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Family name: Törnvall
First name: Eva
Professional title: PhD, R&D coordinator
Organisation: County council of Östergötland
City: Linköping
Country: Sweden
Telephone: 010-1038509
Email adress: eva.tornvall@lio.se
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Implementation of the Diabetes Registry for Quality Improvement in Primary Health Care

Authors: Ing-Marie Hallgren, Ewa Grodzinsky, Eva Törnvall

Abstract:
Introduction. The Swedish National Diabetes Register (NDR) contains the most important quality indicators in diabetes care and therefore a decision was taken to implement the NDR in primary health care (PHC) in the county of Östergötland. An implementation project was carried out during 2002-2005 where the NDR registration was introduced in clinical practice in PHC. The aim of the present study was to follow the implementation of the NDR in PHC and investigate whether the registration led to sustained outcomes of medical results of diabetes care in PHC after the implementation project.

Method. To encourage participation in the implementation project, the county council supported the Primary Health Care Centres (PHCC) financially according to the Payment for Performance Programme (P4P). The implementation process was followed through different phases from exploration and adoption to operation and sustainability. Achievements to national medical goals for HbA1c, blood pressure and other indicators were registered on-line in the NDR. The results were compared between PHCCs within the county and from 2007 the measurements of the present county was compared with the corresponding national average measurements.

Result. The implementation of NDR registration was successful and today it is a compulsory routine in PHC in the county. At the end of the implementation project the registration rate in the county had reached the goal level, 75%. This level still remains. In 2005, a clear improvement trend for HbA1c and blood pressure was shown within the county. In 2007-2011 goal achievements in the county studied were better than in the most other counties and Sweden as a whole.

Discussion. Important factors for success were the initiative taken by the profession itself and the strong support from the county council. As assumed, an association between medical results and registration in the NDR could be seen. As the project was primarily a quality improvement work, the results have continuously influenced the development of diabetes care. Both the health professions and the county council now have an effective and rapid method for evaluation and follow up of diabetes care. The systematic documentation, followed by comparisons and analyses, create ideas for improvements.

Why the abstract is of interest to the research community gathered at the 2013 Nordic Implementation Conference:
Presents lesson learned how new working practice can be implemented in primary health care and its sustainability

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