

BACKGROUND

- The incidence of persons with diabetes is increasing^{1,2,4}.
- Persons with diabetes have high hospitalization rates and are 20% more likely to be readmitted within 30 days of discharge⁴.
- DSMES increases the quality of life, improves clinical outcomes, and decreases health risks^{2,3}.
- Outpatient DSMES is preferred yet underutilized (<7% of persons with diabetes use DSMES)⁴.

Problem: Few hospitals have a standard for inpatient DSMES, leaving nurses without a protocol for patient teaching⁴.

Purpose:

- Create an evidence-based standard protocol to assess and teach inpatient DSMES.
- Create a plan to train nurses how to teach DSMES.



Volkovich, N. (2023). Hands holding glucose meter near the insulin [Image]. <https://www.pexels.com/photo/hands-holding-glucose-meter-near-the-insulin-6941100/>

EVALUATION

- Step 1: Obtain authorization to proceed with the project from the unit director and facility chief nurse officer.
- Step 2: Recruit participation and buy-in from the interdisciplinary team, which includes the unit director, chief nurse officer, hospitalists, pharmacists, dieticians, and registered nurses.
- Step 3: In a staff meeting, use the PowerPoint to educate nurses about DSMES and how to teach patients.
- Step 4: Implement the use of the assessment and education tool in the unit.
- Step 5: Evaluate the project by examining facility readmission metrics.
- Step 6: Survey nurses using the new tool to determine ease of use, perceived patient benefits, and improvement suggestions.

METHODS

Theoretical Framework:

John Hopkins Evidence-Based Practice Model

Practice question:

In adult patients with type 2 diabetes, how does receiving structured inpatient diabetes self-management education and support compared to unstructured diabetes education affect 30-day readmission rates?

Evidence—Themes identified through the Literature Review:

- Evidence-based standards for diabetes education²
- Inpatient diabetes education reduces readmission rates¹
- Risks for readmission⁵
- Barriers to diabetes education⁴

Translation---Developed deliverables:

- Inpatient diabetes assessment and education tool created using evidence-based national standards for DSMES²
- PowerPoint used to teach nurses how to educate patients
- Diabetes resource handout to give patients a list of local and national outpatient resources for outpatient DSMES

CONCLUSIONS

- All hospitals should implement a standard protocol to teach DSMES^{1,2,4}.
- Creating a standard education protocol and teaching nurses how to provide education decreases barriers to DSMES for patients and nurses⁴.
- This project showcases nurses as leaders and educators³.
- The impact of this project is enhanced knowledge and increased self-efficacy for nurses and patients, leading to improved health outcomes for people with diabetes^{1,2,3,4}.

REFERENCES

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Diabetes Resources

LOCAL RESOURCES	NATIONAL ORGANIZATIONS AND WEBSITES	
<ul style="list-style-type: none"> • Utah State Department of Health www.health.utah.gov • Utah State University Extension <ul style="list-style-type: none"> • Health Equity Office • April Litchford, PhD, RDN 435-495-2544 • april.litchford@usu.edu • Follow: @bovelstevenson @Facebook @Instagram • Insurance Company/ Employer HR <ul style="list-style-type: none"> • Some provide health coaching • Peer Support Communities <ul style="list-style-type: none"> • Online and in-person • Facebook: Utah Diabetes Support Group 	<ul style="list-style-type: none"> American Diabetes Association www.diabetes.org • American Heart Association www.heart.org • Academy of Nutrition and Dietetics www.eatright.org • Centers for Disease Control and Prevention www.cdc.gov/diabetes <ul style="list-style-type: none"> • (Coping with a Type 2 Diabetes Diagnosis) • Association of Diabetes Care & Education www.diabeteseducator.org/living-with-diabetes • National Diabetes Information Clearinghouse www.niddk.nih.gov/health-information/diabetes 	