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### Frailty and Diabetes: Taking the Attention off Tight Targets

To increase Health Care Provider (HCP) awareness, and influence practice change, in the over- and under-management of diabetes in the frail elderly, through use of an educational intervention aimed at patient safety and quality of life, using a Co-lead nursing and nutrition model (with centralized coordination).

A 20-minute case-based education session was delivered to HCPs working in transitional care/alternate level of care units in two communities. Thirty-one sessions were delivered. Ten pre- and 15 post-chart audits were conducted, and pre-/post-education session provider surveys, 75 and 42, respectively, were analyzed. Stakeholder surveys evaluated the model.

Session ratings were positive: overall rating, 4.7/5; contributed to new knowledge, 4.6/5; likely to use the learning in practice, 4.5/5. Post-chart audits showed improved documentation of appropriate blood glucose (BG) targets; medication reduction/modification when A1C < 8%; appropriate documentation of hypoglycaemia; and efforts to contact physicians when BG inappropriate (too high or too low). Post-provider surveys showed increased recognition of acceptable A1C (8-10%), 52% to 74%; acceptable frequency of A1C testing (1-2 x /year), 26% to 57%; and appropriate frequency of bedside monitoring, from 62% to 91%. Diabetes management confidence increased from 84% to 96%.

Stakeholders strongly supported the Co-lead model with central coordination.

Education sessions effectively increased HCP awareness/knowledge and confidence. Positive practice change was evident in chart audits. The co-lead model was highly valued. Supporting tools will be refined/developed to aid implementation in new sites, including 1<sup>st</sup> voice reflections, pre-printed order sets, and patient/family brochure.