

# Our Quality Improvement Journey Improving Outcomes for Young People with Type 2 Diabetes (T2D)

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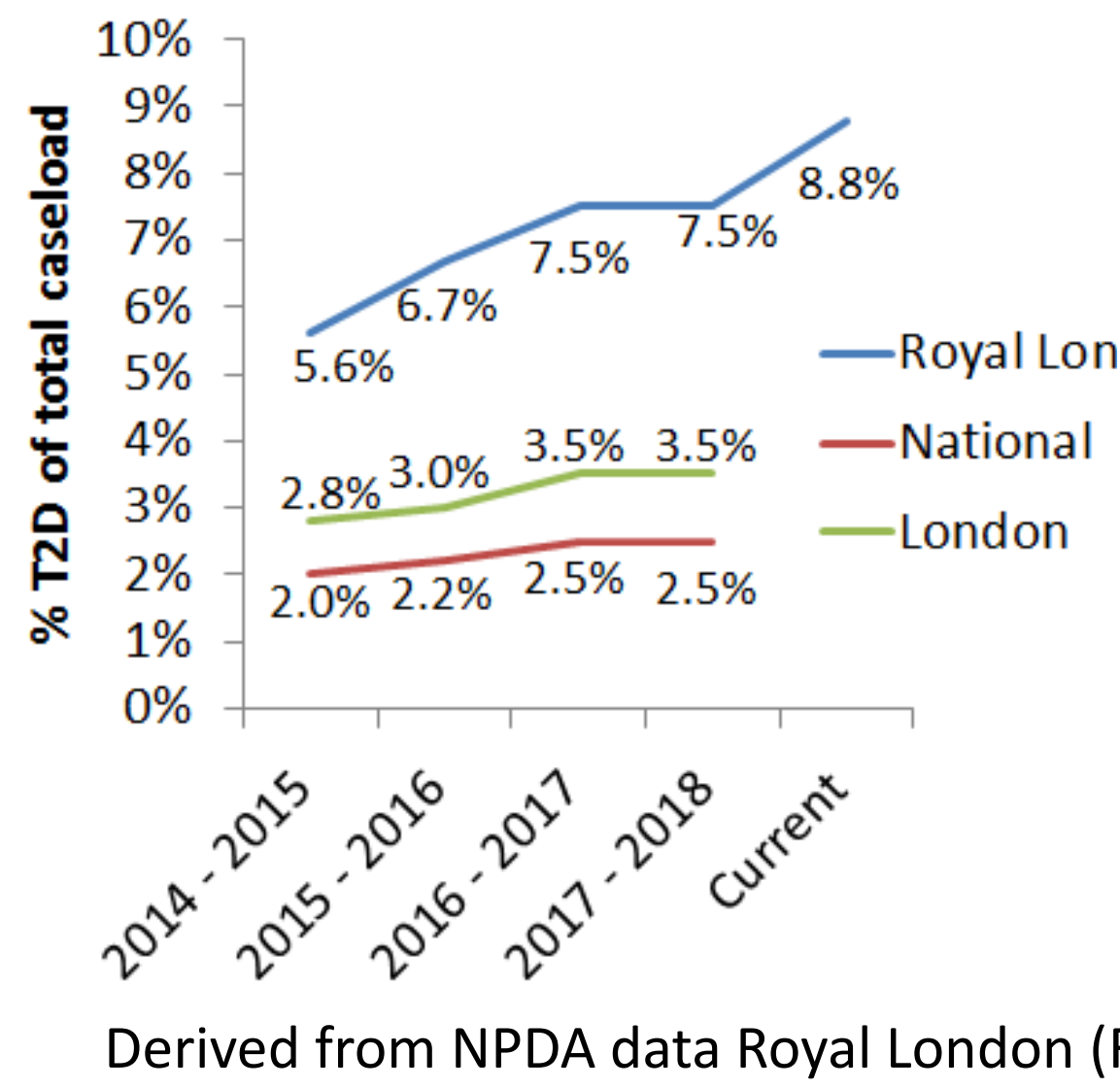
## Challenges

- No consensus guidelines
- Number of patients in our service increasing above national average
- No Type 2 Diabetes (T2D) specific care pathway

