

Introduction

Nearly 26 million children and adults in the United States have diabetes. Diabetes is the leading cause of blindness, kidney failure and non-traumatic lower limb amputations. It also doubles the risk of heart disease and stroke. The primary cause of death for over 71,000 Americans is due to diabetes. The overall prevalence in the disease is rising. As many as 1 in 3 American adults will have diabetes in 2050 if the present trend continues.

According to the American Association of Diabetic Educators (AADE), diabetic education improves diabetic outcomes. Studies have shown that patients who received self-management education in a group setting improved their diabetes knowledge and reduced their fasting blood glucose levels, hemoglobin A1C levels, systolic blood pressure levels and body weight. AADE believes a multidisciplinary team can most effectively provide diabetes prevention, treatment, education and support. AADE has developed seven specific self-care behaviors known as the AACE-7, which are directed as successful diabetes self-management skills.

The Joint Commission's Certification of Distinction for Inpatient Diabetes Care recognizes hospitals that make exceptional efforts to foster better outcomes across all inpatient settings. In conjunction with the American Diabetic Association, The Joint Commission has identified that the four most successful inpatient diabetic programs include the following critical points:

- Specific staff education requirements
- Written blood glucose monitoring protocols
- Plans for the treatment of hypoglycemia and hyperglycemia
- Data collection of incidences of hypoglycemia
- Patient education on self-management of diabetes
- An identified champion team

The HealthSouth Rehabilitation Hospital of York, Pa., has an interdisciplinary team approach to provide diabetes patients with a curriculum to include diabetes overview, medication management, complication prevention and meal planning. In 2002, The Joint Commission launched the Disease-Specific Care Certification to evaluate clinical programs across the continuum of care. Certified programs must demonstrate a systemic approach to care delivery and a commitment to performance through ongoing data collection and analysis. The on-site review process identifies areas of strength and areas for improvement in program quality. In 2011, the HealthSouth team became certified in diabetes. In 2013, the team met the requirements for Advanced Certification.

Program Objectives

The purpose of HealthSouth Rehabilitation Hospital of York's diabetic program is to provide an interdisciplinary approach to the management of inpatients with diabetes in an acute rehabilitation hospital. It includes:

- Comprehensive assessments
- Education in self-management
- Medical recommendations

Program Goals

- Facilitate a safe discharge home and improve patients' self-management skills of diabetes post discharge.
- Improve staff competencies through education and practice.
- Improve patient outcomes through the application of focused clinical practices.

Higher Level of Care: An Interdisciplinary Team Approach in Achieving the Advanced Diabetes Disease-Specific Care Certification

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Methods

The multidisciplinary team Physician, registered nurses, chief nursing officer, registered dietitian, registered pharmacist, case manager, certified diabetic educator, registered PT and a registered OT

The guidelines

- AADE: National Standards for Diabetes Self-Management Education
- American Diabetic Association Standards of Medical Care in Diabetes





- Assessment completed within 72 hours.
- Medication review prior to admission, process Physician orders, Medication reconciliation

The Diabetic Patient-Interdisciplinary Plan of Care

The Diabetic Patient - Interdisciplinary Plan of Care



Group Education

Day 1	Diabetic Overview & Risk FactorsOT
Day 2	 Hyperglycemia & Hypoglycemia & complications of Diabetes OT
Day 3	 Diabetic Nutrition Education & Sick Time Management RD
Day 4	 Medication & Monitoring and Exercise I Pharmacy and OT
Day 5	Foot Care and ReviewOT

Individual Education Elements

Diabetic Teaching Manual	Occupational Therapy
Hyper and hypoglycemia	Nursing
Blood glucose testing	Nursing
Medications specific to each patient	Nursing, pharmacy
Healthy coping	Nursing
Discharge supplies	Nursing
Glucometer review and goals for home	Pharmacy
Diet and meal planning for home	Registered dietitian
Foot care	Physical therapy
Physical activity for glucose control	Physical therapy

Staff Education

- Education is provided for the core team by:
- Outpatient services
- HealthStream education
- Certified diabetic educator focus Quarterly staff education
- Hospital-wide staff education hospital-wide is provided by a yearly competency review for all clinical staff and staff in-services provided by the core team

Focused Clinical Practices

By reviewing the national guidelines, many policies and clinical forms were generated:

- Hypoglycemic Policy
- The Glucometer Order Form
- The Patient Diabetic Teaching Manual





2014 Indicators for Advanced Diabetes Certification

Indicators were changed in 2014 to advance our clinical outcomes. These indicators include: • Educating all diabetic patients, including the cognitively impaired patient population, and families • Physician notification of hyperglycemia-identified as four blood glucose checks greater than 250mg/dl in a 48-hour time period.

4 on	Outcomes 2014 Hgb A1C	
Goal Percentage of pts demonstrating 10% improvement in pre to post diabetic education scores. Quarter Summary Linear (Percentage of pts demonstrating 10% improvement in pre to post diabetic education scores.)	Coal Coal Coal Coal Coal Percentage of patients with Hgb A1C completed on admission or within 90 days prior to admission Quarter Summary Completed on admission or within 90 days prior to admission or within 90 days prior to admission or within 90 days prior to admission or within 90 days prior to admission or within 90 days prior to admission)	
A becks Goal	Outcomes 2014 Physician Notification Hyperglycemia	
Linear (Percentage of pts that had blood glucose completed per protocol)	$= \frac{20\%}{0\%} = \frac{1}{10\%} = \frac$	

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