

## 1. SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

### 1.1 PRIORITISATION OF PROBLEM

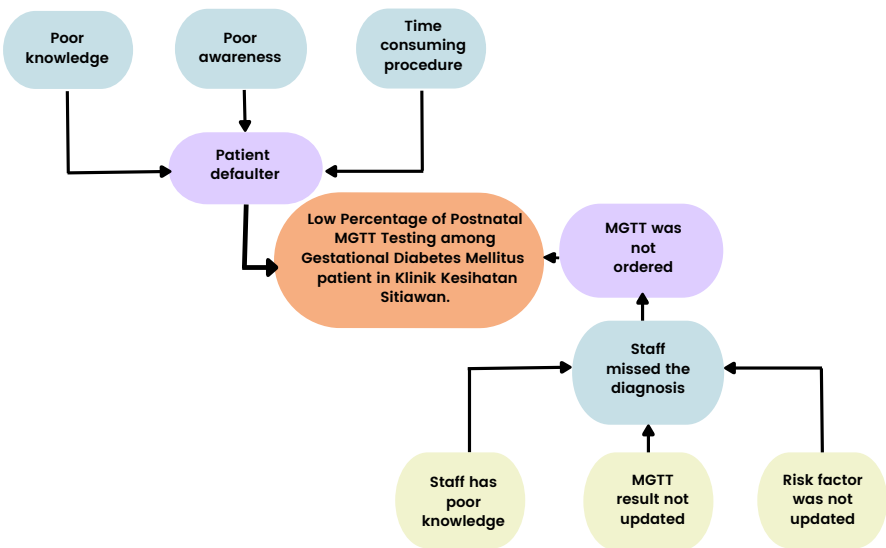
PROBLEM	S	M	A	R	T	TOTAL
Low percentage of postnatal MGTT testing among GDM mother	12	12	10	10	12	56
High percentage of anemia among pregnant mothers at 36 weeks gestation	11	11	12	10	10	54
Low percentage of pap smear screening among women age 30-65 year old	12	11	10	9	9	51
Low percentage of exclusive breastfeeding practice among infant below 6 months old	10	10	9	9	10	48

Rating scale : 1 = Low 2 = Medium 3 = High

### 1.2 REASON FOR CHOOSING

<b>Seriousness</b>	Risk of developing Type 2 DM is increased in GDM patient. Early detection of DM allows optimal glucose control to avoid macrovascular and microvascular complications during next pregnancy
<b>Measurability</b>	Data will be collected from antenatal card, family planning card and GDM reten
<b>Appropriateness</b>	The problem is our core business
<b>Remediable</b>	Remediable action can be taken
<b>Timeliness</b>	Study will be done in 18 months

### 1.3 CAUSE EFFECT ANALYSIS

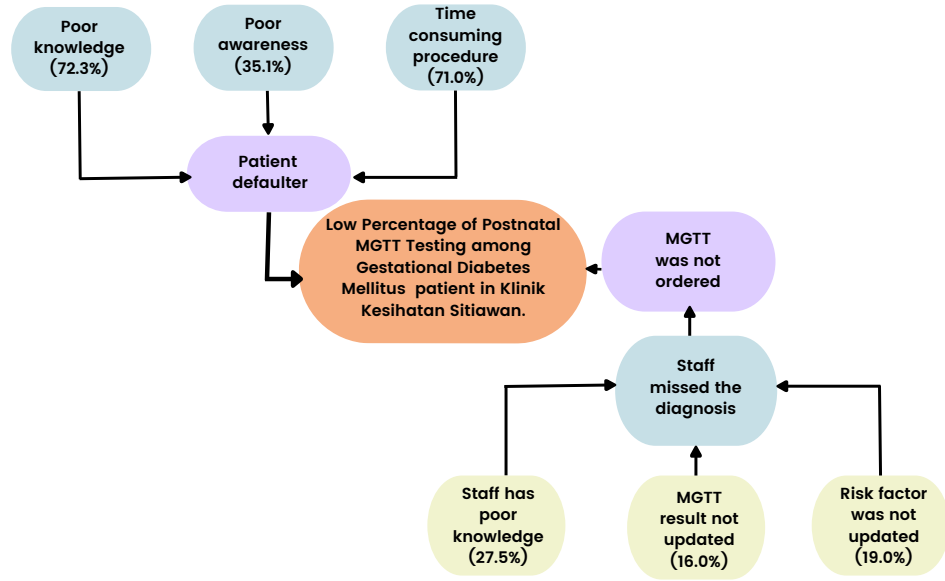


### 1.4 LITERATURE REVIEW

Women with GDM should be screened at 6 weeks post partum as an important strategy for prevention of diabetes in a high risk cohort at an early stage<sup>1,2</sup>