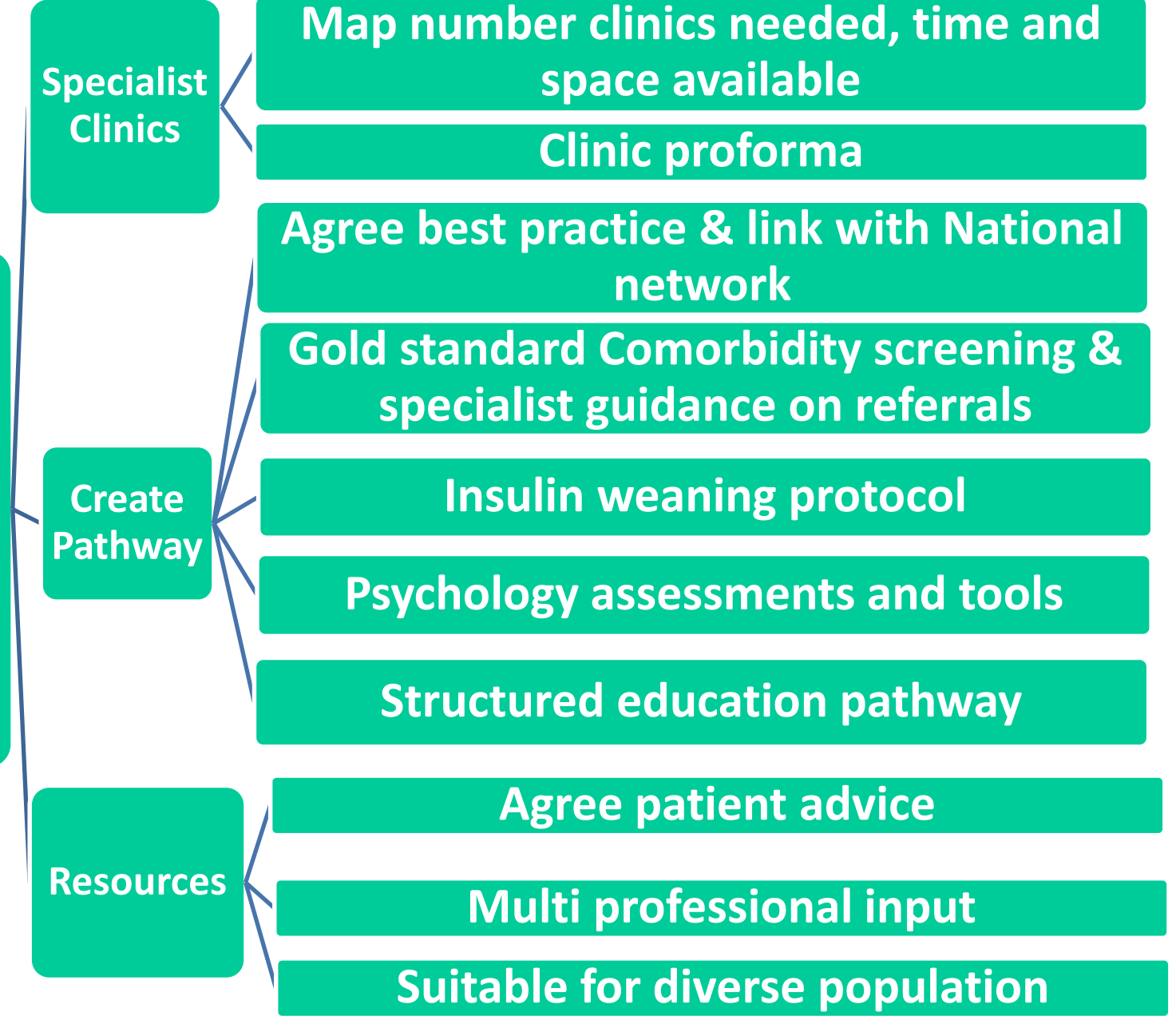
## Purpose

- HbA1c <48mmol/mol at 3months and maintained to 1yr after diagnosis
- Streamline comorbidity screening
- Weight loss of 10% by 1 year
- Establish bespoke T2D pathway for newly diagnosed, pilot at RLH

