Welcome! We are excited to share our processes, tools, and outcomes with you!

What did we address?
The diabetes management of frail elderly patients who have been medically discharged from Acute Care to Votan's Units or awaiting LTC placement in Transitional Care levels of Care units.

Where did it take place?
This initiative was conducted in two communities in the Western Zone (WZ) of Nova Scotia—Yarmouth and Middleton.

What did we do?
Using a quality improvement process, we planned, delivered, and evaluated an educational intervention that enabled appropriate diabetes care to achieve patient safety and improve quality of life. In efforts to reduce over/under diabetes management, topics included:

- Appropriate glycemic targets (ritualized)
- Reduced monitoring frequency for A1C/blood glucose
- Correct identification/treatment of hypoglycemia (low blood glucose [forget!])

This initiative built on a similar project conducted in other WZ locations between 2014-2016, ensuring fidelity and comparability. It built on the successful components (engagement, delivery of education sessions, evaluation [chart audits and provider surveys], and routine communications).

This project:
- Implemented an Advisory Committee
- Piloted a site Co-Lead model
- Enhanced communication
- Formalized central coordination support
- Added stakeholder feedback to the evaluation framework
- Added debrief sessions for units directly involved in the Initiative

Why this work?
To prevent/reduce overtreatment of diabetes in one of our most vulnerable populations.

In the elderly, specifically the frail elderly, the risks of hypoglycemia far outweigh the benefits of tight glycemic control. Tight glycemic control as emphasised earlier in life is annual at reducing the long-term risk of microvascular complications. Management in latter years should focus on prevention of hypoglycemia as a result of over-management. As people age, their needs change, making safety an increasing priority.

Hypoglycemia (over-treatment) is associated with:
- Myocardial infarction, heart failure and stroke
- Falls/ fractures
- Confusion
- Impaired cognition/Dementia
- Scarcities, and even death

Hypoglycemia negatively impacts a person’s quality of life. Putting the focus on the person rather than tightly managed diabetes, helps to reduce treatment burden and improve general well being and quality of life.

When did we do it?
The Privacy Impact Assessment (PIA) was completed in March 2017. Thirty-one (31) education sessions were delivered and evaluated in June/early July. Ten pre- and 15 post-chart audits were conducted; and pre-/post- education session provider surveys, 71 and 42 respectively, were analyzed for change in knowledge and practices.

Stakeholder surveys were completed in November/December, and Debrief sessions delivered to the participating units in January/February 2018.

What was the impact?
- Ongoing.
- 1192 Diabetic residents participated, 6160, 1762229.
- 31 education sessions were held.
- 60% attendance overall.
- 83% of the residents were able to self-monitor their blood glucose level.
- 24% implemented a new/modified technique.
- 11% improved their knowledge of diabetes.
- 15% increased their medication knowledge.
- 12% increased their understanding of their diabetes care.
- 10% recognized the importance of their diet.
- 6% improved their understanding of the importance of physical activity.

Resource Materials (Samples)

Potential to Spread:
- Standardized process and tools/materials (fidelity).
- Site-specific Co-Lead model—builds on and recognizes local capacity.
- Highly valued Central Coordination—Once process and timelines are met, supports the site Co-Leads, helps to connect “the dots”, and facilitates shared learning across sites.
- Well-defined role delineation for members of the implementation/advisory team.
- Existing PIA—easily updated to reflect new areas/focal points.
- Established communication tools/mechanisms. Bringing awareness to the initiative.
- Active physician involvement (site-specific champions).

Planned Enhancements:
- Development of on-site education module to complement face-to-face sessions.
- Pre-printed order set (underway).
- Parmain/family/carer/patient brochures (underway).

Provider Voices:

"The one thing that the new guidelines is gives more freedom, it is not a ‘Naz’ label. We see it as not restrictive. Not everything needs to be done. Being Diabetes is about enjoying life.

"I have reduced anxiety. It may not look as drastic, but I am living a better quality of life because the staff do not feel the need to monitor as much.

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DCPNS (www.diabetescareprogram.ns.ca)
Once a DHPE Provincial Program (1993), the DCPNS is now named (since 2010) within the Nova Scotia Health Authority; Primary Health Care.

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

Diabetes Care Program of Nova Scotia

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