VA – 1099

Frail Elderly with Diabetes…Can We Improve the Approach to Care in the Acute Care Setting?

T. WITHERALL,* P. DUNBAR, P. TALBOT
Diabetes Care Program of Nova Scotia (DCPNS), Halifax, NS, Canada
Website: http://diabetescare.nshealth.ca/

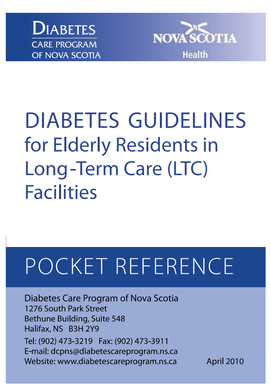
over 20 yrs Partnerships, Quality, and Innovation (since 1991) Diabetes Care Program of Nova Scotia

Background

- 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.
- The DCPNS Long-Term Care (LTC) Guidelines Phase 1 - *Targets for Glycemic Control and Hypoglycemia - Identification and Treatment** and Phase 2 - *Guidelines for Monitoring A1C and Bedside Capillary Blood Glucose Monitoring* were created to meet the DM management needs of the frail elderly population. Emphasis has been placed on:
  - relaxed glycemic targets
  - reduction in unnecessary bedside monitoring
  - safety and improved quality of life

Purpose

- In keeping with Provincial Guidelines, improve the care and approach provided to elderly patients with DM who were medically discharged from hospital but awaiting long-term care placement within South Shore Acute Care Health Facilities.

