

# Regional Guidelines for Diabetes Management in PHC

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*Lydia Atkins*

*Organization of the Eastern Caribbean States*

*Health Unit*



**Organisation of  
Eastern Caribbean States**



*One Community · Growing Together*

# Project Objectives

GOAL: To promote diabetes awareness and knowledge among the general population and to support the adoption of healthy eating habits and physically active lifestyles to reduce diabetes risk among the general population in 5 MS.



3: Promote **behaviour change** for persons with diabetes and their families through a **family-based** intervention programme



2: Strengthen **HCW capacity in prevention, diagnosis, management** and care of persons with DM-2



1: Raise awareness of DM-2, its **risk factors** and how it can be **prevented** among the general public in 5 MS

4: Collate, adapt and reproduce and share **culturally appropriate** and **effective** pre-existing Key IEC materials (to promote diabetes awareness and adoption of healthy lifestyles).



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# Methodology

- Consistent with IOM Standards for Guidelines development
  - Established Transparency
  - Use of Expert Group for content review
    - Multidisciplinary and well balanced team
      - Absent was the patient advocate representative
  - Use of systematic reviews that met best practice standards
  - External Peer Review
    - Representative group of users to provide feedback
  - Development of implementation tools
    - Pocket-sized algorithms
    - Wall Posters and Charts
    - Mobile App for algorithms

