

Contents lists available at [ScienceDirect](#)

Canadian Journal of Diabetes

journal homepage:

www.canadianjournalofdiabetes.com


Editorial

Quality Improvement in Diabetes Care: Time for Us to Step Up?

Quality improvement (QI) is rapidly becoming recognized as an integral part of delivering good clinical care. Dr Don Berwick, a founding member of the Institute for Healthcare Improvement (IHI), describes it simply as “the continuous search for opportunities for all processes to get better.” Alternatively, we can view QI as the scaffold and catalyst for 2 equally important and desirable goals: (a) improving patient care and outcomes; and (b) reducing frustration for patients and health-care professionals from care processes that just do not work. Pioneering work from diverse sectors, including the aviation and health-care industries, has led to the development of easy-to-use, effective methodology to study and implement continuous QI, with many examples of profound successes in the United States (e.g. ThedaCare) and worldwide (e.g. Toyota Production System). Diabetes care reflects a complex management system consisting of a collection of processes that depend on literally everyone—health-care professionals, patients, families and administrators. So it is not surprising that continuous QI could help address the challenges that we face daily in diabetes management.

In this issue of the *Canadian Journal of Diabetes*, readers are provided with a Diabetes QI Primer Series. By walking through a hypothetical QI initiative that aims to improve diabetes foot screening, Mukerji et al (1) introduce us to the steps and methodology needed to get a project started and ensure a high likelihood of success. The IHI Model for Improvement becomes the framework for this journey, as we progress from creating a “SMART” aim statement, choosing and measuring key metrics and testing change using plan-do-study-act (PDSA) cycles. In the second article, Halperin et al (2) guide us through understanding root causes of a quality of care problem and navigating change ideas and concepts. The act of measurement is emphasized as an essential component of any QI initiative—after all, how else can we be certain that our intervention is driving the change if not measuring for it? Lastly, Gilmour et al (3) remind us that perhaps the most challenging aspect of any QI initiative is sustaining that change over time. Indeed, it is well recognized in the improvement community that the greatest effort must be applied to keep the work going after the initial enthusiasm and gusto has worn off. Using battle-worn strategies that promote sustainable change, such as visual performance boards, team huddles and standard work, we are nicely equipped with revelatory tools that transform our interprofessional teams to see improvement not as a transient fad, but rather as a new way of working. Of course, change does not occur in isolation, so it requires the ongoing coordinated efforts of an entire team working together with a common goal to achieve long-term sustained success.

Beyond raising an awareness of the role for QI in diabetes care, this primer series should be viewed as a call to the diabetes care community to up our game toward meeting the challenge of clinical diabetes care that lies ahead. Already, we have unfortunately lagged behind our other subspecialty colleagues in kidney and digestive diseases who have published QI primer series of their own (4,5). This will now at least place us on an equal footing, but we should not stop there. In addition, we should aim to integrate QI earlier into learning curricula and training models for physicians, nurses, dietitians and educators, so they feel comfortable with the knowledge and skills necessary to do this work. Challenging the status quo alone can be daunting enough, but without the skills and education to converse in the common language of change, we may risk falling short of our most valued shared goals. Armed with this primer series, diabetes health-care professionals are given an opportunity to apply a framework for QI to their particular context or practice to deliver the right care for the right patient at the right time. It won't be easy, but for our patients, it will most definitely be worth it. What do you think: Are we prepared to meet this challenge?

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Funding

Dr. Siddiqi is the recipient of a Diabetes Junior Investigator Award, funded by AstraZeneca Canada.

Author Disclosures

Conflicts of interest: None.

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