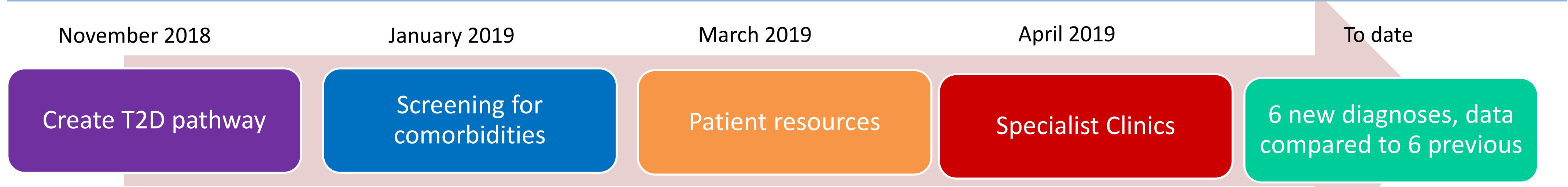
## % of T2D in the Royal London



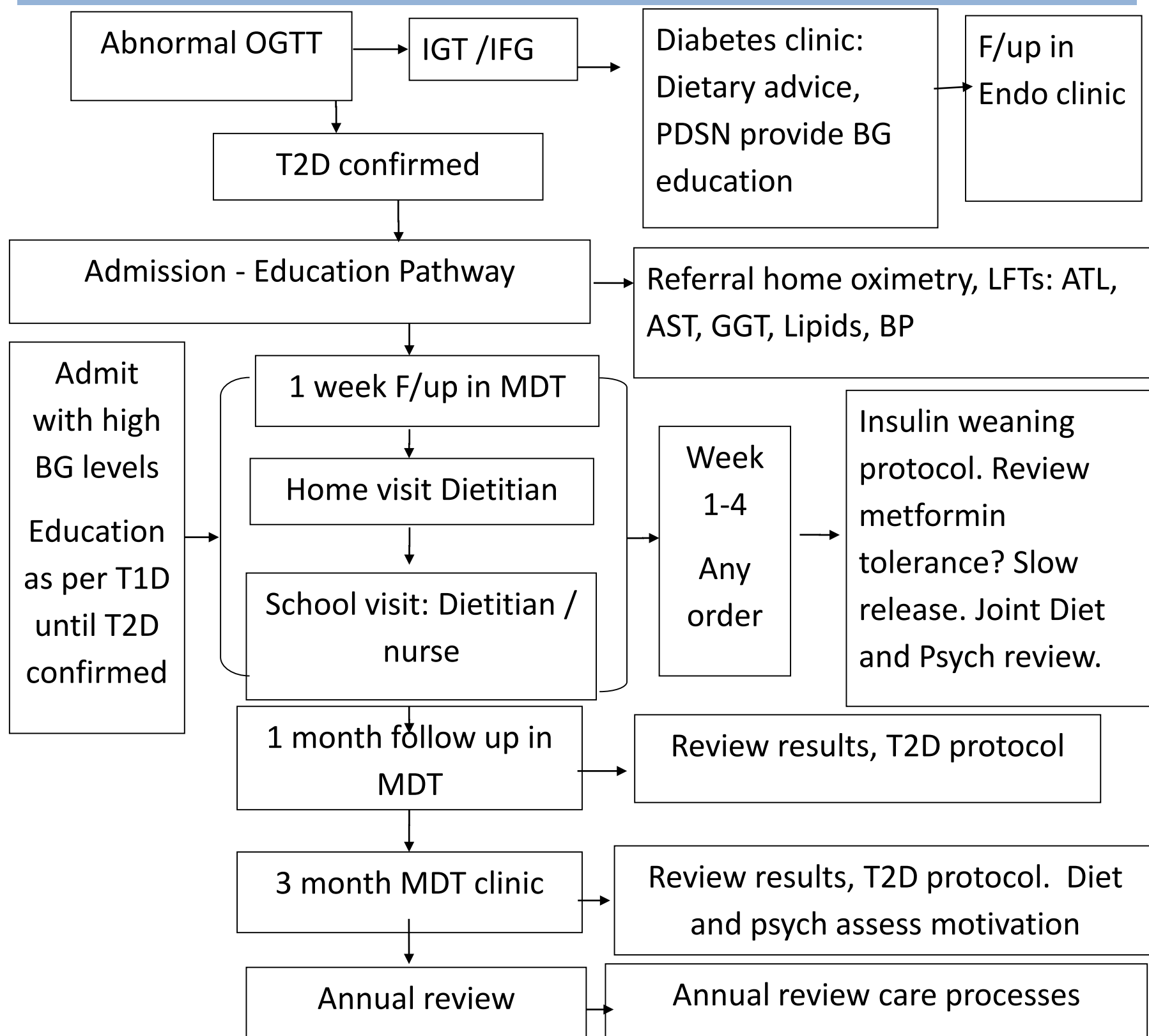
## Driver Diagram



## Our Quality Improvement Journey so far



## Newly Diagnosed Pathway



## New Resources