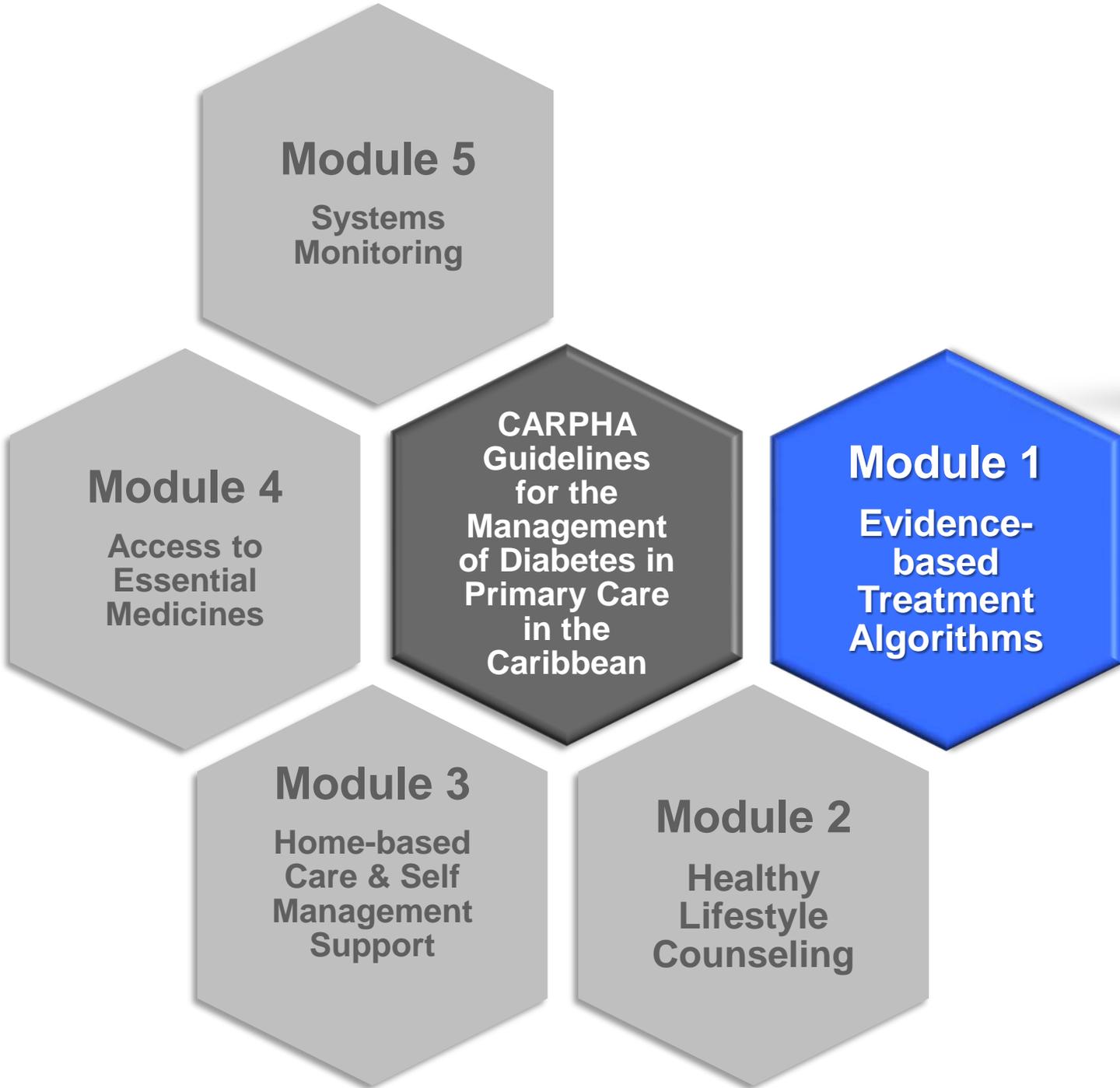


“A touch less rigour on the feedback next time, Stephen.”

# Modular Approach

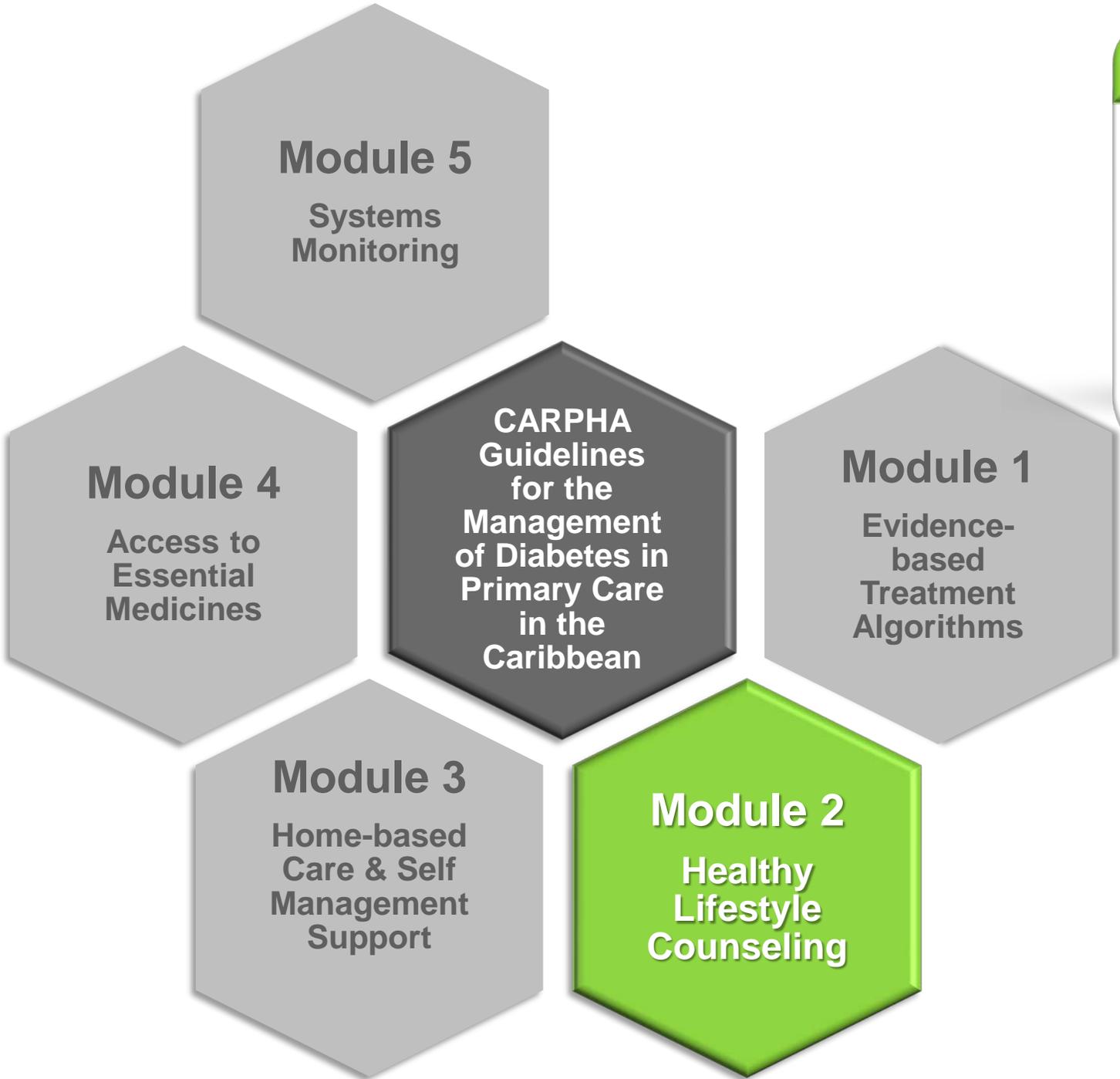
- Modular approach for adapting and including other components of DM management
  - *Modeled after WHO HEARTS*
- Building block for implementation of an integrated NCD programme in PHC
- Discourages *a vertical or silo approach* in DM management
- Targeted at *PHC providers, policy-makers, civil society groups, lay care providers & persons with diabetes*
- **5 Modules**
  - *Evidence-Based Treatment Algorithms*
  - *Healthy Lifestyle Counseling*
  - *Team-based Care & Self Support Management*
  - *Access to Essential Medicines*
  - *Systems Monitoring*





