SYNOPSIS

Introduction: Diabetes Mellitus is one of the major chronic NCDs in Sri Lanka, with increased morbidity and mortality over past few decades. Good glycaemic control with timely screening and effective management of micro and macro vascular complications can lead to satisfactory control of diabetes. It was observed that, in the present context patients do not get the optimum care services in relation to medications, investigations or advice on lifestyle modifications. It is timely to develop the right methods and models using available policies and guidelines to provide comprehensive and patient cantered care.

Purpose: This project is aimed to assess the existing medical clinic services for diabetic patients; to design and implement an intervention care package to improve the existing medical clinic services and to evaluate the relevance, coherence, effectiveness and sustainability of the interventions at DGH Nawalapitiya.

Methodology: This was an interventional research project conducted in three phases: pre-intervention, intervention and post-intervention. Existing diabetic clinic services at DGH Nawalapitiya was assessed using quantitative and qualitative research methods during pre-intervention phase. At the end of phase one standard care delivery gaps were identified. After multi-stakeholder meetings and discussions, possible interventions were identified, prioritized and included in the intervention package, “Walk Away From the Silent Killer, Diabetes Mellitus”. The implementation process was regularly monitored by a monitoring team and any delays that existed were expedited. Finally, after completion of interventions a team evaluated the project based on criteria of relevance, coherence, effectiveness, and sustainability.

Results and Discussion: Many gaps existed in providing basic amenities for diabetic patients, in clinic layout and space arrangement, staff training, health education for patients, performing blood investigations, practicing clinical management guidelines, and screening for diabetes-related complications which many of them attended by the intervention care package successfully. With optimizing the clinic services the overall patients' experience showed significant improvement from a mean of 3.52±0.28 to 3.86±0.27. Proportion of patients who have achieved glycemic control within target values (80-130mg/dl) has increased to 72.7% from pre intervention value of 64.6%. Evaluation findings revealed that the project was relevant to the national policies, patient and institutional needs; coherent with ongoing similar projects and activities such as PSSP and NCD prevention and control programme; achieved most of the results showing the effectiveness; sustainability ensured with the administrative and technical support as well as getting the concurrences and agreement among the stakeholders.

Conclusions: Diabetic clinic service was found to be have many gaps and properly intervened by well-designed, relevant, cohered, effective, and sustainable intervention care package. It can be stated that, active administrative interventions such as infrastructure development, staff capacity building through training, process improvements, and good leadership through proper monitoring and evaluation can transform health care delivery

Recommendation: It is recommended the intervention care package to be implemented in different settings to improve diabetic care and also for other NCDs. If expected effectiveness and efficiency criteria are met, inclusion in the National NCD Prevention and Control Program is recommended for introduction in other hospitals.

Keywords: Diabetes mellitus, patient experience, patient entered care, glycemic control,