



HEALTHSOUTH_®

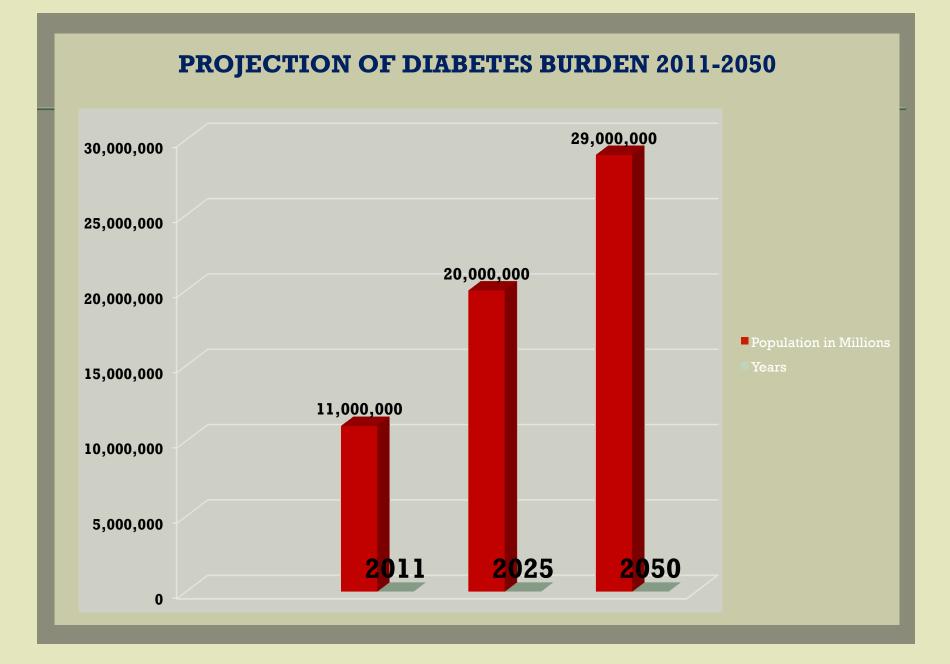
HealthSouth Rehabilitation Hospital of Wichita Falls • Karla Dwyer, MSN, RN, CRRN HealthSouth Rehabilitation Hospital of Arlington • David Jones, BS, RN, CRRN

Mission

To maximize and enhance the lives of our diabetic and pre-diabetic patients by providing superior care and partnering with our patients to develop selfmanagement skills.

Projection of Diabetes

Burden
20112050



Method

Admission data over a six-month period was evaluated. ICD codes for all diabetic-related diagnoses were entered into the Uniform Data System databank.

Queried data reveal approximately 66% of all patients admitted to HealthSouth Wichita Falls had HgbA1C levels > 5.7, indicating that the vast majority of patients were categorized as 'pre-diabetic' or diabetic. An interdisciplinary team was formed and invested time in finding a way to impact these patients so that they would be armed with the information necessary to manage their disease process at home and prevent the complications associated with the diagnosis.

