Background

Diabetes is a common chronic condition with significant comorbidity. The incidence is increasing [1]. The treatment of diabetes requires a multifactorial approach. Treatment guidelines on diabetes recommend involving patients in monitoring their condition because supported self-management improves daily glycemic control [2].

Aim(s)

The aim of this project was to improve self-management of diabetes (SMD) among elderly in a Belgian home for the aged.

Methods

This evidence implementation project used the JBI Evidence Implementation framework, which is grounded in audit and feedback along with a structured approach to the management of barriers to compliance with recommended clinical practices [3,4,5]. In the first phase, the role of the stakeholders is investigated, and the baseline audit takes place. Design and implementation of strategies to improve practice (GRiP) are considered in the second phase. In the third phase, a follow-up audit leads towards post implementation of change strategies.

Results

At baseline, no criteria met full compliance. Six criteria had zero compliance. The procedure for treatment for hypoglycemia was known by 49% of the healthcare workers. Two criteria had a compliance lower than 50%: Strategies for Getting Research into Practice were developed in the second phase. Dissemination strategies, implementation process strategies, integration strategies, capacity-building strategies and scale-up strategies were used. In the follow-up audit, compliance with all criteria improved, although the effects varied. One criterion, went from zero to 100% compliance. Three criteria improved from zero to 85% compliance. Two criteria reached the threshold of 50% compliance. One criterion reached 19% compliance. Follow up audit is needed to reach sustainability for this project.

Discussion

This best practice implementation project successfully led to the improvement of self-management in elderly people with diabetes, living in a Belgian home for the aged. An in-depth pre-implementation phase with internal facilitation and interdisciplinary collaboration between all co-workers tackled the barriers of quality systems, structure, communication and education. Despite the difficult circumstances of health care workers in this residential care home, for example during COVID, significant improvements have been made.

Implications and future perspectives

The screening of the residents, the development and documentation of the self-management plan are successfully implemented in Hof de Beuken. However, additional follow up audit will be worthwhile to improve compliance to the knowledge of the procedure and the knowledge of the treatment of hypoglycemia. We can conclude that the JBI Implementation framework has demonstrated to be of added value in Belgium.

References

- 1. WHO, Global report on Diabetes, W. Press, Editor. World Health Organisations. p. 83, 2016. . In the text, use numbering in brackets to indicate the references, e.g. [1].
- 2. Koeck, P., Domus Medica-richtlijn. Huisarts Nu, 44(5): p. 212-213, 2015
- 3. Porritt, K., et al. JBI's approach to evidence implementation: a 7-phase process model to support and guide getting evidence into practice. JBI evidence implementation, 21(1), 3–13, 2023
- 4. Soumya, Evidence Summary. Chronic Disease: Self-Management. The JBI EBP Database, JBI-ES-1295-3, 2021 Someone et al, 30:100-107, 2015.
- 5. Bellman, S., Evidence Summary. Type 2 Diabetes: Treatment of Hypoglycemia. The JBI EBP Database, JBI-ES-4921-2, 2021

