

Diabetes Connect: A Diabetes Self-Management Education And Support (Dsme/S) Program for Saint Anthony Hospital Community

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Abstract

Diabetes is increasing at an alarming rate nationwide affecting mostly minorities. In fact, Saint Anthony Hospital (SAH) community in Chicago has a significant increase of diabetes prevalence from 8% in 2009 to 17% in 2015. SAH predominantly serves Hispanics (49%) followed by African-Americans (26%). Also, population assessment and chart reviews conducted in collaboration with SAH key stakeholders shows a high rate of uncontrolled diabetes (blood glucose of >212 mg/dl) and has led to increased emergency department visits. Purpose: A diabetic wellness and education program following American Diabetes Association guidelines has been developed to address the problem with a focus on diabetes self-management education and support (DSME/S).

Methods: DSME/S is the delivery of knowledge, skills and capacity needed for diabetes self-care with support for achieving and sustaining behaviors and coping skills needed for self-management after education. Following the PRECEDE-PROCEED planning framework, the program was divided into two phases. Phase one addressed organization change using Lewin's planned change theory. Phase two was implementation of SAH redesigned DSME/S program called 'Diabetes Connect' using Bandura's social cognitive theory for individual change. The program was delivered in English and Spanish in summer 2017. It includes four weeklies 90-120-minute sessions using Conversation Maps®.

Recruitment sites were an SAH satellite primary care clinic and the emergency department. Phase three, an addendum to the initial program, involved using a multimodal community based

recruitment plan. Program objectives includes increasing diabetes knowledge scores through a pre- and post-test on knowledge using the Conversation Maps® as well as increase in diabetes self-efficacy scores using the Stanford Scale. Results: Two out of 13 participants completed the program necessitating a change in approach to recruitment and retention efforts. The multimodal community based recruitment plan took effect fall of 2017 and will conclude on the first week of October. The DSME/S program outcomes will be presented.

Introduction

Diabetes is increasing at an alarming rate nationwide affecting mostly minorities. In fact, Saint Anthony Hospital (SAH) community in Chicago has a significant increase of diabetes prevalence from 8% in 2009 to 17% in 2015. SAH predominantly serves Hispanics (49%) followed by African-Americans (26%). Also, population assessment and chart reviews conducted in collaboration with SAH key stakeholders shows a high rate of uncontrolled diabetes (blood glucose of >212 mg/dl) and has led to increased emergency department visits.

Diabetes self-management education and support (DSMES) may be a severe part of look after all folks with polygenic disease. DSMES is that the current procedure of facilitating the information, skills, and talent necessary for polygenic disease self-care, in addition as activities that contribution to an individual in implementing Associate in Nursingd supporting the behaviors required to attain his or her condition on a current basis, on the far side or outside of formal self-management drill. In earlier National

Standards for polygenic disease Self-Management Education and Support (Standards), DSMS and DSME were outlined severally; however these Standards aim to replicate the worth of current support and multiple facilities.

The Values outline timely, evidence-based, quality DSMES services that see or exceed the Medicare polygenic disease self-management coaching (DSMT) regulations; but, these Standards don't guarantee compensation. These Standards provide proof for all polygenic disease self-management education suppliers with those who don't decide to get compensation for DSMES. this Standards' proof clearly identifies the necessity to produce person-centered services that embrace the ever-increasing technological engagement platforms and systems. The hope is that financiers can read these Standards as a tool for reviewing DSMES compensation necessities and think about amendment to align with the means their benefactors' engagement preferences have evolved. Analysis approves that but five-hitter of Medicare beneficiaries utilize their DSMES advantages. Changes in compensation policies stand to extend DSMES access and utilization, which can end in positive impact to beneficiaries' clinical outcomes, quality of life, health care utilization, and costs.

It is necessary to find out a way to manage polygenic disease and forestall or delay the complications .The Standards ar designed to outline quality DSMES and assist those that give DSMES services to implement evidence-based DSMES. varied studies have shown the advantages of DSMES, that embody improved clinical outcomes and quality of life whereas reducing hospitalizations and health care prices .Four important time points for providing DSMES—at identification, annually, once complicating factors occur, and through transitions in care—have been documented and may be accustomed guide health care professionals' referrals .Engagement in DSMES services improves Hb A1C (A1C) by zero.6%, the

maximum amount as several medications, with no aspect effects (8). However, larger A1C improvement was related to DSMES services larger than ten.

The Standards ar applicable to educators in solo follow in addition as those in massive multicenter programs ,care coordination programs, population health programs, and technology-enabled models of care By following the Standards, DSMES ought to be incorporated in new and rising models of care, as well as virtual visits, responsible Care Organizations, Patient-Centered Medical Homes, population health programs, and value-based payment models The Standards don't endorse anybody approach, however rather get to delineate the commonalities among effective and evidence-based DSMES ways. These Standards are utilized in the sphere for recognition by the yankee polygenic disease Association (ADA) and certification by the yankee Association of polygenic disease Educators (AADE). They conjointly function a guide for nonaccredited and nonrecognized suppliers of polygenic disease education.

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Results: Two out of 13 participants completed the program necessitating a change in approach to recruitment and retention efforts. The multimodal community based recruitment plan took effect fall of 2017 and will conclude on the first week of October. The DSME/S program outcomes will be presented.