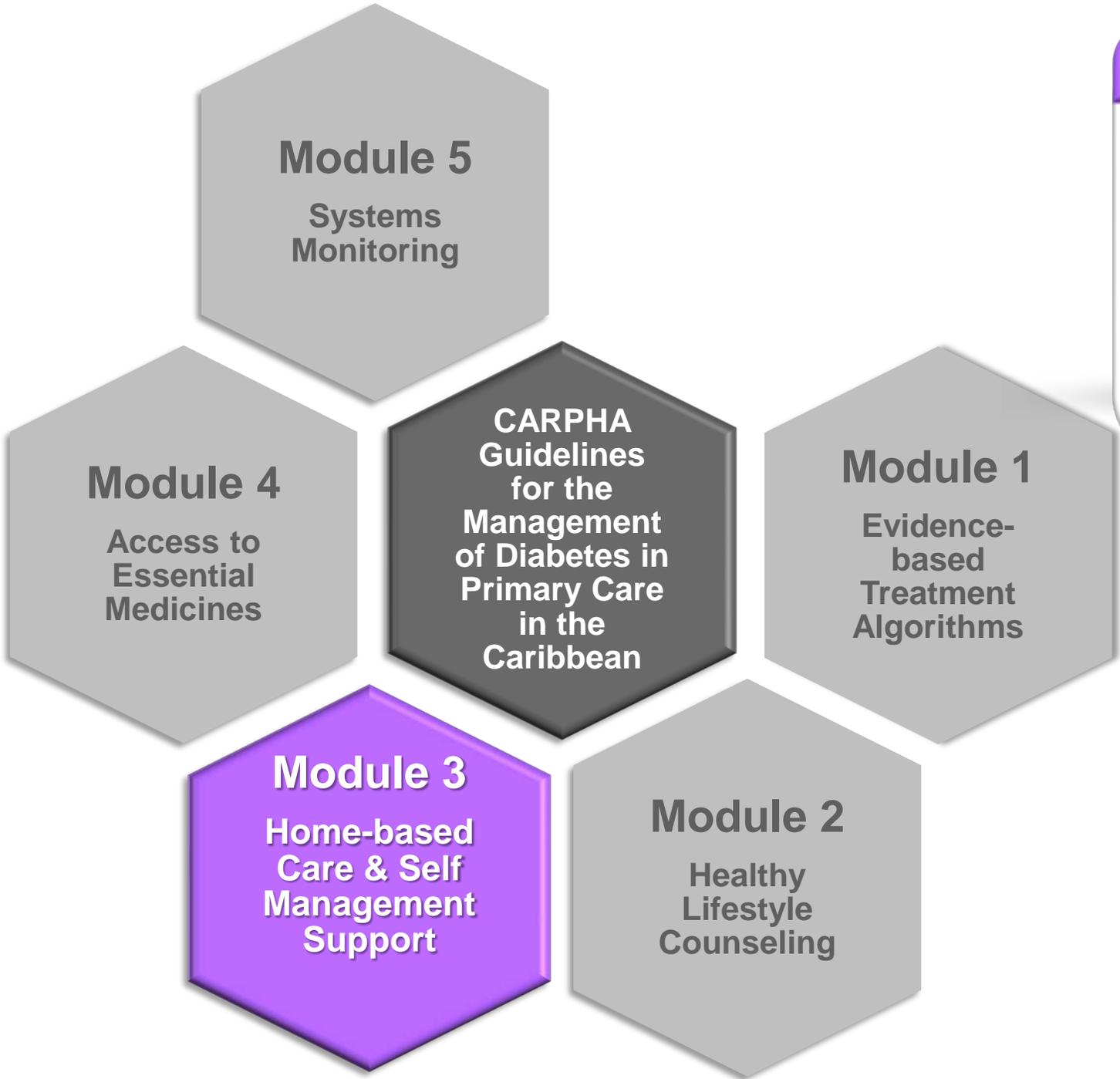
**Evidence-Based Treatment Algorithms**

- PHC providers directly involved in the clinical management of DM
- Simple, standardized algorithms for clinical care