## 4. ANALYSIS & INTERPRETATION

### 4.1 CAUSE EFFECT ANALYSIS



### 4.2 ABNA

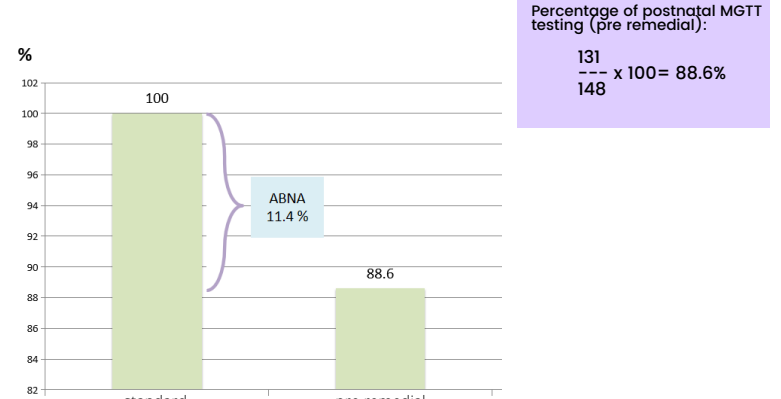
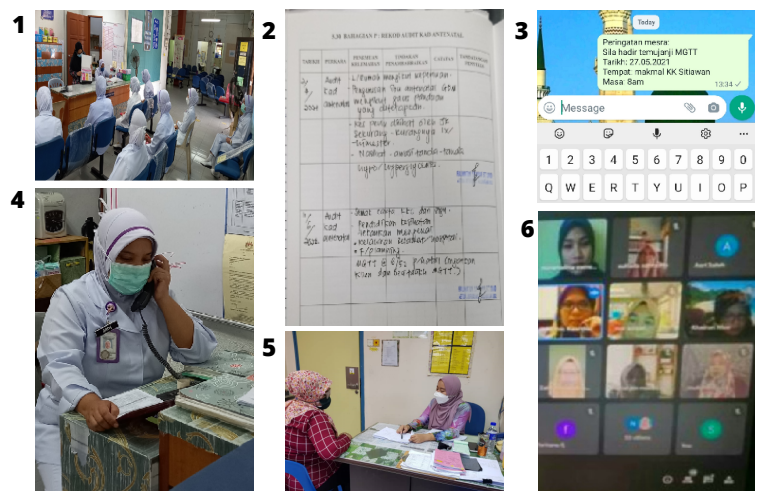


Figure 1: Percentage of Postnatal MGTT testing among Gestational Diabetes Mellitus patient in Klinik Kesehatan Sitiawan

## 5. STRATEGIES FOR CHANGES

- Hybrid continuous medical education
- Regular audit card by sister & MO
- Hybrid reminder system
- Defaulter tracing
- Health education
- Hybrid health education



## 6. EFFECT OF CHANGE

### 6.1 MODEL OF GOOD CARE (MOGC) POST REMEDIAL

NO	PROCESS	CRITERIA	STANDARD (%)	PRE-REMEDIAL n=148 (%)	POST-REMEDIAL n=139 (%)
1	Registration	1. Register postnatal patient's name in registration record book	100	100	100
2	Postnatal examination by nurse	1. Nurse examine patient according to postnatal checklist	100	97	100
3	Postnatal examination by MO	1. Identify mothers with GDM 2. Give appointment date for postnatal MGTT within 6-8 weeks postnatal 3. Issue completed lab form (PERPAT-301) to patient	100 100 100	88 88 85	100 100 98
4	Referral	1. Refer red code to hospital immediately 2. Refer yellow code to FMS/hospital	100 100	100 100	100 100
5	Documentation	1. Complete documentation in antenatal book (1 month postnatal checkup in Clinic) 2. Write MGTT appointment date in antenatal book (patient's and clinic's)	100 100	93 74	100 100

### 6.2 POST REMEDIAL ABNA

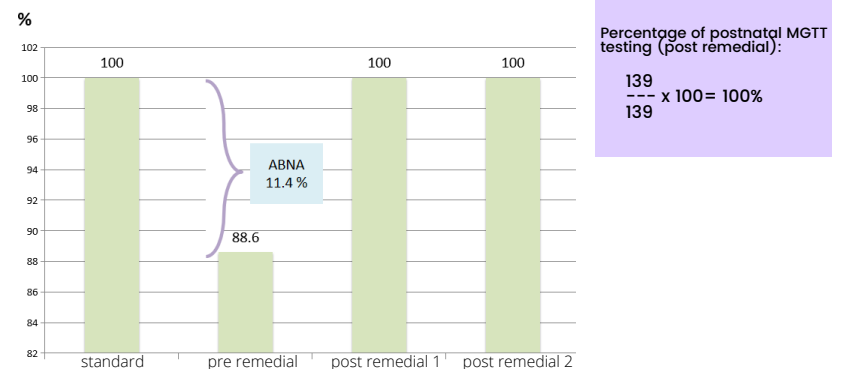


Figure 2: Percentage of Postnatal MGTT Testing among Gestational Diabetes Mellitus patient in Klinik Kesehatan Sitiawan.

