

Development and Implementation of Diabetes Guidelines for Elderly Residents in Long-Term Care Facilities in Nova Scotia

Submitted on behalf of the DCPNS Diabetes in Long-Term Care Working Group

Background: The Diabetes Care Program of Nova Scotia (DCPNS) works across various sectors of the health care system to improve the care provided to people with or at risk of developing DM. The lack of evidenced-based DM guidelines for the elderly population has resulted in both under and over treatment of the frail elderly residing in NS's long-term care (LTC) facilities. Overtreatment may result in increased rates of hypoglycemia—a potentially serious and underestimated clinical problem that has significant morbidity and mortality. Hypoglycemia can lead to poor balance and risk of falls, can be more severe and prolonged, and may precipitate a cardiovascular event. Current clinical practice guidelines set standards of glycemic control that may not be applicable to the residents of LTC facilities.

Aims: To standardize DM management of the frail elderly residing in LTC facilities through the development of reasonable glycemic targets and appropriate treatment of hypoglycemia.

Methods: In 2002, the DCPNS conducted a needs assessment of LTC facilities to explore priorities for standardization of DM care. A multidisciplinary committee was formed to develop and promote safe DM care guidelines. Two priorities were selected: targets for glycemic control and treatment of hypoglycemia. A pocket reference tool was developed and pilot testing took place in 3 LTC facilities, 1 rural and 2 urban, to determine appropriateness, adequacy, efficiency, and effectiveness of the tool. Eleven nurses in 3 facilities used the reference tool for 4 weeks and provided feedback for necessary revisions. The guidelines received preliminary approval of the DCPNS Advisory Council in 2007 and final amendments were approved in Feb. 2009. A province-wide telehealth session was held Dec. 2008 to provide context for LTC staff, physicians, and diabetes educators.

Results: The needs assessment was completed by directors/managers and care providers within provincial LTC facilities. A 78% response rate was achieved with 80% of respondents reporting the need for standard DM management protocols. The target population for the guidelines was non-palliative residents in whom DM care interventions are appropriate. Key characteristics of DM care guidelines include flexibility, individualization, and improved quality of life.

Discussion: The pocket reference guide is a highly anticipated resource that will standardize DM care in LTC facilities in NS. Reduction in over treatment of DM by adherence to the recommended hyperglycemic targets should result in fewer episodes of hypoglycemia, less stringent treatment plans, and improved quality of life for some residents. Adverse events, secondary to hypoglycemia, will be reduced.

Poster presentation at the World Diabetes Congress, Montreal QC (Oct., 2009).