**DECISION TOOL POSITIVELY IMPACTS SELF-MONITORING OF BLOOD GLUCOSE (SMBG) PRACTICE IN NOVA SCOTIA**

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**BACKGROUND**

- Lack of supporting evidence and increasing cost to both the person with diabetes and the increasing care system makes a review of self-monitoring of blood glucose (SMBG) practices necessary.
- The SMBG 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 hypoglycemia)
  - Provider use of results
  - Patient use of results (ability and willingness to act), and
  - The need for immediate self-management education

**PURPOSE**

- To examine the uptake and impact of a provincially produced decision tool (with supporting videos) on the way diabetes educators (DEs) practice and approach SMBG in the non-insulin using type 2 diabetes population.

**METHODS**

- A survey was used to assess the uptake and impact of a provincially produced decision tool. The survey measured:
  - Years of service in current position.
  - Awareness and use of the decision tool principles in practice as well as the challenges and facilitators to use of the tool.
  - Perceived changes in the practice of other providers.
  - Impact of the tool on patients and other staff, etc.

**RESULTS**

30 out of 110 Diabetes Educators (27% response rate) completed the survey (16 Registered Nurses and 14 Dietitians). 80% of Educators had been in practice 5 or more years. Respondents were fairly well distributed across the 4 Health Authority Management Zones in NS.

**CONCLUSION**

- Most DEs in NS have embedded the decision tool or its principles into their SMBG practice.
- There has also been a perceived change in practice by other health care providers (HCPs).
- 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.

**FIGURE 1: HOW OFTEN IS THE DECISION TOOL/KEY CONSIDERATIONS USED IN DAILY PRACTICE PRACTICE (N=30)**

**FIGURE 2: WHO IS THE DECISION TOOL/KEY CONSIDERATIONS USED WITH IN DAILY PRACTICE (N=23)**

**FIGURE 3: REPORTED POSITIVE IMPACTS OF THE DECISION TOOL ON PATIENTS**

**FIGURE 4: REPORTED NEGATIVE IMPACTS OF THE DECISION TOOL ON PATIENTS**

**FIGURE 5: PERCEIVED CHANGES IN OTHER PROVIDER PRACTICES (AS REPORTED BY EDUCATORS)**

**FIGURE 6: EDUCATOR CHANGE IN RECOMMENDED SMBG PRACTICE SINCE THE RELEASE OF THE DECISION TOOL. (N=27)**