Chapter 6: Leading and Managing Change in Practice Settings

A multidisciplinary initiative to improve the management of diabetes at a Public Health Centre in Lebanon

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Diabetes is one of the most prevalent non-communicable chronic diseases in the Middle East and North African region. Lebanon ranked 7th in 2011 with 19.6% in prevalence and is estimated to rank the 3rd in 2030 with 23.4% prevalence (Whiting et al., 2011). A study conducted on 2,195 Lebanese people suffering from diabetes found that 82% of participants were not assessing their blood glucose levels daily, 64.2% had not conduct foot exams during the past year, and 52.4% did not conduct the yearly recommended eye exam (Costanian et al., 2014).

A multi-disciplinary team working in a Public Health Center (PHC) in Lebanon aimed to improve the care of diabetic patients through implementing the chronic care model (CCM). CCM is a framework designed by the MacColl Institute for Healthcare Innovation (2000) to improve chronic care. It focuses on optimizing six essential elements: health system, self-management, decision support, delivery system design, clinical information systems and community resources.

The team consisted of two nurses, a physician, a social worker and the nursing director as team leader. They used an assessment tool called the Assessment of Chronic Illness Care (ACIC) tool version 3.5 to diagnose current practices at the centre, and identify areas that need improvement to meet the CCM elements' criteria. Members were asked to score the criteria of the ACIC tool within a one week timeframe. After that, a meeting was held to discuss how each member perceived and scored each item, in order to reach a consensus on all elements' scorings. The team members agreed that items scoring 5 out of 11 or less need to be targeted for improvement.

Three key questions were addressed by the team: What are we trying to accomplish? What are the changes that need to be made? And how are we going to measure improvement? Accordingly, a quality improvement plan was developed with four major goals: improving the care delivery system of diabetic patients, empowering them to manage their healthcare; enhancing the electronic registry to monitor their health status; and mobilising community resources to meet their needs. The team members presented the plan to the quality manager who was very impressed and encouraged them to submit a proposal to the administration. Unfortunately, the centre underwent a financial crisis, and the administration did not adopt the project.

Visualising what they want to achieve, assessing what is going well and what is not, then accordingly setting an improvement plan, were not enough to accomplish the desired change. Sometimes unexpected occurrences might block the realization of such a project; perhaps adopting a theory of change management such as the RAPSIES model for effective change management by Gopee and Galloway (2017) could have helped achieving the improvement initiative.

References

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