**Background**

Good clinical care of individuals with Type Two Diabetes Mellitus (T2DM) requires a sustained multidisciplinary team (MDT) approach from the point of diagnosis. This requires the clinician to coordinate referrals to Dietetics, Podiatry, DESMOND Structured Education and the Practice Nurse. Variation in referral patterns between clinicians was noted which resulted in some patients being referred at a later date (or others having their referral deferred) to some members of the broader MDT.

Baseline performance data (n=10) showed 60% of patients with new T2DM were referred at (or near) the point of diagnosis to Dietetics, Podiatry and DESMOND. Practice Nurse referrals were not coded but they had reviewed 70% of the cases analysed. An opportunity was recognised to improve the initial referral process using Quality Improvement techniques to create a system for managing newly diagnosed individuals with T2DM.

**Aim**

To improve the reliability of the initial referral rate of newly diagnosed type two diabetics in our practice to specialist services (Dietetics, Podiatry, Practice Nurse, DESMOND Course) to 80% by April 2017.

**Outcome Measures**

Outcome measure: the percentage of patients appropriately referred to the diabetic MDT at the point of their diagnosis.

Process measure: DIReCT tool use in the initial referral.

**Results**

**Outcome**

**PDSA Cycle 1: Jan – Feb 2017**


Study: New T2DM in Jan (n=0) and Feb (n=3). DIReCT use in 33% of cases. 40% improvement in referral to Podiatry and Dietetics was shown. DESMOND referrals (n=2) fell by 10%.

ACT: In order to continue and sustain improvement DIReCT tool use must be increased.

**PDSA Cycle 2: March 2017**

PLAN/DO: A reminder card was attached to the monitor of each consulting room to encourage DIReCT use.

Study: 100% DIReCT tool use identified (n=4). 100% referral to Podiatry, Dietetics and Practice Nurse. DESMOND referral at 100% (n=1). The prompt cards were an improvement as they increased tool use and sustained improved referral rates to Podiatry, Dietetics and the Practice Nurse.

At this stage the QI methodology shows that the introduction of DIReCT is an improvement, surpassing the initial aim of the project.

**Next Steps & Ideas for further PDSA cycles**

- Better coding of patients declining referral to DESMOND and making more PILs available (driving and diet advice).
- Implement changes to improve DESMOND referral uptake: integrate a DESMOND PIL, clinician education.
- Patient feedback on PIL content and the patient journey.
- Continued measurement of DIReCT use to inform sustainability of these changes.

**Improvement Methodology**

QI methodology was applied to this project. The main change was the introduction of an electronic workflow (DIReCT tool) to provide prompts for referrals and automatic printouts of Practice Nurse referral letters and T2DM PILs. Data was collected monthly from January to April 2017. Two PDSA cycles were achieved. Patient records with new T2DM were reviewed to identify if the DIReCT tool was used and if referrals were made (see Run Chart).