

THE Diabetes Dilemma

A collaborative approach to managing Diabetes in Long Term Care



How We Got Going

- Diabetes is a top three disease state in OMNI homes
- Lack of standardized diabetes care for residents in LTC
- Lack of Evidence Based Guidelines in this population
- Individualized needs of LTC community
 - Flexibility, Quality of Life (QOL)
- Awareness of increased co-morbidity in the LTC population
- Focus on non-palliative residents living with diabetes in LTC
- Limited collaboration between disciplines
 - MD, Nursing, Pharmacy, Nutrition, Administration, etc.

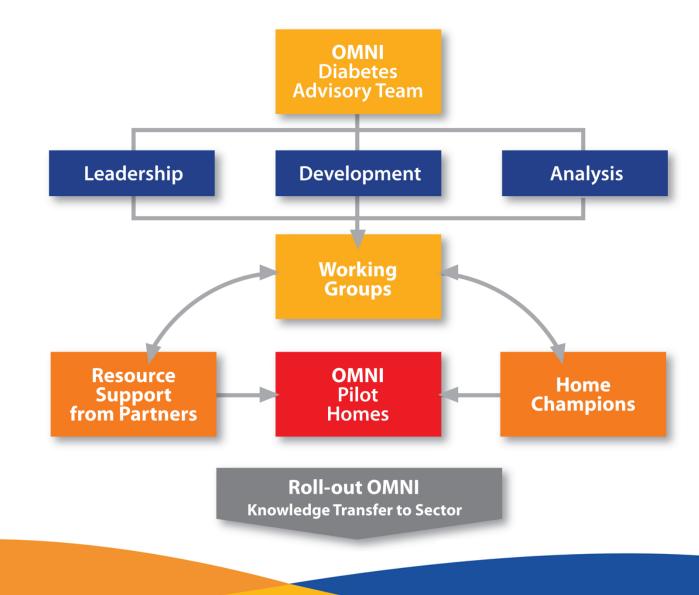


THE TEAM

- The Diabetes Advisory Team (DAT) formed in the fall of 2012
 - Multidisciplinary
 - Multi-organizational
 - Focused on diabetes, co-morbidities and residents living with them
- Our Team

BIG PICTURE THINKING

HEALTH CARE





A COLLABORATIVE APPROACH *OMNI Diabetes Protocol*

Clinical

- Extrapolation from existing guidelines
 - CDA , AACE and others
- Consensus of DAT
- "Evidence Informed and Aware Guidelines"

Key Principles

- Set individual goals for therapy for each resident
- Incorporate Best Practice/Evidence Based Guidelines where appropriate
- Focus on safety and improved QOL for residents
 - Measure! Measure! Measure!



A COLLABORATIVE APPROACH *OMNI Diabetes Protocol* **The Order Set**

- 1. The Nursing Admission/Annual Assessment
- 2. Individualized Goals
- 3. Glucose Control
 - Individualize resident targets based on co-morbidity, life expectancy and risk of hypoglycemia
 - Individualized Glucose Monitoring
 - AHA use similar-to-AACE guidelines
 - Formal Hypoglycemia Protocol
 - Metformin 1st line +/- AHA with low hypoglycemia risk
- 4. Scheduled Laboratory Testing
- 5. Blood Pressure Management
 - Individual goals
 - Awareness of orthostatic hypotension and issues in frail elderly
 - Laboratory screening for safety in RAS inhibition



A COLLABORATIVE APPROACH

OMNI Diabetes Protocol **The Order Set**

- 6. Cardiovascular Risk Factor Modification
 - Smoking
 - Lipids
 - Exercise, Nutrition, Lifestyle
- 7. Management of Co-morbid Conditions & Complications of Diabetes
 - Individualized goals
 - Screening where appropriate
 - Medical management
 - Access to specialty referral where appropriate
- 8. Nutritional Guidelines
- 9. Insulin Dosing Guidelines for Non-eating and Eating Residents
- **10.** Safety Parameters

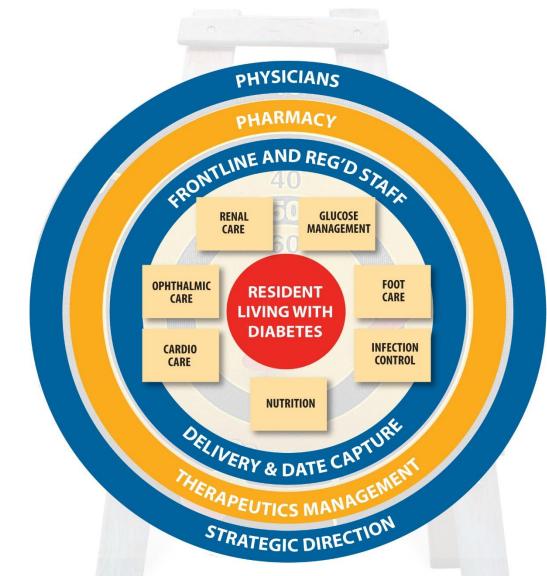


A COLLABORATIVE APPROACH *OMNI Diabetes Protocol* **The Order Set**

Safety Parameters:

- Blood Glucose Monitoring Protocol
 - Frail and elderly residents are at increased risk of severe/harmful reactions to hypoglycemia
 - Focus is on reducing the risk of hypoglycemia
 - > Avoid symptomatic hyperglycemia
- Sick Day Medications
- Standardized Protocols
 - Empower front line staff
 - MD supervision
- Regular Review