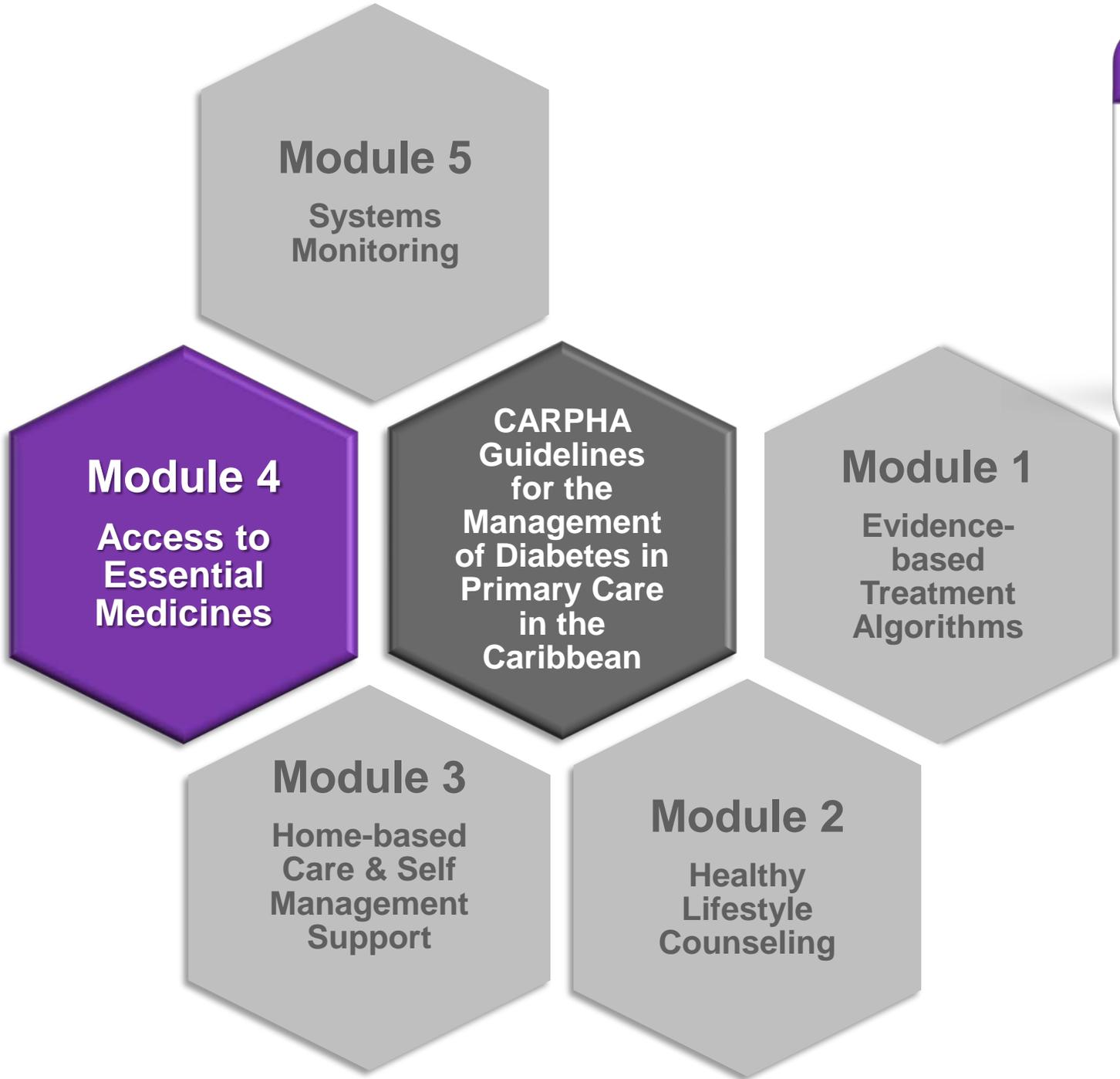
**Healthy Lifestyle Counseling**

- Nutritionists, Dieticians, Physical Fitness Trainers, Health Educators
- Counselling on diet, physical activity, alcohol use, tobacco cessation & self-care



**Home-based Care & Self Management Support**

- Home helpers, family members, CSOs, persons with diabetes
- Community-based patient centred care
- Home help care and self management



### Access to Essential Medicines

- PHC providers, Policy Makers, Pharmacists
- Access to core set of affordable medicines and basic technology

**Module 5**  
Systems  
Monitoring

**Module 4**  
Access to  
Essential  
Medicines

**CARPHA**  
Guidelines  
for the  
Management  
of Diabetes in  
Primary Care  
in the  
Caribbean

**Module 1**  
Evidence-  
based  
Treatment  
Algorithms

**Module 3**  
Home-based  
Care & Self  
Management  
Support

**Module 2**  
Healthy  
Lifestyle  
Counseling

**Access to Essential Medicines**

- Patient data and records
  - Data quality & Data Audits
- Programme Evaluation

## TREATMENT SUPERVISION/AUDIT FORM

Facility name: \_\_\_\_\_ District name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Name of medical officer: \_\_\_\_\_

Has the facility started the hypertension treatment program? Circle, as appropriate: Y N NA

N°	Indicator	Circle any
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1	Screening and BG measurement	
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1.1	Is Findrisc screening done for adults >31inches females >34 inches' males?	Y N
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1.2	Is the BG measurement protocol displayed on the wall/desk?	Y N NA
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1.3	Is there at least one functioning BG instrument in the facility?	Y N NA
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1.4	Is there at least one functioning BP instrument in the facility?	Y N NA
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1.5	Are all patients with HBA1c $\geq 9\%$ referred to xx for management?	Y N NA
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1.6	Are all patients with diabetes and BP $\geq 130/80$ referred to the primary care physician for treatment?	Y N NA
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1.7	For how many patients was BG measured correctly? (Observe 5, >2 of each staff who measure BG)	0 1 2 3 4 5
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1.8	For how many patients was BP measured correctly? (Observe 5, >2 of each staff who measure BP)	0 1 2 3 4 5
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2	Treatment	
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2.1	Is the treatment algorithm displayed on the wall/desk?	Y N NA
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	Randomly audit 10 patient treatment cards (see Patient card audit form). Write for what proportion of patients:	Proportion:
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2.2	Blood Glucose and Blood Pressure was recorded at every visit for the last three visits	
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## PATIENT INTERVIEW REPORT CARD

Interview 5 patients and write yes or no for each question.

To calculate the total, simply tally the number of yeses in each row. Copy the total into the clinical audit tool.

N°	Items	Pt 1	Pt 2	Pt 3	Pt 4	Pt 5	Total
1	Did the patient receive all prescribed medicines at this visit?						
2	Did the patient ever have to pay for medicines in the past 6 months?						
3	Does the patient have correct understanding of how to take medicines?						
4	Did the patient know whether their BP was under control at the last visit?						
5	Does the patient know the target BP?						

# Implementation

- Training of Master Trainers
  - Facilitated through WINDREF at SGU
- In-Country Training
  - Train HCW in updated guidelines
    - 150 Nurses
    - 50 Doctors
    - 100 Policy-makers and other HCP
- Monitoring of Implementation
  - 7,500 persons with diabetes managed in according to the guidelines
- Evaluation of Implementation

# Acknowledgements

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