INTRODUCING A MULTIFACETED APPROACH TO IMPROVING REGIONAL DIABETES CARE

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INTRODUCTION

• DIABETES MELLITUS (DM) IS A CHRONIC DISEASE WITH DEVASTATING COMPLICATIONS. BOTH THE DISEASE AND ITS COMPLICATIONS PLACE A HUGE BURDEN ON THE ECONOMY.

• THIS IS ESPECIALLY SO IN DEVELOPING COUNTRIES WHERE, ACCORDING TO THE 2014 INTERNATIONAL DIABETES FEDERATION (IDF) GUIDELINES, APPROXIMATELY 77% OF PATIENTS WITH DIABETES ARE FOUND.

• GLOBALLY, OPTIMAL CONTROL IN THE MAJORITY OF PATIENTS WITH DM REMAINS ELUSIVE. INCREASINGLY THIS IS PERTINENT IN DEVELOPING COUNTRIES WHERE THE BURDEN OF DM AND ITS COMPLICATIONS COUPLED WITH INFECTIOUS DISEASES CONTINUE TO WEIGH HEAVILY ON HUMAN SUFFERING AND THE ECONOMIES OF THESE COUNTRIES.

• STRATEGIES TO IMPROVE DIABETES CARE ARE CRUCIAL, MORE ESPECIALLY IN RESOURCE-LIMITED DEVELOPING COUNTRIES.

• IMPROVING DIABETES CARE BEGINS AT THE COMMUNITY LEVEL AND EVEN SMALL IMPROVEMENTS MADE AT THIS HEALTHCARE LEVEL MAY TRANSLATE INTO MUCH LARGER BENEFITS TO BOTH THE PATIENT AND THE POPULATION AT LARGE.

• WITH THIS IN MIND I DESIGNED AND IMPLEMENTED A MULTIFACETED APPROACH TO DIABETES CARE INTO THE RESOURCE-LIMITED EDENDALE HOSPITAL DIABETIC CLINIC.
CHANGES IMPLEMENTED INTO THIS DIABETIC CLINIC

• ONCE THE INADEQUACIES OF THIS CLINIC HAD BEEN ASSESSED, CERTAIN VITAL IMPROVEMENTS WERE MADE BY MYSELF.

• THESE INCLUDED THE FOLLOWING:
  • SETTING UP OF A MULTIDISCIPLINARY TEAM INCLUDING DIETICIAN AND PODIATRIST SERVICES.
  • ACQUISITION OF APPROPRIATE EQUIPMENT THROUGH DONATIONS.
  • IMPROVED CLINIC PHYSICAL FACILITIES – INCLUDING EDUCATIONAL POSTERS, WALL CLOCKS, PLANTS ETC..
  • CONTINUOUS CLINICIAN AND NURSE EDUCATION ON THE SOCIETY OF ENDOCRINOLOGY AND METABOLISM OF SOUTH AFRICA (SEMDSA) DIABETES GUIDELINES.
  • EXTENSIVE PATIENT EDUCATION FROM ALL MEMBERS OF THE MULTIDISCIPLINARY TEAM.
CHANGES IMPLEMENTED INTO THIS CLINIC

• INTRODUCTION OF A SELF-FUNDED SPECIALLY DESIGNED DATA COLLECTION TOOL FOR THE DIABETIC CLINIC. THIS INCLUDED THE FOLLOWING:

  • **DATASHEET** – TO BE COMPLETED FOR EVERY PATIENT. AMONGST OTHER REASONS, THIS ENSURED A COMPREHENSIVE AND STANDARDISED APPROACH TO EVERY PATIENT CONSULTED AT THE CLINIC.

  • **INK-BASED STAMP** TO CONFIRM THAT NURSING STAFF ROUTINELY PERFORM A STANDARD SET OF VITAL SIGNS.

  • **SPECIALLY DESIGNED COMPUTER PROGRAMME** WHICH HELPED FOR AUDITING CLINICAL, BIOCHEMICAL AND EPIDEMIOLOGICAL VARIABLES.
INTEGRATED ELEMENTS OF A COMPREHENSIVE AND HOLISTIC TREATMENT APPROACH TO PATIENTS WITH DIABETES THAT WAS INTRODUCED
• NUMEROUS PUBLISHED RESEARCH STUDIES CONDUCTED AT THIS DIABETES CLINIC HAS PROVIDED AMPLE EVIDENCE THAT THESE SIMPLE “HOME GROWN” INTERVENTIONS ARE HIGHLY EFFECTIVE IN IMPROVING DIABETES CONTROL WITHIN A DEVELOPING COUNTRY SETTING.

• GOVERNMENT NEEDS TO HEED RESULTS OF SUCH RESEARCH AND IMPLEMENT STEPS TO REPRODUCE THESE CHANGES WITHIN DIABETES CLINICS.

• IMPROVED DIABETES CONTROL LEADS TO DECREASED DIABETES RELATED COMPLICATIONS AND MAY ASSIST IN BREAKING THE VICIOUS INTERACTIONS BETWEEN TB AND HIV GLOBALLY.

• MUCH GREATER ATTENTION TO NON COMMUNICABLE DISEASES BY GOVERNMENT IS NEEDED AS A MATTER OF URGENCY IF WE ARE EVER GOING TO WIN THIS BATTLE FOR OPTIMAL DIABETES CONTROL.
Thank you

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