sultan F ³, El-Feky M ⁴, Al-Mezel N ⁵, Saba W ⁶

¹ Diabetes Unit, Department of Medicine, Al-Sabah Hospital, ² Al-Nuzha Clinic, ³ South Hawalli Clinic, ⁴ Al-Reqqa Clinic, ⁵ Al-Rabiya Clinic, ⁶ Al-Sulaibiya Clinic

Introduction:

Diabetes Care Programme (DCP) was established in order to improve the quality of diabetes care at the Primary Health Care (PHC) Setting in Kuwait. Twelve standards were set out to improve the structure and process of diabetes care. On 2001, the standards were disseminated to physicians working in the diabetic clinics at the PHC setting. Annual audits on 5 selected diabetic clinics showed improvements in the quality of diabetes care. We carried out this study to evaluate the adherence to implementation of the standards and the quality of diabetes care in all centers that provide diabetes services at the PHC setting in Kuwait.

Methods:

Since 2003, an audit has been conducted for all centers in the PHC setting that provide diabetes care services by on-site visits and medical record review. Medical records were included only if the patients had had three or more visits during the year.

Results:

In 2003, a total of 34 centers were visited and 820 medical records were reviewed. On-site visits revealed that only 19 out of the 34 clinics had appointment registry. Although the majority (98%) of the patients had diabetes appointment booklets and that 96% had their appointment registered in these booklets, only 65% were adherent to their appointment. The majority of the patients (88%) had a file. The review revealed that of all subjects, 29 and 22% had fundus and foot examination respectively. The proportion of patients who were asked for smoking status was 19%. Of all subjects 46, 64, and 28% were tested for HbA1c, serum creatinine, and microalbuminuria respectively. The proportion of patients who were tested for triglycerides, total cholesterol, HDL-cholesterol, and LDL cholesterol was 65, 65, 24, and 21 % respectively.

Conclusions:

DCP standards were implemented in the PHC setting. However, the quality of diabetes care is still not optimal. Further interventions are needed to lead to improvements in the structure and process of diabetes care in Kuwait.

Key Words: Diabetes; Standards; Quality of care;

Funding Agency: None