

# Western Zone (WZ) Diabetes Quality Initiative Guidelines for Frail Elderly Patients in TC/ALC and Vets Units

## Thank You!

We wanted to take this opportunity to say a huge THANK YOU to all of you who worked with us during this initiative. It is now complete, and we are in the process of wrapping up. We are preparing a final report and planning for information sessions with the Units that were involved. We want to say how much we appreciate your attendance at the education sessions, completion of surveys, words of encouragement, and suggestions for the future. These are all great examples of your interest in improving quality of life for this very important population—*frail elderly with diabetes residing in our Veterans (Vets), Alternative Level of Care (ALC), and Transitional Care (TC) Units.*

## Project Overview

The WZ Diabetes Quality Initiative has been underway since Spring 2017. During this time, the Vets, ALC, and TC Units of Soldiers' Memorial Hospital (SMH) and Yarmouth Regional Hospital (YRH) have:

- Hosted education sessions to increase awareness and understanding of the *DCPNS Diabetes Guidelines for Frail Elderly Residents in or Awaiting Long-Term Care, v2016.*
- Completed Current Practice Surveys pre-/post-education sessions to evaluate change in knowledge.
- Contributed charts for auditing in the initial period (PRE) before the education session and in the period following the sessions (POST) to help assess change in practice.

Over the autumn months, the data collected for the project was collated and recently reviewed by the Advisory Committee. We are now working to share our findings more broadly and prepare for the next phase of the project. In this newsletter, we want to provide you with some of the findings from the chart audits and post education surveys. While we can't provide it all here, this gives you a sense of the progress made.

## Chart Audit Findings

A total of 10 charts were reviewed pre-education sessions, and 15 post. The post-chart audit data follows, in comparison to the pre audits:

- **Documentation of blood glucose (BG) or A1C Targets.** Several charts had targets documented where none were documented in the pre-chart audit.
- **Hypoglycemia.** Improvement was noted in staffs' ability to recognize signs of hypoglycemia and document appropriate treatment of hypoglycemia, including BG values.
- **Physician notification.** Several charts indicated that the physician was notified with BG values > 20mmol/L or < 7mmol/L; and when the physician was notified, the response was appropriate (medication adjustment).
- **Correction doses.** The pre-audits showed several cases where patients had correction doses ordered to correct BG values considered "in target" using the new guidelines. No such cases were found in post audits.
- **Diabetes medication reduction:** In several cases with A1C < 8%, physicians responded as per the guidelines and reduced the appropriate medication.
- **Time limited BG testing.** Some improvement was noted. *Note: Short term, high frequency BG monitoring is recommended on admission to assess impact of change in environment, diet, stress levels and medication compliance; times of illness; and post a diabetes medication change.*

However, in these areas of improvement, positive change was not consistent; e.g., there were some cases where A1Cs in the 6% range did not result in medication change, where treatment of hypoglycemia was poorly documented, where physicians had not been contacted when blood glucose values were noted at specific undesirable levels according to the guidelines, etc.

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### SPECIAL POINTS OF INTEREST:

- Chart Audit, Practice Survey Data, and Stakeholder feedback has been collated
- We are reaching out to stakeholders for avenues to disseminate the project findings
- Next steps for implementation of the guidelines are being explored

## CURRENT PRACTICE SURVEYS

Current Practice Surveys were distributed pre-/post-education sessions to assess change in knowledge. Seventy-five (75) pre-surveys and 42 post-surveys were completed. Of the people who completed a post survey, 23 of them had attended an education session. For reporting purposes, the 75 pre-surveys are compared to the 23 post-surveys of those who attended an education session. This is to highlight the direct impact of our intervention, the education sessions.

The post-provider survey showed improvement in a number of areas related to confidence and in recognizing appropriate blood glucose and A1C values.

- Recognition of acceptable A1C (8-10%) increased from 52% to 74% (an increase of 22%).
- The acceptable frequency of A1C testing (1-2 x /year) increased from 26% to 57%, with an “unsure” response dropping from 43% to 13%.
- Confidence (somewhat or very confident) in determining the appropriate frequency of bedside capillary testing, increased from 62% to 91%.
- Confidence in setting BG targets increased from 64% to 92%.
- Confidence in the overall management of diabetes increased from 84% to 96%.
- Recognizing the inappropriateness of calling the physician with occasional blood glucose of 10-15 mmol/L, increased from 56% to 91%.



### Site co-leads:

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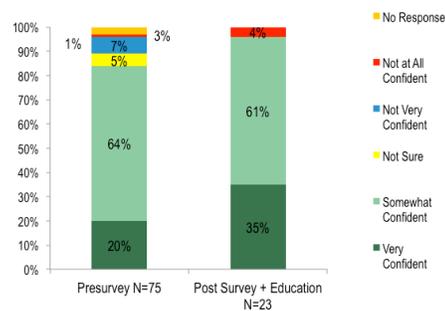
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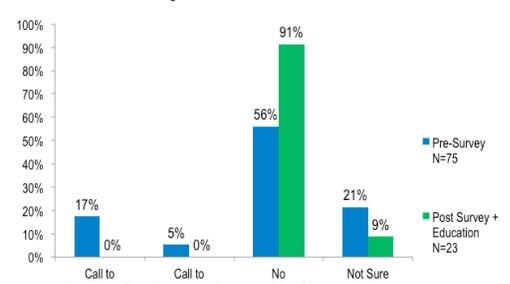
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Overall Confidence in the Management of Diabetes in the Frail Elderly



If BG running 10.1-15mmol/L would you call Doctor for med change?



## STAKEHOLDER FEEDBACK

Stakeholder feedback was obtained from surveys of the site Co-leads (4), Project Coordinator (1), and Advisory Committee Members (6/10), as well as reflective feedback from the DCPNS. The surveys focused predominately on the processes, including the Co-lead model and the position of Project Coordinator as well as communication, education sessions and materials, and the overall framework for the initiative (including process timeline and evaluation metrics). The site Co-lead model has been identified as a huge strength, as was the role of Central Coordination/Project Coordinator. Many strengths have been identified with these positions and the processes in general, including communication efforts (newsletters, direct access to Unit staffs, etc.). This will be further expanded upon in the final report.

## MOVING FORWARD

- We would like to share the valuable work with others. If you know of any meetings, committees or leadership groups that you feel would be a valuable place to promote this work, reach out to us!
- Work will continue on a tool to assist with guideline implementation.
- Other sites have expressed interest in implementing this initiative using the same processes/model. We will be exploring these opportunities and looking for continued enhancements.