

Decision Tool Positively Impacts Self-Monitoring of Blood Glucose (SMBG) Practice in Nova Scotia

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Aims: Lack of supporting evidence and increasing cost to both the person with diabetes and the health care system makes a review of self-monitoring of blood glucose (SMBG) practice a necessity. This project aimed to examine, through use of a survey, the uptake and impact of a provincially produced decision tool* (with supporting videos) on diabetes educators' (DEs) approach to SMBG.

Methods: A survey was designed and administered to DEs from 38 Diabetes Centres to determine if they were aware of and used the decision tool and/or the principles embedded within the Decision Tool in their diabetes practice. This decision tool addresses the need for a more consistent approach to the prescribing and practice of SMBG within the well-managed, non-insulin using type 2 diabetes population. It promotes individualization and focuses on 4 key considerations when determining the need to monitor: patient safety (risk of hyper or hypoglycaemia), provider use of results, patient use of results (ability and willingness to act), and the need for immediate self-management education. The survey measured awareness and current use of the tool, application of the decision tool principles in practice, challenges and facilitators to use of the tool, perceived changes in the practice of other providers (HCPs), impact of the tool on patients and other staff, etc.

Results: 30 of 110 DEs (27% response rate) completed the survey (17 RNs and 13 PDts). Of the 30 respondents, 93% reported a good to very good understanding of the decision tool, and 82% "usually use" the decision tool or use the 4 key areas for consideration in practice. 56% of respondents reported an overall increase in time-limited testing since the 2011 release of the decision tool: 44% reported an increase specifically for those with newly diagnosed type 2 DM and 35% for those with long standing type 2 DM. Respondents also reported an increase in appropriate time-limited testing by other HCPs: 45% reported an increase for pharmacists, 49% for MDs, and 46% for NPs.

Conclusions: Most DEs in NS have embedded the decision tool or its principles into their SMBG practice. Education, videos and supporting handouts and materials have facilitated the uptake of the decision tool. Additional work is required to introduce the tool and its concepts to new educators and other HCPs to ensure more purposeful SMBG and consistent messaging.

*Non-Insulin Using Type 2 Diabetes: Decision Tool for Self-Monitoring of Blood Glucose (SMBG)

Poster presentation at the International Diabetes Federation, 2015, World Diabetes Congress, November 30 to December 4, Vancouver BC