Program Development

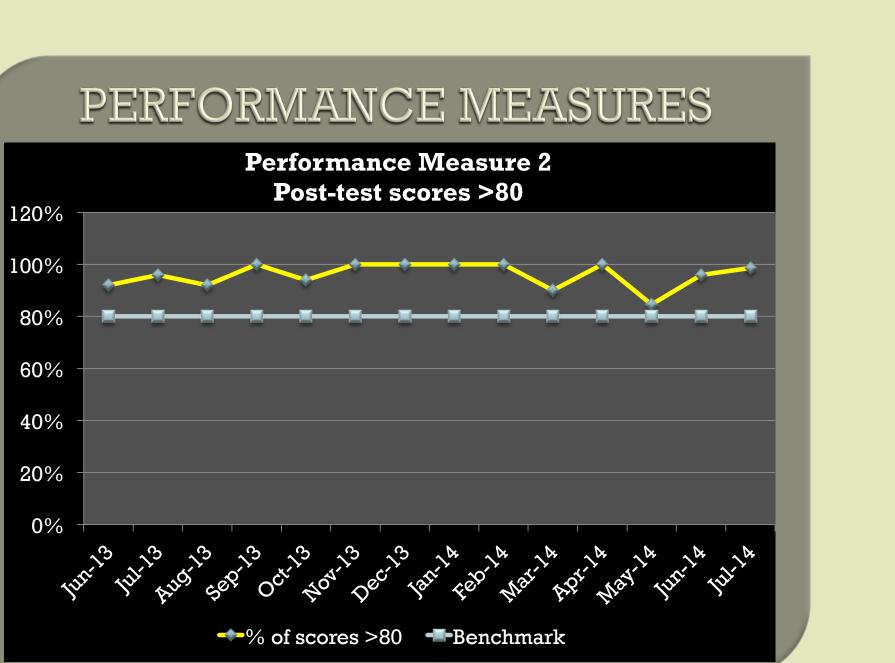
Team members established

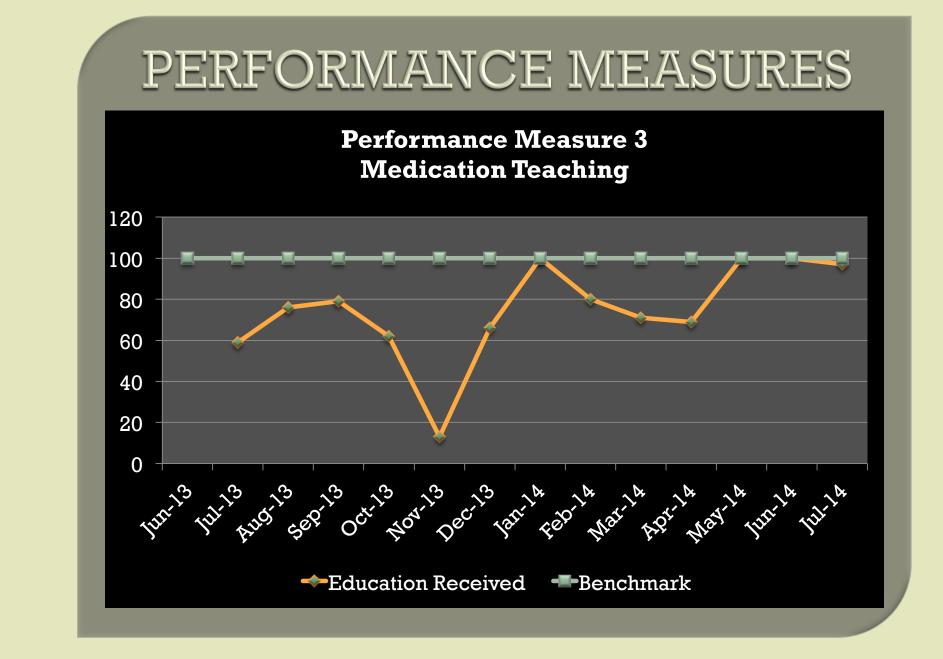
- Internal medicine physician
- Neuropsychology
- RD and CDE
- Nursing
- Therapy
- PharmacyHome health
- Case management
- Administration
- Joint venture hospital representation
- Certified Diabetic
 Educator