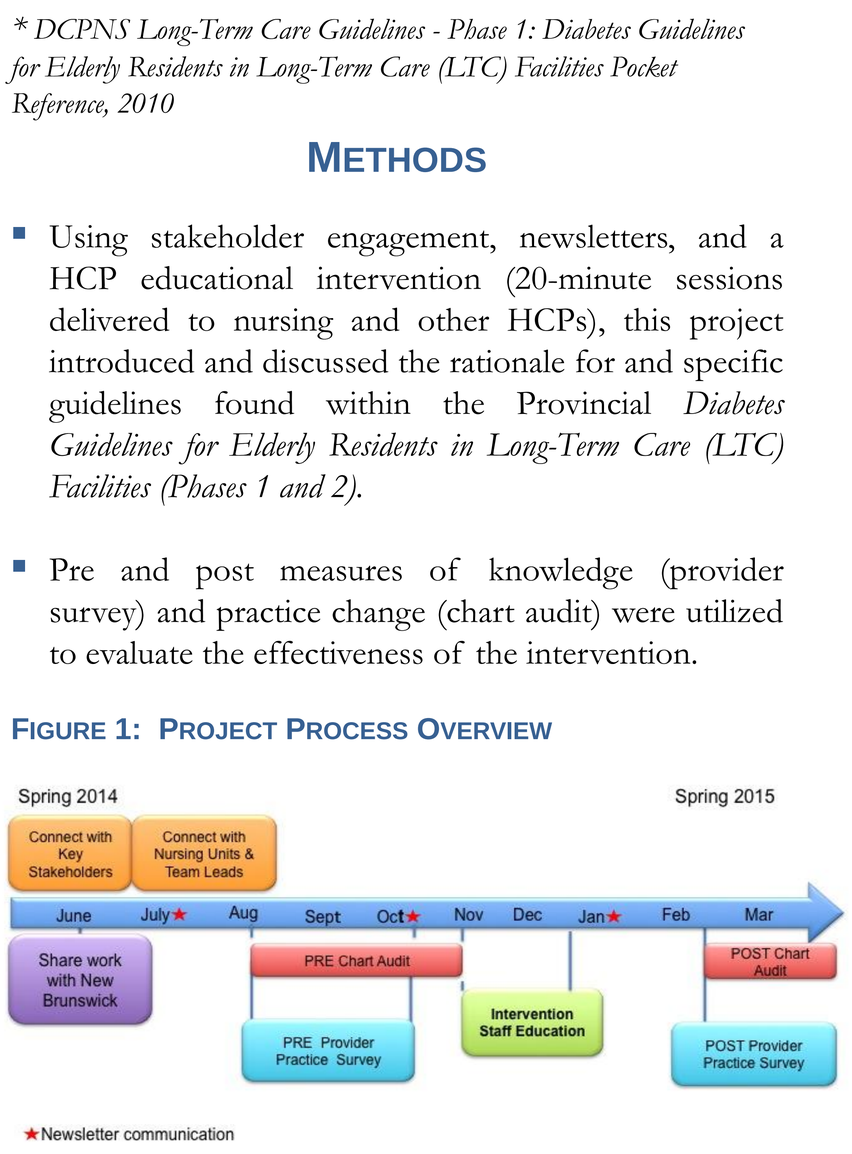


** DCPNS Long-Term Care Guidelines - Phase 1: Diabetes Guidelines for Elderly Residents in Long-Term Care (LTC) Facilities Pocket Reference, 2010*

Methods

- Using stakeholder engagement, newsletters, and a HCP educational intervention (20-minute sessions delivered to nursing and other HCPs), this project introduced and discussed the rationale for and specific guidelines found within the Provincial *Diabetes Guidelines for Elderly Residents in Long-Term Care (LTC) Facilities (Phases 1 and 2).*
- Pre and post measures of knowledge (provider survey) and practice change (chart audit) were utilized to evaluate the effectiveness of the intervention.

Figure 1: Project Process Overview



Conclusion

- The educational intervention was well received.
- Staff report an increase in their confidence in the setting of Blood Glucose (BG) targets for this population.
- Chart audit and post education survey results show movement towards acceptance of more liberalized BG targets for the frail elderly; however, additional work is required to further advance practice change, including:
  - policy and standing orders development
  - specific physician engagement, continuing education, and involvement of pharmacists
  - province-wide dissemination

Results

- A total of 21 presentations were given, 19 within various inpatient units at 3 facilities as well as 1 to a collaborative practice, and 1 to a Medical Staff meeting. A total of 112 staff attended, including a variety of HCPs (RNs, LPNs, RDs, MDs, FPNs, etc.).

Figure 2: Participant Overall Evaluation Education Session

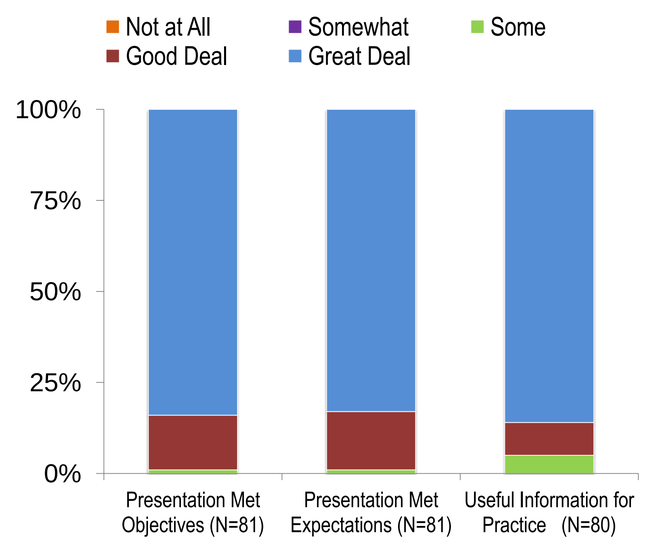


Figure 3: Staff Self-Reported Confidence In Setting BG Targets for the Frail Elderly Within the Acute Care Setting