CME and regular antenatal card audit help to increase knowledge among staff and good documentation. Health education effectively create awareness and improve knowledge among patient. Informative tools such as website link and infographic can be used to enhance the knowledge and awareness among patient.

## 7. NEXT STEP

Data presented at MCH meeting district level and remedial actions selected to be implemented by other Klinik Kesehatan in PKD Manjung. In future, we would like to study on the prevention of Type 2 DM among GDM patient who developed pre diabetes including IFG and IGT.

### REFERENCE

- Indian Journal of Community Medicine. Postpartum screening of GDM. Opportunities for Intergration with existing Public Health. Sanjay Kalra. Jul 2015;209-210
- American Diabetes Association. Gestational Diabetes After Delivery: Short-term management and long-term risks. John L. Kitzmiller, MD; Leona Dang-Kilduff, RN, CDE; M. Mark Taslimi, MD; 30(Supplement\_2):225-235.2007
- Malaysian Journal of Medicine and Health Sciences (eISSN 2636-9346). A Review on the Factors Influencing the Attendance of Postpartum Diabetes Screening for Mothers with Gestational Diabetes Mellitus, Puganeswary Thangarajah et al. Mal J Med Health Sci 15(SP3): 84-88, Nov 2019.

## 2. KEY MEASURE FOR IMPROVEMENT

### 2.1 OBJECTIVE

#### GENERAL OBJECTIVE:

- To increase percentage of postnatal MGTT testing among GDM patient in Klinik kesehatan Sitiawan.

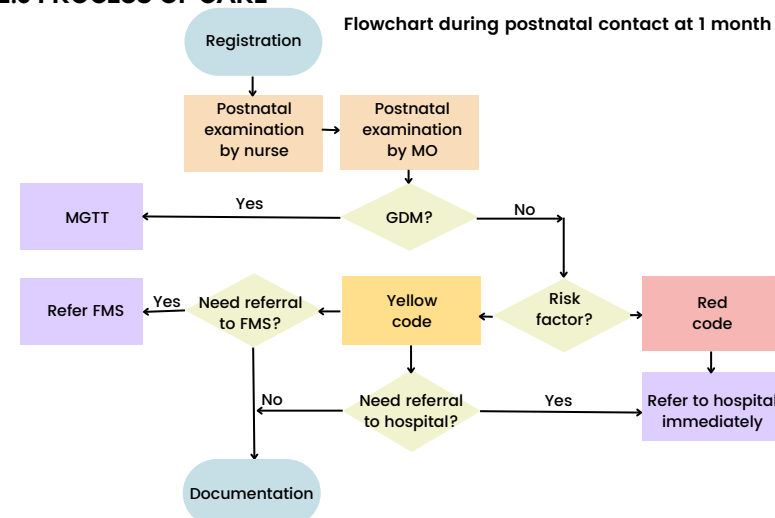
#### SPECIFIC OBJECTIVE:

- To measure percentage of postnatal MGTT testing among GDM patient in Klinik kesehatan Sitiawan.
- To identify contributing factor that causes to the problem
- To identify and implement remediable measures
- To evaluate the effectiveness of remediable action taken

### 2.2 QUALITY INDICATOR AND STANDARD

TARGET INDICATOR
Percentage of postnatal MGTT testing: $\frac{\text{number of GDM patient who had MGTT testing at 6-8 week postnatal}}{\text{number of GDM patient due for MGTT at 6 week postnatal}} \times 100$ Standard: 100%

### 2.3 PROCESS OF CARE



## 3. PROCESS OF GATHERING INFORMATION

### 3.1 METHODOLOGY

• Research	• Cross sectional
• Duration	• 18 months
• Pre remedial	• 1.7.2020 - 31.12.2020
• Remedial	• 1.1.2021 - 30.6.2021
• Post Remedial I	• 1.7.2021 - 31.12.2021
• Post remedial II	• 1.1.2022 - 30.6.2022
• Sampling technique	• Universal sampling
• Tools	• Questionnaire • MGTT record book • Antenatal book • MGTT return