

Hospital diabetes care for people with type 2 diabetes in rural Georgia

Margaret Davis, Assistant Professor of Nursing; Deborah Allen, Assistant Professor of Nursing; Regina Scott, Clinical Instructor, Georgia Southern University, Georgia, US

This exploratory study was conducted to gather information about the care and efficacy of people with type 2 diabetes admitted to a regional medical center in Southeast Georgia, US, and who were ordered sliding scale insulin. The results of this study indicate that the majority of people received care that was inconsistent with recommended standards.

Methods

After receiving approval from the university's institutional review board and the healthcare facility's administration, a printout was obtained of all hospitalised individual from March 2007 to March 2008 who met the inclusion criteria ($n=2273$): a diagnosis of type 2 diabetes, over 18 years of age, and required sliding scale insulin. A random sample of 520 charts was obtained to use in this study, representing approximately 23% of the total sample size.

Data were collected from each chart, including age, race, date of admission, height, weight, sex, admission diagnosis, diet, medications, laboratory tests, finger-prick blood glucose levels, and sliding scale insulin coverage ordered and provided. To protect patient confidentiality, no personal identifying information was collected from the charts. Specific chart

information was maintained and secured by the healthcare facility.

Results

Of the charts reviewed, 58.2% ($n=303$) of patients were over 60 years of age, and, for the purposes of this study, considered elderly. The sample included 42.1% males ($n=219$). The ethnicity of participants ranged from 50.4% white, 36.3% black, to 1.9% hispanic. Some charts were missing demographic data accounting for the differences in total numbers.

The most common admitting diagnosis was cardiac (25.4%) during the study period. The next most common admitting diagnoses were for respiratory (13.5%) and gastrointestinal (14.6%) problems. Individuals included in this study had additional comorbidities to type 2 diabetes, with many having three or more comorbid conditions cited in the hospital record. Cardiac diagnoses for admission included hypertension, heart failure, and myocardial infarction.

Of the charts reviewed, 53.8% of individuals had specialist diabetes diets ordered at some point during their hospitalisation. This finding is inconsistent with current recommendations by the American Diabetes Association (2009) that all inpatients with diabetes should be on a

diet evaluated by a dietitian. In addition, the percentage of inpatients with elevated cholesterol, lipid, and triglyceride levels found in this study indicate ineffective management of their lipid levels.

Conclusion

The results of this study provide evidence of the critical role that education of nurses can play in determining whether people with type 2 diabetes receive care that is consistent with current guidance. In almost every instance, the nurses in this study failed to identify opportunities to improve the care and outcomes of inpatients with type 2 diabetes.

Future actions to address these deficiencies include providing regular education sessions to the nurses providing care to inpatients with diabetes, training of nurses who desire to specialise in care of people with diabetes, and continued monitoring of the influence of these interventions on the care and outcomes of the individuals admitted to acute care facilities. The ultimate outcome of this study is to ensure that all people with diabetes receive care that is consistent with current research. ■

American Diabetes Association (2009) Standards of medical care in diabetes – 2009. *Diabetes Care* 32 (Suppl 1): S13–61

The IMPROVE™ Control Campaign

The Global Task Force on Glycaemic Control is a group of physicians and specialists in the field of diabetes from around the world that is working in collaboration with Novo Nordisk with the ultimate aim of identifying and developing practical solutions to the global problem of poor glycaemic control in people with diabetes. Since early 2008, the *Journal of Diabetes Nursing* has featured articles and submissions under the banner of IMPROVE™ Control – a global public awareness campaign focused on the need for improved control, which forms part of the Task Force's work. Throughout 2009, the journal will continue to bring you articles on the barriers to good glycaemic control, and submissions from *you*, our readers, outlining the strategies you have used to help people with diabetes improve their control.

For example, perhaps you have implemented a new educational session in your area that has helped break down barriers to control, or maybe you have set up a new referral pathway that has helped improve HbA_{1c} levels. The *Journal of Diabetes Nursing* would like to help you share your practical solutions for improving control, no matter how big or small, with other nurses working in diabetes. We encourage you to take part in this global initiative by calling 020 7627 1510, or emailing james@sbcommunicationsgroup.com.