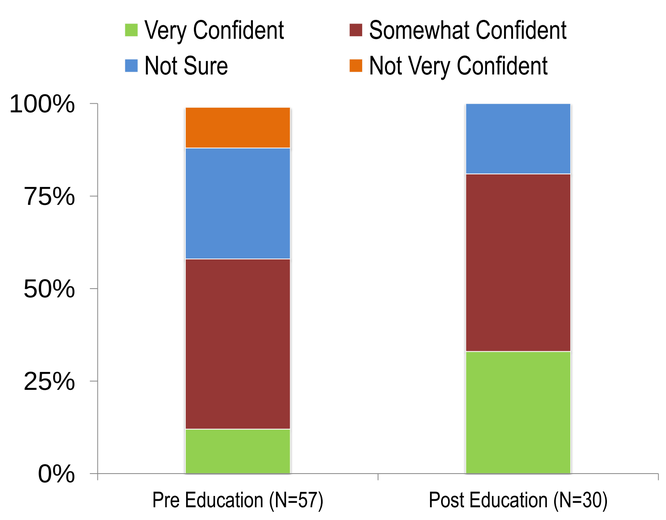


Figure 4: Pre and Post Case Study Results Re: Setting BG Targets for the Frail Elderly

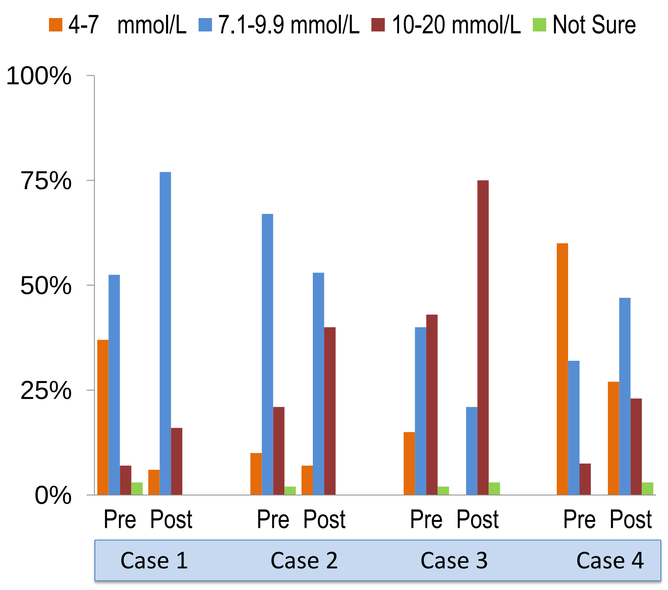


Figure 5: Pre and Post Chart Audit Results N (%)

	Pre Chart Audit (N =19)	Post Chart Audit (N =14)
Calls to MD for medication changes	14 (74%)	11 (79%)
Delay in LTC placement medical status	2 (11%)	0 (0%)
Documented hypoglycemia event (BG < 4 mmol/L)	13 (68%)	2 (14%)
Average number of Blood Glucose tests per week	11.8	9.1
Documented BG levels > 20.0 mmol/L	14 (74%)	11 (79%)

- In all 4 case studies, there was a shift in knowledge toward more liberalized BG targets, reflecting the various degrees of frailty demonstrated in the case studies.
- Chart audit results also showed a trend toward more liberalized targets as well as fewer hypoglycemic events and less frequent BG monitoring.
- Staff also recommended additional areas of focus to assist with the uptake of the LTC guidelines within acute care practice, including continuing education, standing orders, policies, posters on work units, and involvement of pharmacists.

Acknowledgments: A special thanks to Drs. Angie McGibbon and Laurie Mallery for their guidance and insights related to this project as well as Dr. Diyanna Docheva, Dr. Al Doucet, Linda Thompson, Marlene Wheatley-Downe, Lisa Samson, Alison Shea, the Nurse Educators, the South Shore Chronic Disease Management Team, Nursing Team Leads, and countless others within FMH, SSRH and QGH.

Provincial Program Background (www.diabetescareprogram.ns.ca)

Established in 1991, the Diabetes Care Program of Nova Scotia (DCPNS) is one of nine Provincial Programs funded by the Nova Scotia (NS) Department of Health & Wellness. Guided by an Advisory Council, several working groups and committees, and the equivalent of 7 full-time positions, the DCPNS:

- Advises on service delivery models
- Establishes and monitors adherence to DM guidelines
- Provides support, services, and resources to DM healthcare providers (including 39 Diabetes Centres)
- Collects, analyzes, and distributes DM data for NS

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

NOVA SCOTIA

IDF 23th World Diabetes Congress
Vancouver , November 30 – December 4, 2015