

Utilization of Evidence-Based Practice in Caring for Adult Patients with Diabetes
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Problem: Low diabetic outcome metrics were identified across services due to inconsistent care delivery and lack of staff/patient involvement in the care.

Evidence: ADA Clinical Practice Recommendations (ADA, 2006) were updated in January 2006 with literature included through November 2005. A literature review was completed from late 2005 with keywords Diabetes and: Lipids, Blood Pressure, BMI, Glycemia, HbA1c, Foot exam, Kidney, Retinopathy/Eye, Diabetes Education/Nutritional counseling resulted in 73 articles. A group of RNs, APRNs, and physician reviewed and critiqued the articles. Evidence was graded using United States Preventive Task Force (USPTF) criteria (Harris et al., 2001).

Strategy: Using an evidence-based practice model to implement the DOD/VA practice guidelines for the management of Diabetes Mellitus at two Family Practice clinics located at two military medical facilities in Hawaii.

Practice Change: Providers, staff and patients worked as a team to facilitate diabetes management. Team members were educated about their expanded roles in diabetes management and provided with training and feedback to assist with added responsibilities.

Evaluation: Following a literature review of multi-disciplinary best practices, process teams were formed to evaluate patient cohorts from each clinic with documented diabetes. Key areas were addressed: (1) adherence to Care Guideline, and (2) clinical outcomes. Retrospective data reviews of patients with documented diabetes revealed that about 58% of patients who had their HgbA1C checked had adequate glycemic control. The Iowa Model of Evidence-Based Practice (Titler & Buckwalter, 2001) guided project initiative and sustainability of new behaviors and practice. Each element of the project initiative had defined outcome measures.

Results: The results of each initiative will be summarized.

Recommendations:

- Improved outcomes in chronic illness requires team effort
- Improvement is more likely overtime
- Recognizing barriers/facilitators to institutionalize change
- Ongoing monitoring for staffing changes, seasonal variations, etc.
- Maintaining open communication upward, downward, and laterally

Bibliography

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