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Use of An Indicators of Care Database.
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The use of an indicators of care (IOC) database allows for the determination of descriptive, utilization, and outcomes data for use by individual diabetes education centres (DECs) as well as regional and provincial planners and policy makers. The evidence should influence program delivery, operations, and diabetes management decisions. A standardized flow sheet, used provincially, forms the basis of the database. Information collected includes DEC visit information, clinical parameters such as wt, BP, foot assessment risk rating, HbA_{1c}, other laboratory data, and selfcare practices. The database was piloted using information from 100 randomly selected DEC patient records in each of 4 DECs. Each patient had to have been seen in the past 12 months and have a minimum of 15 months of data prior to this last visit. This 15 months of data formed the basis of the database. Analysis consisted of cross tabulation, logistic regression, means and medians, and simple distribution with frequency, cumulatives, and %s. Descriptive findings: 38% diet controlled, 43% oral agents, 17% insulin requiring; 53% ≥ age 65; 45% with BMI ≥ 30. Utilization (frequency of measurement) findings per 12 month period: mean # of person visits 3.6; HbA_{1c} 2.7; lipid profile 1.3; proteinuria 1.7. Outcomes findings (at last recorded visit): 57% HbA_{1c} < 7%, 21% HbA_{1c} > 8.49; 23% BP < 130/85, 48% S ≥ 140 or D ≥ 90; 61% with ratio TC:HDL-C < 5, 16% > 6; 8% creatinine > 130 μmol/L; 60% routine eye examination; 35% of those with assigned risk rating for potential foot problems had a moderate to high risk rating. Use of the database revealed areas in the flow sheet requiring improvement for ease of routine documentation. As well, documentation practices will continue to improve based on the feedback provided. It is expected that continued collection, analysis, and routine review of data will result in improved program delivery and treatment practices in areas where outcomes are deemed unacceptable. The use of the IOC database will provide for the longitudinal collection of data that will measure trends in disease morbidity.