Western Zone Diabetes Quality Initiative Guidelines for Frail Elderly Patients in TC/ALC and Vets Units

July 2017
Volume 2, Issue 1

LTC Project Update

The Western Zone (WZ) Long Term Care (LTC) Quality Initiative has been underway since March 2017. Both sites involved with the project, Yarmouth Regional Hospital (YRH) & Soldiers' Memorial Hospital (SMH), have been actively engaged throughout May and June.

Chart Audits
Frail elderly patients within Transitional Care (TC), Alternative Level Care (ALC), and Veterans' Units who have Diabetes were identified. Throughout May, chart audits were conducted to look at current care practices.

Current Practice Survey
During May a Current Practice Survey was advertized and circulated among staff and physicians of the units involved in the project. **Thank you to all that completed this survey**! We are very fortunate to have amazing and dedicated staff working on these units who were willing to take the time to help give us a better understanding of their knowledge related to current diabetes practice. A total of 75 surveys were submitted. Responses came from RN's, LPN'S, CCA's, Physicians & Allied Health Professionals.

Findings
Preliminary analysis has been completed on the data collected from the Current Practice Survey and chart audits. This was recently shared with the Advisory Committee Members. We are currently exploring the most meaningful aspects of the data to be examined. Findings will be shared in upcoming newsletters.

Education Sessions
During the month of June, education sessions were advertised and offered. The purpose was to introduce and, where needed, improve the understanding of the diabetes guidelines for this specific population. This included a strong focus on appropriate, safe care.

Nursing staff, physicians and allied health professionals were welcomed to attend these 20-30 minute sessions offered on the various units, at different times to best meet the needs of staff.

Throughout June, a total of 18 sessions were held at SMH and 13 sessions at YRH. These sessions were provided by the project co-leads and were met with exceptional attendance. In total 84 staff from varying professions attended these sessions!

A huge thank-you to the project Co-Leads, Lisa, Linda, Jennifer, and Julie (see page 2) for their commitment to this work. The successes experienced to date (completion of current practice surveys and delivery of educational sessions) would not have been achieved without their encouragement, availability, and flexibility.

INSIDE THIS ISSUE:

SPECIAL POINTS OF INTEREST:

- Pre-education Chart Audits complete
- Pre – education Practice Survey complete
- Staff education sessions complete

NEXT STEPS - PLANS FOR THE SUMMER

- Thought-out the summer, further analysis of the data collected in the chart audits and current practice surveys will take place.
- Participants' Evaluations of the Education Sessions will be reviewed.
- We will begin planning for the Post Survey, which will help us assess change in knowledge post education.

Site co-leads:

- **Yarmouth**:
  - Lisa Gaudet: 902-742-3542, 1192
  - Linda Wilson: 902-742-3542, 1576
- **Soldiers:**
  - Jennifer McNeil: 902-825-6160, 1762228
  - Julie Sutherland-Jotcham: 902-825-6160, 1762229
- **Central Coordination/Project Coordinator**
  - Crystal MacNeil PDt CDE
    902-742-3542 ext: 1246
    Crystal.macneil@nshealth.ca

Diabetes Guidelines for the Frail Elderly

The Diabetes Care Program of Nova Scotia (DCPNS) and an expert working committee developed the *Diabetes Guidelines for the Frail Elderly* in 2010. These guidelines were revised in 2016.

The purpose the *DCPNS Guidelines for the Frail Elderly Residents in or Awaiting Long-Term Care (LTC)* is to promote appropriate, safe care of non-palliative elderly with diabetes. The focus of these diabetes guidelines include patient safety and improved quality of life through more relaxed blood glucose (BG) targets, less unnecessary bedside BG testing, flexibility, and individualization.