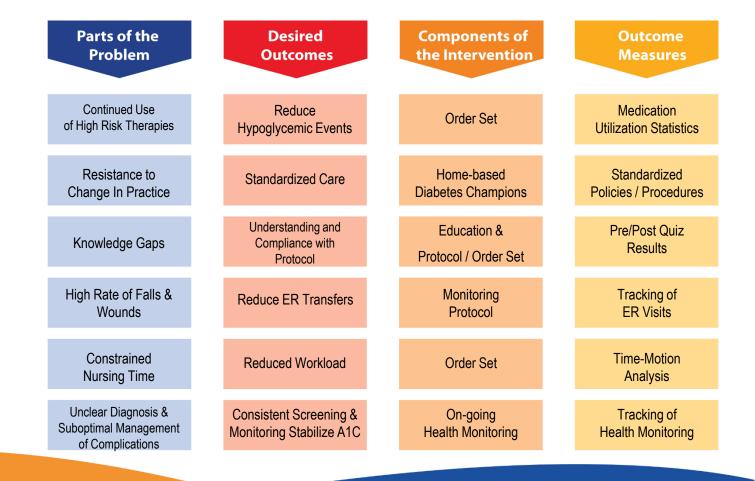


Diabetes is not about hitting a target

It is about staying on target



THE DIABETES SOLUTION





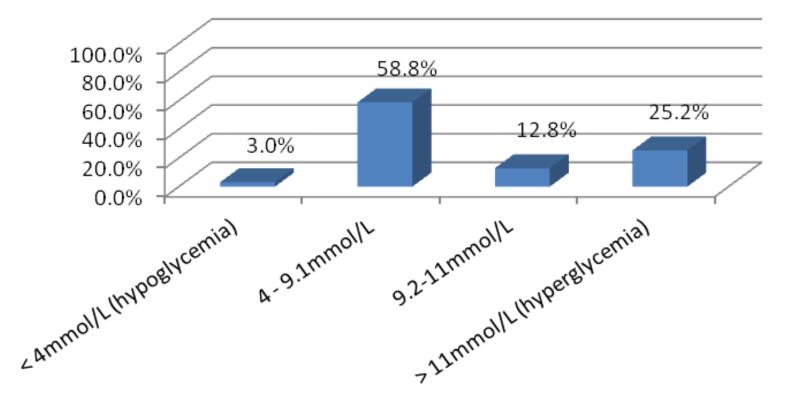
Currently at one of our pilot homes ...

- Inconsistent management of hypoglycemia
 - 121 hypoglycemic events identified in one home
 - 8 were considered severe
- High rate of hyperglycemia
- Progressive increase in prescription
 - therapy



Currently at one of our pilot homes ...

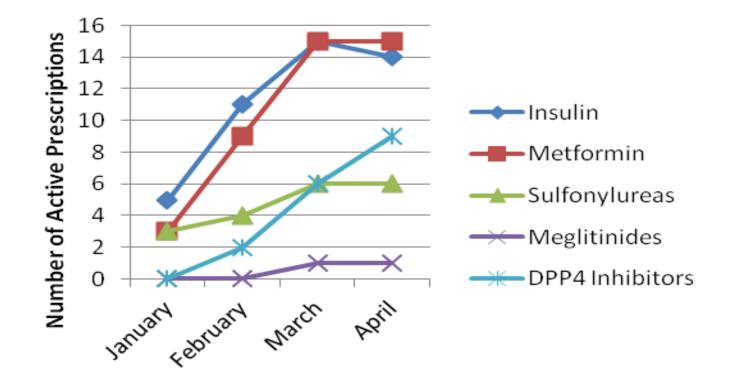
Distribution of Blood Glucose Readings





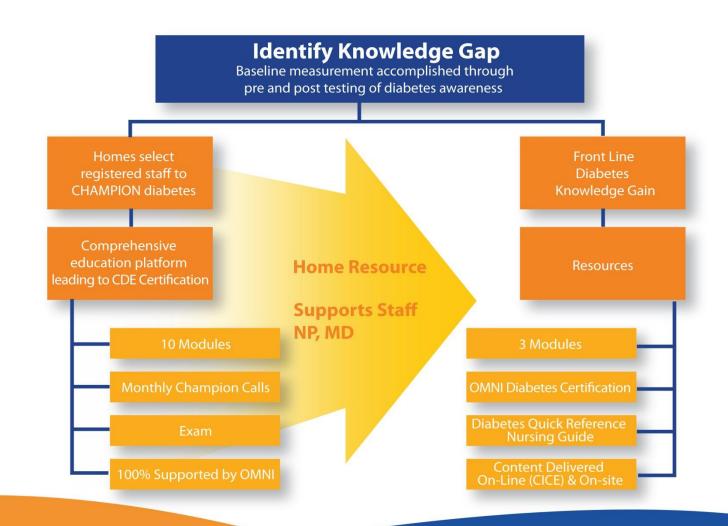
Currently at one of our pilot homes ...

Medication Usage Over Time





EMPOWERING THE FRONT-LINE *OMNI Diabetes Protocol*





FROM PILOT TO PROGRAM

- Projected outcomes:
 - We will improve the quality of life of our residents living with diabetes
 - We will reduce nursing time spent managing diabetes issues
- We have started with two pilot homes
 - We will implement in 17 homes by the end of 2013
- A sincere thank you to our Diabetes Advisory Team without each and every member none of this would be possible
- A sincere thank you to Boehringer Ingleheim for partnering with OMNI Health Care to bring this project to life

Another OMNI HEALTH CARE QUALITY INITIATIVE



Research Analysis Strategy Impact







