

## **Frail Elderly with Diabetes...Can We Improve the Approach to Care in the Acute Care Setting?**

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*Aims:*Care of the elderly with diabetes (DM), specifically the frail elderly, poses many challenges for health care providers (HCP) practicing in the acute care setting. A greater focus on relaxed glycemic targets and a resulting reduction in bedside monitoring helps to support both safety and improved quality of life. This project aimed to improve the care and approach provided to elderly patients medically discharged from hospital but awaiting long-term care placement within the District Health Authority (DHA).

*Methods:*ADHA-wide project, including stakeholder engagement, newsletters, and a HCP educational intervention (20-minute sessions delivered to nursing and other HCP) was used to introduce and discuss the rationale for and specific guidelines found within the Provincial *Diabetes Guidelines for Elderly Residents in Long-Term Care (LTC) Facilities*. These guidelines address glycemic targets, hypoglycemia prevention/management, and the frequency of bedside capillary and A1C monitoring. Pre and post measures of knowledge (provider survey) and practice change (chart audit) were utilized to evaluate the effectiveness of the intervention.

*Preliminary Results:*57 HCPs completed the pre survey and 30 post. Of the 30 post-respondents, 21 attended the educational intervention. The pre-post survey results for the 21 HCPs who completed the education session revealed an increase in those who felt somewhat to very confident re: BG targets (58% pre vs 81% post). In addition, fewer HCPs reported qid capillary testing (35% pre vs 23% post) while more reported limited or discontinuation of capillary testing (0% pre vs 33% post). For the 4 sample cases in the survey, all 21 HCPs demonstrated the application of more appropriate, liberalized glycemic targets.

Of the post charts audited (n=14), a trend within charts and Doctors orders reflected more liberalized glycemic targets. A 50% reduction in calls to the MD for insulin/medication adjustment orders due to elevated BG values and a 33% increase in appropriate treatment of hypoglycemia was recorded.

*Conclusions:*Post educational intervention changes show an increase in knowledge and acceptance of the LTC guidelines as well as early changes in the management of DM in the frail elderly that support improved safety and quality of life. Additional work to further advance practice change will include policy and standing orders development, specific physician engagement, and province-wide dissemination.

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