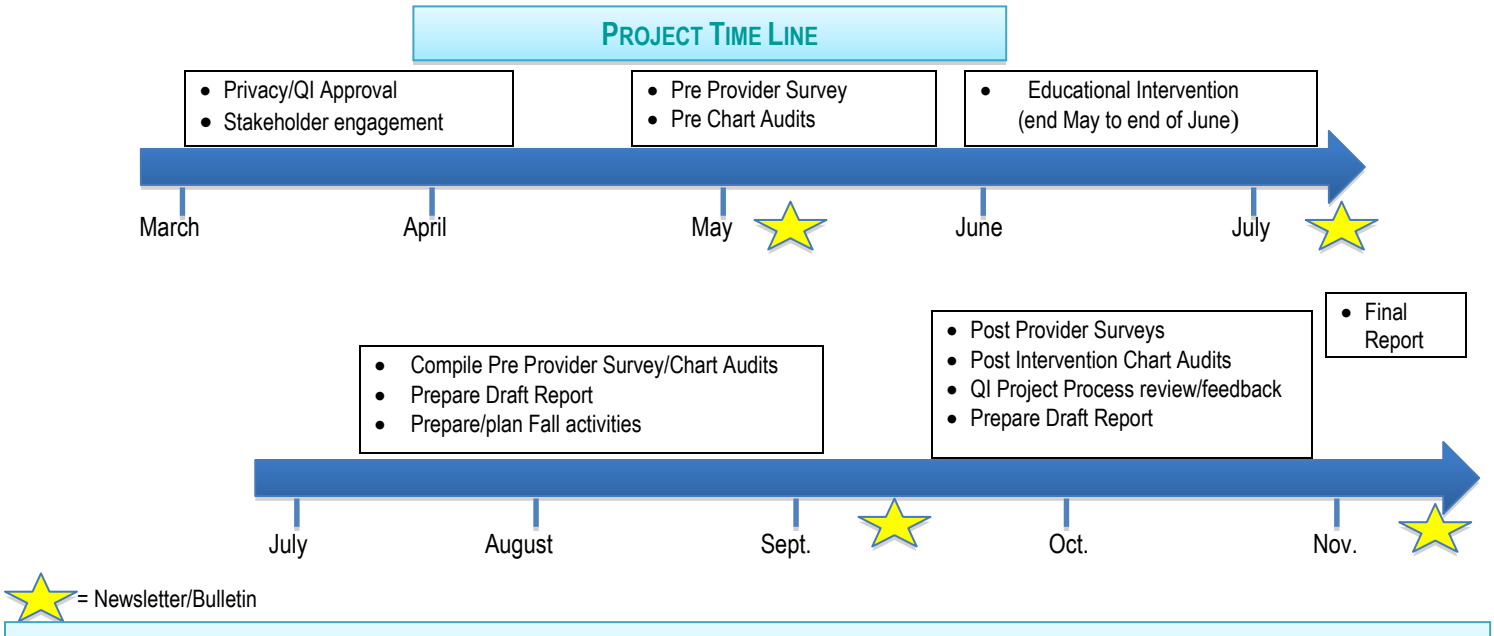
Older adults awaiting LTC placement within acute care facilities are often frail. These individuals commonly have dementia, are unable to engage in activities of daily living, have more falls, impaired mobility, and take multiple medications. Frail older adults are not only more likely to experience the harmful effects of diabetes, such as hypoglycemia, but also are more likely to have severe reactions. Given the frailty of elderly awaiting LTC and their limited life expectancy, tight BG control is not recommended for this population.[1] For this reason, the focus of these guidelines is to promote reasonable BG targets to ultimately avoid hypoglycemia and severe, prolonged hyperglycemia.

- BG Less than 7.0 mmol/L **too low**. Action: ↓ diabetes treatment.
- BG between 7.0 and 9.9 mmol/L **may be acceptable, although there is still a risk for hypoglycemia.** Action: ↓ diabetes treatment.
- BG between 10.0 and 15.0 mmol/L **acceptable**, if the resident does not have frequent urination/urination at night. Action: no change.
- BG between 15 and 20 mmol/L **may be acceptable**, occasional values in this range do not require medication adjustment. If persistent notify physician.
- BG >20 (persistent), **too high**. Action: Notify physician to possibly ↑ treatment.

Reference:

1. Meneilly GS, Knip A, Tessier D. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: diabetes in the elderly. *Can J Diabetes.* 2013;37(suppl 1): S184-190.

PROJECT TIME LINE



= Newsletter/Bulletin

Care guidelines generally are written for a younger population with single illnesses. Blood glucose targets need to be set in the context of frailty. The goal is to avoid the acute complications of glycemic control including hypoglycemia and prolonged, severe hyperglycemia, which can be serious with significant morbidity and mortality.