Developed

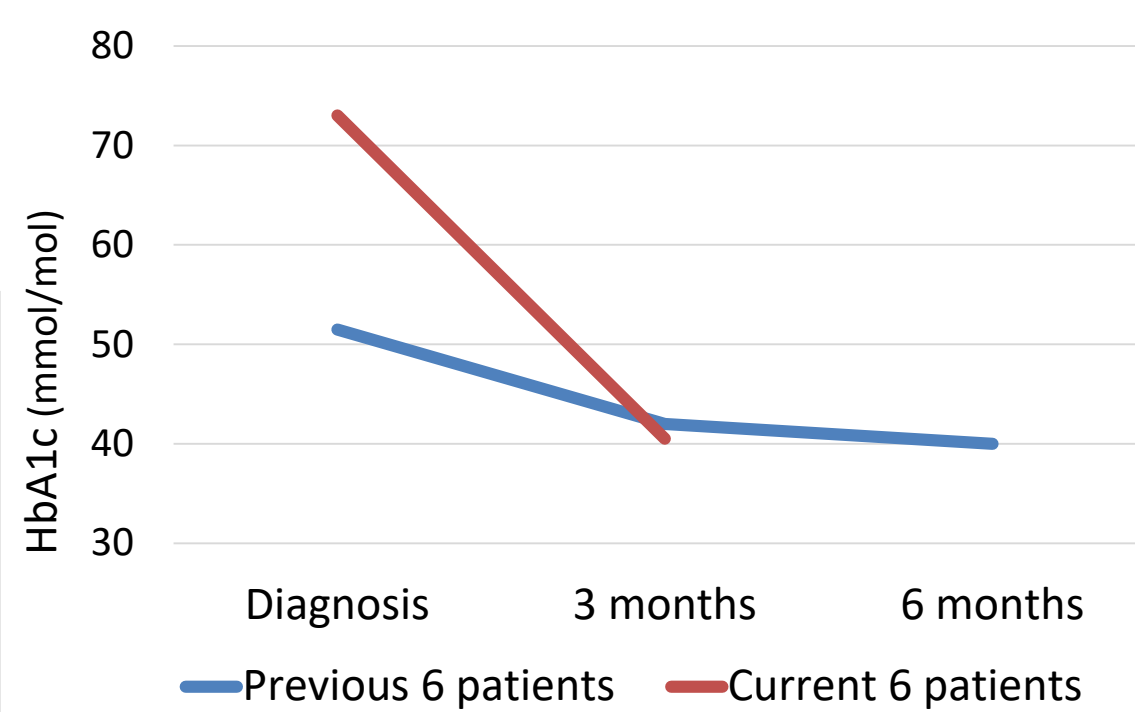
- Newly Diagnosed T2D patient resource
- Psychology Screen
- Clinic Proforma
- Agreed goals and HbA1c Handout
- Activity/Exercise and Diet prescription
- Comorbidity pathway