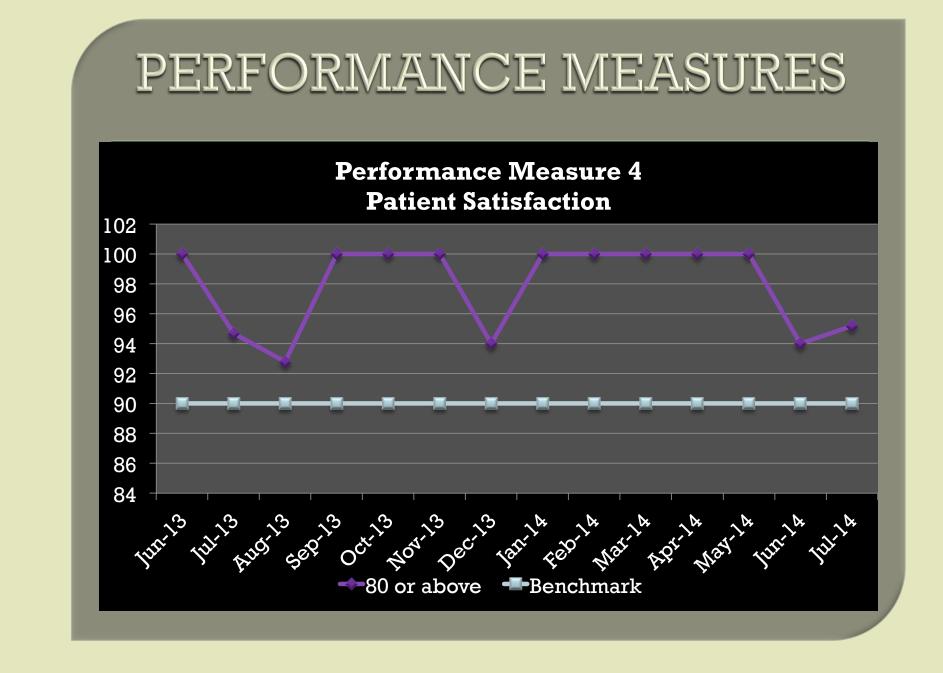
Program Components

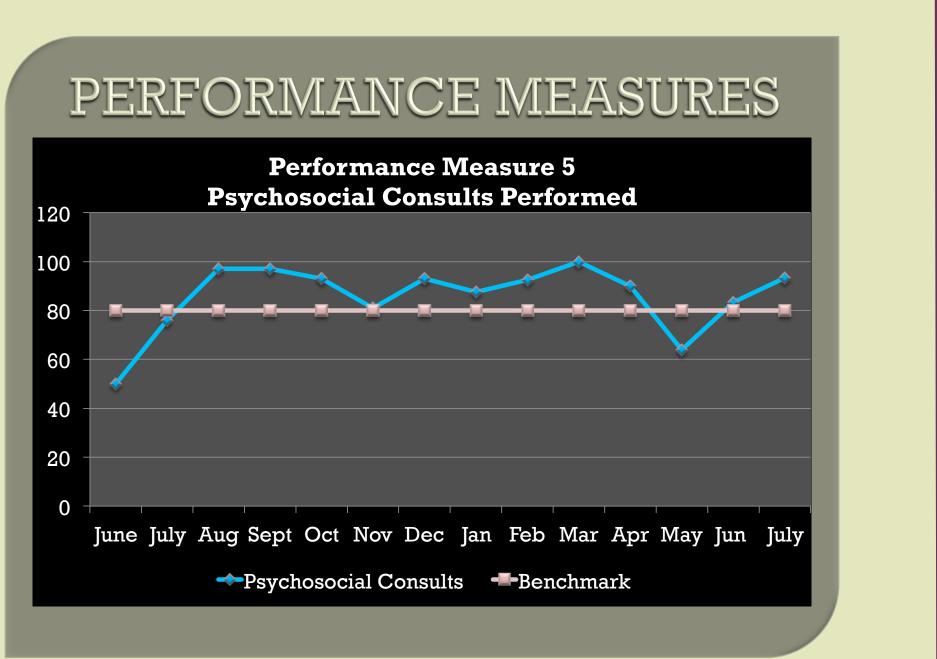
- Establishment of current HgbA1C
- Glucose monitoring and medication adjustment
- Psychosocial assessment
- Comprehensive foot exam
- Consistent carbohydrate diet
- Exercise program
- Diabetic education
- Four one-hour courses of group education
- Individualized bedside education
- with hands-on guidance for selfmanagement
- Nutritional counseling as needed
- Psychosocial assessment

