Frailty and Diabetes: Taking the Attention off Tight Targets

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Methods:

- The Privacy Impact Assessment (PIA) was completed in March 2017.
- Thirty-one (31), 20-minute education sessions were delivered and evaluated in June/early July in Veterans and Transitional Care/Acute Level of Care Units in two communities in the Western Zone (WZ) of Nova Scotia.
- Ten pre- and 15 post-chart audits were conducted.
- Pre/post-education session provider surveys, 73 and 42 respectively, were analyzed for change in knowledge and practice.
- Stakeholder surveys were completed in November/December and debrief sessions delivered to the participating Units in January/February 2018.

Results:

Education 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-provider surveys showed:
- Diabetes management confidence increased from 84% to 98%.
- Increased recognition of acceptable A1C (8-10%), 52% to 78%.
- Acceptable frequency of A1C testing (1-2 x/year), 26% to 57%.
- Appropriate frequency of basal monitoring, from 43% to 91%.
- Application of acceptable targets in case-based situations representing the frail elderly.

Post-chart audits showed improved documentation of:
- Appropriate basal insulin (BG) targets.
- Medication rationalization/modification when A1C < 9%.
- Appropriate documentation of hypoglycemia.
- Efforts to contact physicians when BG inappropriate (too high or too low).

Results cont’d:

- Stakeholders identified the project strengths, as:
  - The Co-lead model, with central coordination
  - Project processes (time lines), evaluation metrics, resource materials (fidelity), and communications

Provider Voices:

- "No time to do the one guidelines as we were focused on our frail elderly. We are not as meticulous. Not everything around them has Diabetes. It’s about enjoying life.”
- "It has reduced worry of low Hypoglycemia by having more related sugar level goals, targets, etc.”

Conclusions:

- Education sessions effectively increased HCP awareness/knowledge and confidence.
- Stakeholders and HCPs expressed strong support for both the methods, and impact on patient quality of life.
- To ensure required consistency in practice changes, a pre-post ordered set and other resources are in development.

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DCPNS (www.diabetescareprogram.nsc.ca)
Once a DWB Provincial Program (1991), the DCPNS is now nested (since 2016) within the Nova Scotia Health Authority, Primary Health Care.

DCPNS mission: To improve, through leadership and partnerships, the health of Nova Scotia living with, affected by, or at risk of developing diabetes.