

Title of Intervention: Subspecialist support for management of patients with diabetes

Intervention Strategies: Supportive Relationships, Group Education, Environments and Policies

Purpose of the Intervention: To prevent hospitalizations and complications of diabetes

Population: Patients with diabetes, covered by health maintenance organizations

Setting: Cedars Sinai Medical Center; health care facility-based

Partners: Physician groups, health maintenance organizations

Intervention Description:

- Supportive Relationships: As a pair, a nurse specialist and diabetologist used a defined format to guide meetings with patients. Every patient received an hour-long individual training session. Based on computer outputs from the system, the nurse made individual counseling phone calls to patients. In addition, patients received referrals to dietitians, ophthalmologists and other specialists as needed.
- Group Education: Upon entry into the program, all patients were encouraged to attend a two-hour diabetes education class.
- Environments and Policies: A Comprehensive Diabetes Care Service was instated, which meant that physician-supervised diabetes nurse specialists followed protocols to provide diabetes and lipid management. Thirty-two protocols were developed to guide the nurse specialists with tracking, managing and treating various diabetes-related risk factors and conditions. The computer system sent reminders to patients of scheduled and missed appointments and to order required bi-monthly lab tests.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: One diabetes nurse specialist and one staff assistant per 250 diabetic patients, one diabetologist per 1000 patients
- Training: System and protocol training for nurse specialists
- Technology: Computer system and tracking software
- Space: Not mentioned
- Budget: The direct cost of the program was \$631,279
- Intervention: Staff time, counseling and treatment protocols
- Evaluation: Patient records

Evaluation:

- Design: Cohort
- Methods and Measures: Patient records were used to determine blood glucose and insulin levels and the number of patients needing acute hospitalization.

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: Those that complied with the program had significantly better blood glucose levels and a lower average number of inpatient days than the national average. There was a significant drop in rate for hospitalizations attributed to diabetes in the intervention group.

Maintenance: Not mentioned

Lessons Learned: Not mentioned

Citation(s):

Peters, A. L., M. B. Davidson, et al. (1995). "Management of patients with diabetes by nurses with support of subspecialists." HMO Pract 9(1): 8-13.