## Additional Outcomes

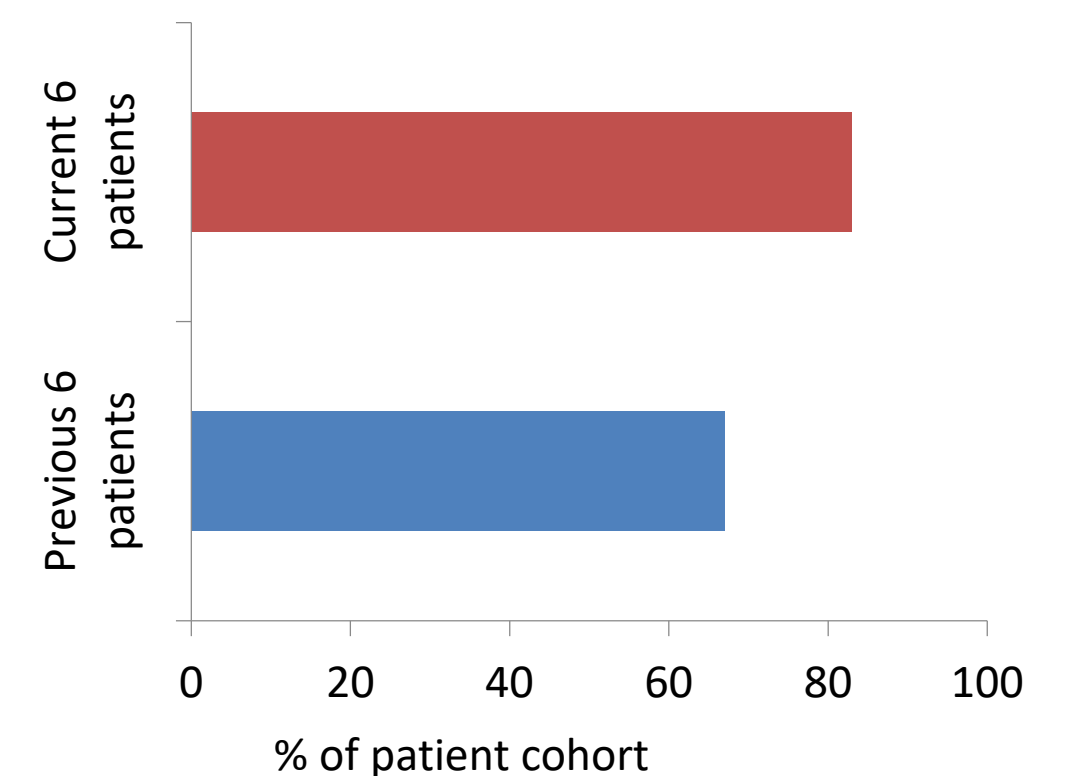
- More rapid weaning off insulin
- Fewer patient appointments through streamlining pathways
- Ripple effect of change: young people friendly local gym times
- Increased participation in research

## Outcomes

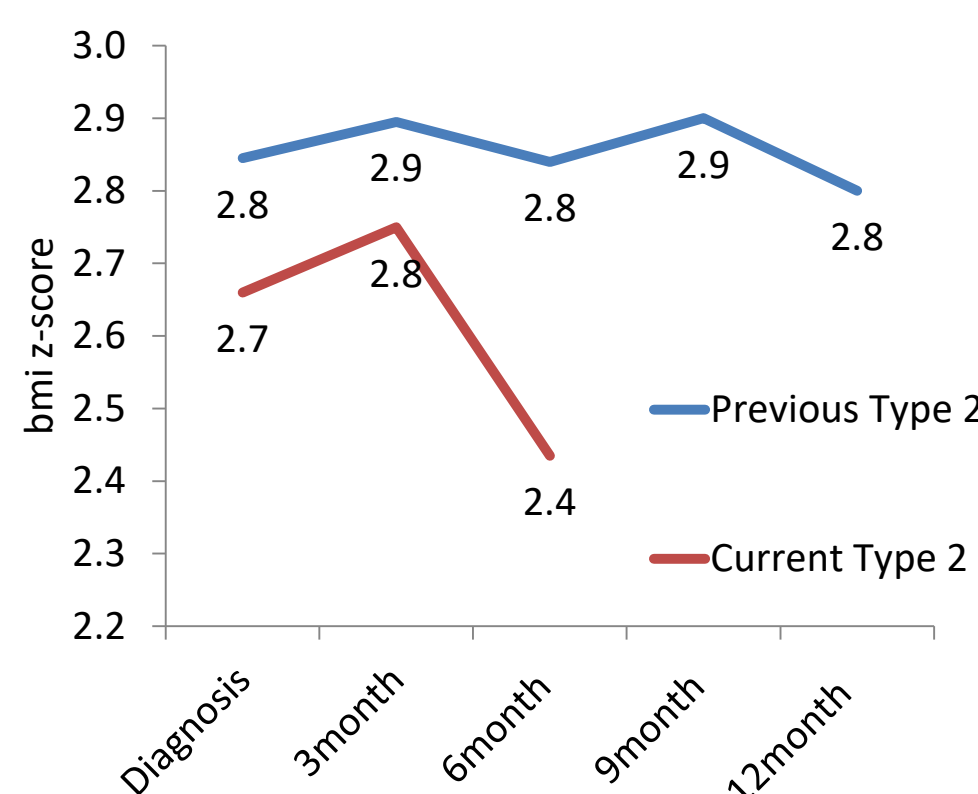
### Median HbA1c: Diagnosis to 3m, previous Vs New patients



