

Development of a Provincial Diabetes Registry

ZLATKO KARLOVIC, BARBARA PATTERSON*, MARGARET DUNBAR, SONIA SALISBURY. Diabetes Care Program of Nova Scotia (DCPNS), Halifax, NS.*

A registry (Reg) for chronic disease such as diabetes (DM) can monitor trends in diagnosis as well as time-sensitive approaches to care. Such a Reg can provide prompts and alerts to care providers, generate reports, and assist with targeted programming interventions locally, regionally, and provincially.

The Reg was implemented centrally in 1994, allowing for the capture and recording of demographic and visit data by individual Diabetes Centres (DCs) and is comprised of all new referral cases to Nova Scotia (NS) DCs. In 1999, the indicators of care (IOC) component was pilot tested and became part of the Reg System for use centrally (audit purposes) and for DC on-site application. Each component is based on standard documentation forms used by NS DCs. These forms have been used since the early 1990s including physician referral (demographics), daily statistics (visit), and flow sheet (IOC). Information collected includes DoB, gender, DoDx, type of DM, treatment, and type of visit (newly diagnosed, follow-up, etc.). The IOC component collects clinical parameters (wt., BP, A1C, kidney function, lipid profile) and related DM, BP, and lipid medications as well as self-care practices (self-monitoring of BG [frequency of testing and use of results]; date of last eye examination, flu vaccine; etc.). The on-site Reg now generates the following reports: Monthly Statistics, Physician Report, Family Physician-Patient List, Summary of Visits, and Flow Sheet.

Since 2001, 13 DCs from 7 of 9 NS District Health Authorities have implemented the on-site Reg. All are in various stages of implementation and moving toward full use of the application.

The DCPNS will continue to provide support and to focus its future efforts on continued enhancements of the Registry to best meet the needs of DC staff and their referring physicians. We will also pursue linkage with the province's health information system to reduce double entry and to enhance the quality and completeness of the data collected.

Poster presentation. CDA/CSEM Professional Conference and Annual Meetings, Quebec City (Oct. 27-30, 2004).