Evidence Based Diabetes Project

Diabetes Project – Next Steps

National trends indicate an increasing prevalence in diabetes with 42% of the population with diabetes being 65 years or older. It is projected that this proportion will increase to 58% by 2050 (CDC, 2011). Increasing prevalence of diabetes has also impacted associated health care costs. Nearly $174 billion are spent annually for direct and indirect medical costs on diabetes care (CDC, 2010). Average acute hospital annual cost for a diabetic foot ulcer itself accounted for $9,910 in 1996 (CDC, 2011). With the rise in the prevalence of diabetes complications, it becomes imperative to provide training and practice care for our health care professionals to manage the disease. The Evidence Based Practice (EBP) diabetes foot education program funded by Health Resources and Services Administration (HRSA) was developed in consensus with all four GECs (NSU-COM, Arkansas, Texas, and Stanford) involved in this project to improve quality of care of persons with diabetes. The specific goals are to train our health care professionals in diabetes foot assessment and improve patient outcomes.

As a follow up on our proposed idea in the previous article, the EBP project has moved to the next phase. To meet the educational needs of our health care professionals we plan to train nurses, physicians, pharmacists, and physical therapists and follow-up learning outcomes in one group (nurses). The training will be 45 minutes session divided into two parts. The first part will emphasize on complications of diabetes and clinical aspects of foot assessment followed by a practical demonstration of foot inspection. The second part of the session will focus on patient education, an integral part of comprehensive patient care. To execute our training, we have contacted several long term care facilities as potential recruitment sites. We have also developed comprehensive training modules and assessment measures to evaluate the immediate and long-term impact of our training program.

Outcomes of the foot assessment training will be analyzed through changes in clinical practice of health care professionals and improved patient outcomes. A quality improvement (QI) tool will be used to measure the level of education before/after the diabetes foot education training. We expect a 10-15% increase in practice change three month post training. Patient clinical outcomes will be measured for all non-demented patients with diabetes through methodical review of patient’s charts before and after foot education training. We believe that our diabetes foot education training will have significant impact on practice change and patient outcomes that will be a potential source of publication and practice ideology.