

Diabetes Care for Aged Residential Care Facilities in Hawke's Bay

Vicary D¹, Denton A¹, Spedding T¹, Twigg P², Short C³, Schmiedel O⁴
pharmacist@healthbh.co.nz

¹ Health Hawke's Bay, Hastings

² Hastings Health Centre, Hastings

³ Eversley Resthome and Village, Hastings

⁴ Hawke's Bay District Health Board, Hastings

Context/existing situation

The role of Clinical Pharmacist Facilitators (CPF) is to provide General Practitioners (GPs) with educational visits on best practice medicine and laboratory test use. GPs questioned current policies and practices around the use of blood glucose diagnostic (diabetes) test strips in Aged Residential Care (ARC) facilities.

Planned change

To visit all ARC facilities within Hawke's Bay (HB) to determine what the frequency of blood glucose monitoring was and feed back to GPs.

Methods

CPF's visited 25 of the 27 in HB collecting information regarding medicine. HbA1C, blood glucose testing frequencies and management of diabetes. Analysis of the data showed:

- 63.5% of residents with diabetes on metformin or diet controlled received routine blood glucose monitoring.
- 47 residents were considered 'of interest' due to HbA1c below 48mmol/mol (42) and taking both insulin and a sulphonylurea (5)
- Varied guidelines and management protocols.
- The CPFs formed a Diabetes Project Clinical Advisory Group to work with them to develop resources that would:
 - Improve the use of blood glucose test strips
 - Provide guidance for GP and ARC staff for 47 residents 'of interest'
 - Develop a unified approach in the management of diabetes.

Measurement of improvement

Improvement in the management of patients with diabetes residing in ARC facilities in HB, in particular the frequency of blood glucose monitoring and those with a Hb1Ac below 48mmol/mol taking a sulphonylurea and/or insulin.

Effects of changes

The CPFs were able to communicate to all HB GPs that 63.5% of patients on metformin or diet controlled received routine blood glucose monitoring according to facility policy due to lack of guidance to ARC staff. Certain patients considered at risk due to an Hb1Ac below 48mmol/mol were followed up by a Diabetes Nurse Specialist liaising with the GP to effect medicine changes. Four wall charts and a reference booklet were developed; along with an Annual Diabetes Review and 13-week blood glucose monitoring pages to aid communication between GP and ARC staff around blood glucose monitoring.