Welcome to the first issue of E.P.I.I.C!, the DCPNS Registry Optimization Project Bulletin!

This brief bulletin is intended to introduce you to the DCPNS Registry Optimization Project and provide you with updates throughout the duration of the project.

It will also serve as a vehicle to highlight Registry features, share user experiences, and generate interest in optimizing use of the DCPNS Registry.

Please expect future issues of E.P.I.I.C! approximately every 2 months for the remainder of 2018.

DCPNS Registry Optimization will be E.P.I.I.C!:
Educate, Populate, Illustrate, Innovate, Celebrate...doing things differently!

What is the DCPNS Registry Optimization Project?

The DCPNS has launched a project aimed at optimizing the use of the DCPNS Registry by diabetes teams (diabetes educators, clerical/support staff, and managers) across Nova Scotia to facilitate improved diabetes care delivery and outcomes. Optimizing use means:
- making use of the full reporting capabilities of the Registry, and
- entering complete and accurate patient visit information into the Registry.

Why Optimize?

Have you ever wondered about being able to describe the patient population attending your Diabetes Centre (DC) or answer specific questions to help inform your practice? The following are a few examples to consider...
- the number of individuals under the age of 18 or over 80 actively being followed in your DC? Or...
- how many of your patients have an A1C less than 7% or maybe above 9%? Or...
- the number of youth between the ages of 15 and 18 that need to prepare for transition to adult care?

The DCPNS Registry - when used to its optimized potential - can answer all of these practice questions...and many more!

Registry Background:

The DCPNS Registry has been in place since 1992. Overtime, it has evolved from a Provincial Registry of diabetes cases to a system that supports care at DCs within the NSHA and at the IWK Health Centre.

In support of patient/family-centered care, the DCPNS Registry reflects clinical practice guidelines, offers decision support, mirrors recommended practice approaches to care, and provides the basis for a quality culture. It provides useful clinical and statistical information to DC staff, providers within the circle of care, management and senior leadership.

A key feature of the Registry is reporting at the local level at the click of a key. Standard letters and reports are available to users within the circle of care. Users can obtain encounter and statistical information, generate reports/letters for referring providers, and generate specific indicator reports on their populations as a whole, or for subsets of their populations.

Project Rationale:

Use of the DCPNS Registry across the province has been very good, with many years of practice/trend data available for individual DCs. That being said, Registry use by DCs is variable and there are DCs that have yet to fully benefit from the Registry’s reporting functionality.

For more information or to share a Registry use story, please contact: Fran Bowden, MSc PDt Project Coordinator, DCPNS Ph: (902) 473-1752 E-mail: fran.bowden@dcpns.nshealth.ca
We envision that DCPNS Registry optimization will be E.P.I.I.C! This acronym helps to describe the process that will be used to move stakeholders through the following steps to meet project goals and objectives:

1. **Educate**: Initial engagement, assessment of current perceptions/uses of the Registry and learning needs will help to educate both the project team and Registry users about strengths and limitations.

2. **Populate**: Promoting awareness of the importance of complete and accurate data entry into the Registry will result in robust, meaningful reports to guide care/practice change.

3. **Illustrate**: Demonstrating effective use of the data will facilitate awareness of the full reporting capabilities of the Registry.

4. **Innovate**: Sharing across sites and learning from each other will lead to innovation and collaboration as “great minds” come together on practice issues/quality improvement to improve processes and outcomes.

5. **Celebrate**: …ultimately we will do things differently, and we will be celebrating!

**Select Quotes from Key Informant Interviews:**

“Everything is all there [in the Registry] – it’s the first place I go if a patient calls.”

“[Registry reports] are only as good as the data that is put in.”

“Important to involve managers in discussions about the importance of the Registry and its capacity.”

“It’s a helpful and useful tool.”

“I would like to learn more about the [Registry] reports.”

“Doctors are making changes based on our recommendations for improvements. We can’t contact doctors by phone all the time; this [Registry report] is good for documentation & communication.”

“We need to take it [our Registry use] to the next level. We need to take it beyond data entry.”

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**Project Activities & Timeline**

**Engagement and Communication Strategy**: (March 2018)

- Outlines key communication messages, along with proposed communication and engagement activities by International Association for Public Participation’s (IAP2) level of engagement for all stakeholders involved.

**Key Informant Interviews**: (April 2018)

- We have engaged Registry “Super Users” and “Prospective Users” to obtain insight from those with more and less Registry familiarity and experience, respectively.

- We now better understand underlying themes relating to Registry use and have used this knowledge to inform the development of a Registry Use Survey. Please see left for select quotes.

**Registry Use Survey**: (June 2018)

- We are engaging all Registry users (diabetes educators and clerical/support staff) and their managers by surveying them about their perceptions and use of the Registry.

- Results will be compiled and a recommendations document outlining the opportunities as well as the challenges and mitigation strategies will follow.

**Enhancements to Registry Training Program**: (Fall 2018)

- These will be based on identified learning needs and recommendations.

**Registry Practice Groups**: (Fall 2018)

- The DCPNS will create, nurture, and grow practice groups, or Communities of Practice (CoP), of Registry users who can maintain enthusiasm/momentum for Registry use optimization.

- The DCPNS will support these CoPs in using the Registry to identify and perform quality improvement projects in support of improved diabetes care delivery and outcomes.

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Celebrate…doing things differently!  

Star = Project Bulletin