### Improved proportion of patients with HbA1c < 48 mmol/mol at 3m

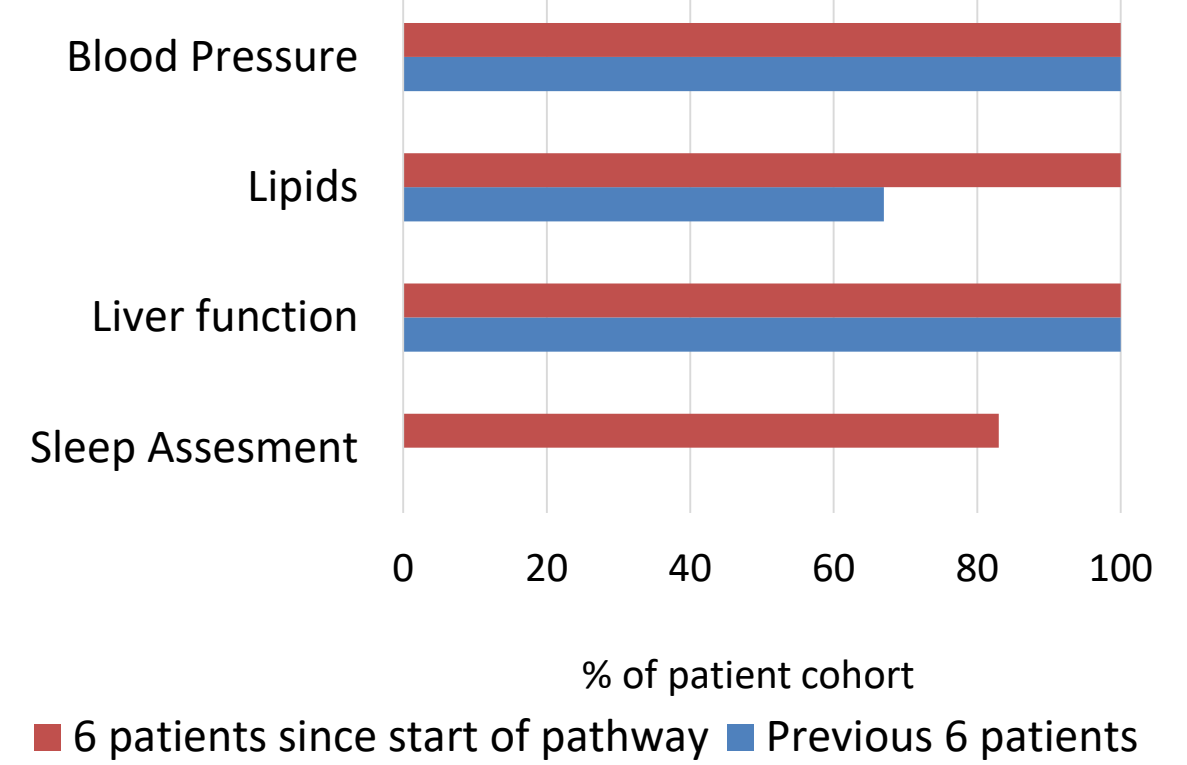


### Median BMI z-score changes



Greater reduction in BMI Z-score seen in most recent patients at 6months than previous cohort

### Greater proportion of patients had comorbidity screening at diagnosis



In the previous group, 2/6 patients had evidence of fatty liver disease and dyslipidaemia. In the current group 1/ 5 patients screened had evidence of sleep disordered breathing.

## Future Actions

- Patient Feedback
- Specialist Dietitian clinic
- Nurse Annual review
- Transition Service
- School care plan
- Resource language translation
- CHO counting vs prescription
- Roll out to other Barts Health Trust sites
- Initiating research projects