

hird Health Programme

# **Checklist Manifesto or How to Get Things Right** Tamara Poljičanin, MD, PhD, Croatian Institute of Public Health, Croatia

## Abstract

#### **Description & knowledge**

- Health care professionals don't provide good quality data on their patients.
- Not all the persons with diabetes are being treated equally.
- Diabetes registries are proven to be efficient in quality improvement: help in reducing frequency of emergency department visits and hospitalizations, as well as health-care expenditures.

### Rationale

Well established electronic patient registries improve quality indicators of diabetes control at population level due to better insight in patients' health status, improved health care delivery and better patient compliance as well as continuous organisational improvement within and between involved health care providers.

### Specific aims

To use QCR Tool to pilot an intervention to increase the use of diabetes control check-list for improvement of health care quality in diabetes.

#### Key performance indicators

- ✓ Agreement on Minimum Data Set
- ✓ Recommendations delivered
- ✓ Diabetes panels shared

## **Quality Criteria and Recommendations (QCR)**

The aim of the pilot is to increase the use of diabetes control check-list within diabetes registry as well as identify barriers for their full implementation in primary health care settings. Study will enable quantification of availability and quality of diabetes care indicators and impact of structured education and performance feedback on their quality.

#### **GROUP 1**

analysis of indicators (HbA1C, lipids, albumin/creatinine ratio, systolic and diastolic blood pressure and fundoscopic examination)

-interview - education on project and MDS/registry - feedback on performance -letter with information about project and their monitoring

analysis of indicators (after 6 months)

-interview

As a part of the intervention on governance, education and training level, LIWG platform enables influence on the stakeholders' processes and activities. These include changes in diabetes panel that enable complete agreement with MDS and improving awareness of GPs and patients on potential benefits from MDS.

GROUP 2

#### GROUP 3

## Enablers

- representatives

## Barriers

## Key messages

- MDS.

## Aknowledgements

CIPH team: Ivan Pristaš, Marko Brkić, Marija Švajda, Domina Vusio LIWG members



 Involvement of patient • Availability of educational materials Support from the Chrodis+ core team for increasing awareness and visibility of the project

• Unclear institutional mandate • GPs are generally overworked • Low awareness of the importance of standardised clinical practice and health information systems Importance of diabetes registry not perceived by patients

• The QCR Tool provides a useful framework for designing practices to improve the quality of care for people with diabetes and other chronic diseases. Diabetes registries can serve to interventional purposes and are proven to be efficient in quality improvement trough implementation of standardised