

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

WHAT IS THE WESTERN ZONE (WZ) DIABETES QUALITY INITIATIVE?

The Western Zone (WZ) Diabetes Quality Initiative is a project that will focus on the diabetes management of the frail elderly with diabetes within Transitional Care (TC), Alternative Level Care (ALC), and Vets Units in two areas in the WZ.

Through education focused on the *DCPNS Diabetes Guidelines for Frail Elderly Residents in or Awaiting Long-Term Care*, emphasis will be placed on appropriate care aimed at safety and quality of life. In efforts to reduce the risk of hypoglycemia and persistent hyperglycemia, appropriate blood glucose targets will be discussed, along with associated changes in the frequency of bedside capillary glucose testing and monitoring of overall glycemic control.

For the purposes of this project the *frail elderly* is defined as inpatients of the WZ who are residents of Veteran's Units or those medically discharged and currently residing in ALC or TCUs waiting to be placed / returned to a LTC Facility.

This project will build on the successful LTC Quality Initiative (2014-2016) that was conducted in the former South Shore District Health Authority. The WZ project is using similar processes, materials and information learned from this earlier project carried out by Tina Witherall Pdt MAdEd, former Diabetes Consultant with the DCPNS.

The WZ Project is guided by an Advisory Committee, including key partners in the areas of Nutrition, Nursing, Medicine, and Pharmacy. (See page 2 for Advisory Committee members.)

A nursing and nutrition co-lead model is being used with this project. Each area, Yarmouth and Middleton, has two co-leads. These individuals are supported by local physician champions, nursing managers, and unit team leads. A Project Coordinator is assisting with central coordination providing support with presentation logistics, material

preparation, survey collection/compilation, and communications.

We will be using available tools and resources (survey instruments, chart audit form, educational intervention/materials) to collect baseline data, measure change, and to ensure fidelity in delivery of the educational content.

What we learn in this project will help to inform future implementation models for use in other sites across the province.

In parallel, we will examine standing orders and related policy/procedures required to support further provincial implementation of this work.

Project Objectives:

- To review current practices and approaches used in the management of diabetes in frail elderly residents medically discharged and awaiting placement/return to LTC.
- To provide education and consistent messaging related to diabetes guidelines for this specific population, with a focus on appropriate, safe care.
- To learn from the project processes to guide future efforts in province-wide implementation.

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SPECIAL POINTS OF INTEREST:

- Collection of audit information in May
- Current Practice Survey available through May
- Staff education sessions will be held throughout June

WESTERN ZONE DIABETES QUALITY INITIATIVE LOCATIONS

Project will be conducted in:

- Alternate Level of Care (ALC) unit at Soldier's Memorial Hospital (SMH)
- Veterans Affairs Canada Unit, SMH
- Transitional Care Unit (TCU), SMH
- Veterans Place, Yarmouth Regional Hospital (YRH)
- Alternate Level of Care (ALC) Unit, YRH

CONTACT



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
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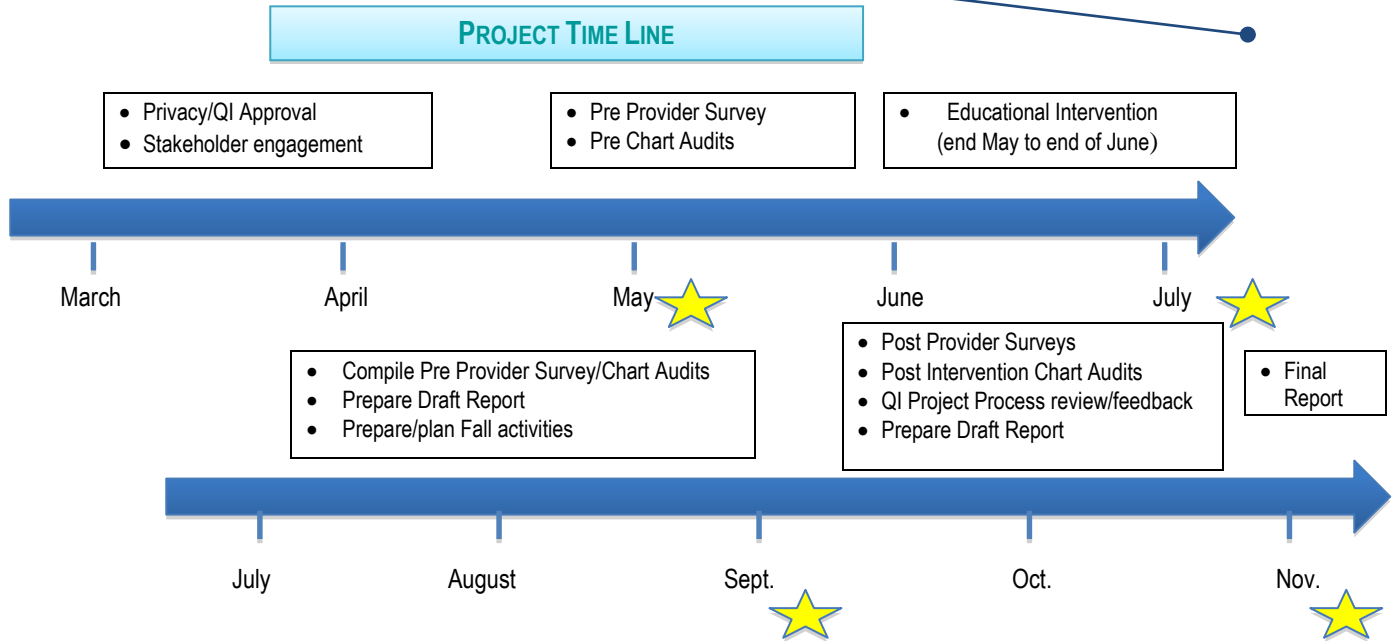
WHO IS GUIDING THIS WORK AND WHY IS IT IMPORTANT?

ADVISORY COMMITTEE MEMBERS

- Beth Snyder, Director, Interprofessional Practice & Learning - WZ
- Fran Duggan, Director, Seniors, Hospice/Palliative Care, VAC, ALC, TCU, & Spiritual Care & SMH Health Systems Leader
- Nicole Lukeman, Director, Policy and Planning Acute Medicine Services
- Julie Sutherland-Jotcham, Clinical Nurse Educator, WZ
- Brian Moses, MD, Chief, Internal Medicine, WZ
- Crystal Todd, MD, Chief, Family Medicine, WZ
- Vanessa Quigley, Interim Director, Health Services/Health System Lead VRH
- Tina Witherall, Clinical Dietitian, Queens General Hospital, WZ
- Michelle McLearn, Director, Nutrition & Food Services, WZ
- Nancy McLaughlin, Director, Pharmacy Services, WZ
- Crystal MacNeil, Project Coordinator, (DCPNS Central Coordination)
- Peggy Dunbar, Program Manager, DCPNS

"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. A greater focus on relaxed glycemic targets and a resulting reduction in bedside monitoring helps to support both patient safety and improved quality of life."

PROJECT TIME LINE



= Newsletter/Bulletin

Key characteristics of diabetes care for the frail elderly include flexibility, individualization, and a focus on quality of life.