**VA – 1099**

**FRAIL ELDERLY WITH DIABETES…CAN WE IMPROVE THE APPROACH TO CARE IN THE ACUTE CARE SETTING?**

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**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.

**METHODS**

- Using stakeholder engagement, newsletters, and a HCP educational intervention (20-minute sessions delivered to nursing and other HCP), 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.

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**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.).

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**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:

- Provides 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.