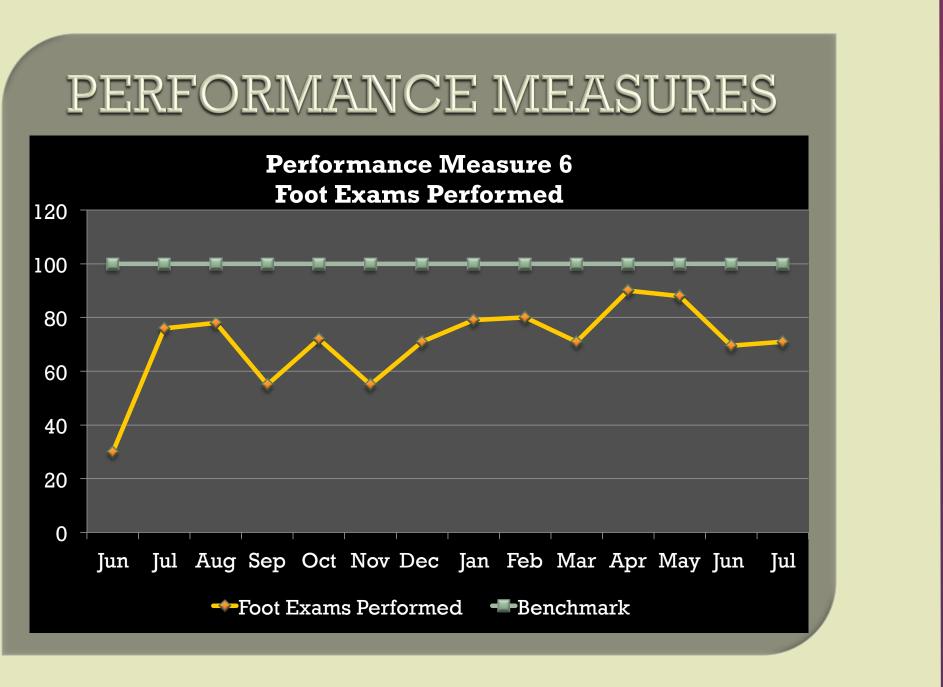
Performance Measure 1 Abnormal BG POC/Abnormal BG POC with Documentation 2000 1500 1000 500 With Pocumentation BG POC Out of Range With Documentation











Conclusion

Community Outreach

diabetes program

Committee representation from joint venture (JV) hospital

Referrals to community-based education and support groups

Provide post-discharge follow-up contact to patient and caregivers

Education classes offered to family members of patients

Education classes incorporated in outpatient program

The Diabetic Education Program

• Establishes evidence-based standards of medical care in diabetes

• Provide continuity of care and standardization of information between JV partner and HealthSouth

Provides patients with risk-reduction strategies

Referral initiative provides continuum of care to JV outpatient diabetes clinic

- Provides patients with tools for self-management
- Assists patients with setting personal care goals
- Provides patients with sources for further education and support

Data Collection Demographics

The data measures collected were

- Total number of patient with HgbA1C 5.7 or greater
- Total number of pre-diabetic vs. diabetic
- Total number of patients who opted in to program
- Total number of patients
 completing all four classes
 Total number of patients showing
- improvement on post-testTotal number of patients receiving
- psychosocial evaluation
 Total number of patients receiving comprehensive foot exam

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- Data reflects June 2013-July 2014
- 897 patients were eligible for program
- 482 patient participated
- Exclusions include patient declination, cognitive impairment, length of stay < 5 day
- 279 completed all four classes
- All patients received glucometer, reference
- glucometer, reference book and long-handled mirror at time of graduation

Employee Education and Training

- Nursing, therapy and dietary staffs were required to attend a four-hour diabetes course and were tested on their knowledge.
- All clinical staff members performing pointof-care testing received annual training and observed skill testing.
- All clinical and dietary staff were provided written diabetes information.
- All clinical staff completed an annual competency evaluation.
- Nursing staff focused on diabetes interventions during the annual skills fair.

References

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