

Optimizing Diabetes Management in Long Term Care

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Optimizing Diabetes Management in Long Term Care

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INTRODUCTION

- Currently 25.9% of elderly Americans have diabetes, diagnosed and uncontrolled (ADA 2016).
- Long term facilities have significant expenses to care for diabetic patients
- American Diabetes Association released new clinical practice guidelines to improve care and reduce costs

OBJECTIVES

- Review current quality of diabetes care to identify opportunities for improvement
- Implement new treatments for diabetic patients
 - Hemoglobin A1C range: 7.5-8.5%
 - Blood glucose level: 100-200
 - Avoid Sliding Scale Insulin

METHODS

- Chart reviews:
 - Hemoglobin A1C and blood glucose levels
 - Medications and diet restrictions
- Physician review
 - Suggested change in treatment/observations
- Re-evaluate patient charts
 - New physician orders
 - Changes in blood glucose levels

RESULTS

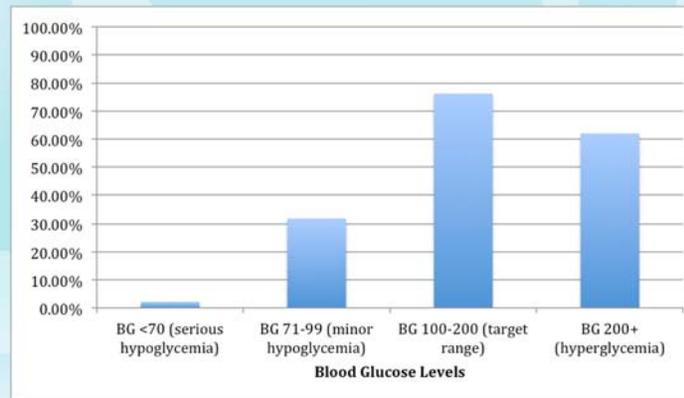


Figure 1. Blood glucose ranges of diabetic patients from initial chart review.

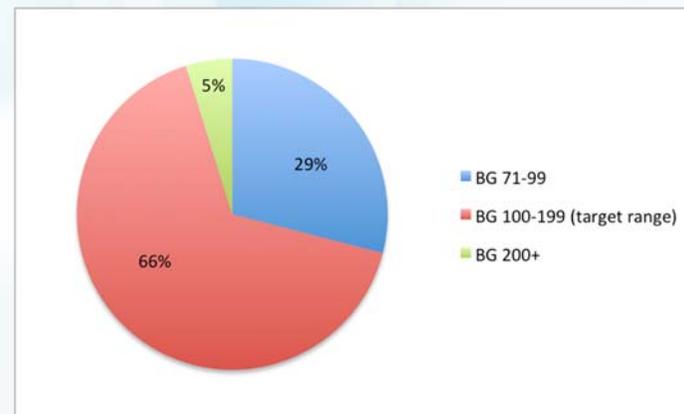


Figure 2. Blood glucose ranges of diabetic patients after implementing treatment changes.

DISCUSSION

- Of 661 total residents, 235 are diabetic
 - 60% called for changes in diabetes care
- 66% of patients with changes now in target blood glucose range from initial 18.9%
- Reduced percentage of patients with hypoglycemic blood glucose levels from 32% to 29% and patients with hyperglycemic events from 62% to 5%

CONCLUSIONS & FUTURE PLANS

- Addresses Triple Aim
 - Better care: closer diabetes monitoring
 - Better health: meeting hemoglobin A1C & blood glucose target ranges, reducing hypo and hyperglycemic events
 - Better cost: medication, ER and hospital visit reduction
- Clinical team will implement standardized blood glucose monitoring and review hemoglobin A1C levels in 3 months to test success

Resources:

Patient records from Gracedale skilled nursing home
[ADA] American Diabetes Association. 2016. Statistics About Diabetes.

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