Improve Type II Diabetes Knowledge Through In-House Toolkit Implementation

Sabrina Chang, RN, MSN, FNP-C
Johns Hopkins School of Nursing
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Dr. Felix, DNP, CRNP, MSN

On my honor, I pledge that I have neither given nor received any unauthorized assistance on this paper. April 8, 2023
Abstract

Background and Purpose: Lack of time and access to education spent by providers and patients with diabetes leads to poor disease management and outcomes. The purpose of this DNP project was to increase patient confidence and reduce HgA1c in comparison to those patients who did not utilize The In-House Type II Diabetes Toolkit and participate in conference calls.

Methods: This quality improvement project utilized pre/post test design. The project site was located in Riverside, California and included patients 18 and older with HgA1c of 10 or greater (n=37). The intervention included implementation of educational material from The In-House Type II Diabetes Toolkit along with one nurse practitioner and a group of 4-6 diabetic patients meeting bi-monthly via conference call. A Likert scale pre-survey was provided at the first session in week 1 and a Likert scale post-survey was completed at week 8. Likert items in both the pre-survey and post-survey were utilized to measure the respondents’ attitude toward the particular statements.

Results: The findings of this study had meaningful and practical implications revolved around increasing patient-provider interactions and building patient confidence. Although, not statistically significant, the results of this DNP project were clinically significant with 89% of the patients having a reduction in HgA1c – improving diabetes management.

Conclusions: This DNP project focused on working collaboratively with patients to improve the management of diabetes. Patients who work collaboratively with their provider through frequent patient-provider interactions, educational support and accountability demonstrated improvements in HgA1c lab results.

Implications: The role of peers and fostering community support through group education among diabetic patients can improve diabetes management and long-term sustainability of dietary changes – leading to a reduction in HgA1c. Frequent interactions through group education reflected more personalized encounters, patient accountability, improve patient-provider communication and patient compliance

Keywords: Diabetes group education, community support, patient-provider interaction
References


