

Title: Standardized Care Plan for Type 2 Diabetes Mellitus

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PROBLEM STATEMENT

Type 2 diabetes mellitus (T2DM) is a condition that can be challenging for individuals to manage, especially when it comes to adhering to their treatment plan. Individuals with T2DM on insulin tend to have higher levels of diabetes distress and lower self-efficacy in relation to their management plan. The current problem identified is that a standardized care plan is not being used as a part of T2DM management.

PROJECT PURPOSE

The purpose of this project was to develop and implement a standardized care plan (SCP) for patients with type 2 DM on insulin, to assist them in better managing their treatment plan and decrease diabetes related distress. The overarching aim of this project is to decrease Diabetes Distress Scale (DDS) scores and Hemoglobin A1C (HbA1c) levels. The clinical question proposed was "In patients with type 2 diabetes mellitus on insulin therapy, does the development and implementation of a standardized care plan reduce DDS scores by 30% and HbA1c by 1% in 3 months?"

MODEL/NURSING THEORY

The Plan-Do-Study Act (PDSA) Model for quality improvement was used as the framework for this project because of the flexibility in making modifications prior to implementing on a larger scale.

The Social-Cognitive Theory focuses on the self efficacy of individuals influence the diabetes distress scale scores before and after implementation of the care plan.

METHODS

Participants

- A convenience sample of participants aged 25-75 years old with a diagnosis of Type 2 DM being managed by Endocrinology were included in the project
- There were a total of 9 participants in the SCP project

Setting

This project was implemented at an Endocrinology clinic in central Florida.

Instruments/Tools

The Diabetes Distress Scale (DDS) includes 17 Likert scale statements that measure the level of patient distress. The final score is a mean score between one and six where less than 2 indicates little to no distress, between 2 to 2.9 indicates moderate distress, and higher than 3 indicates high distress.

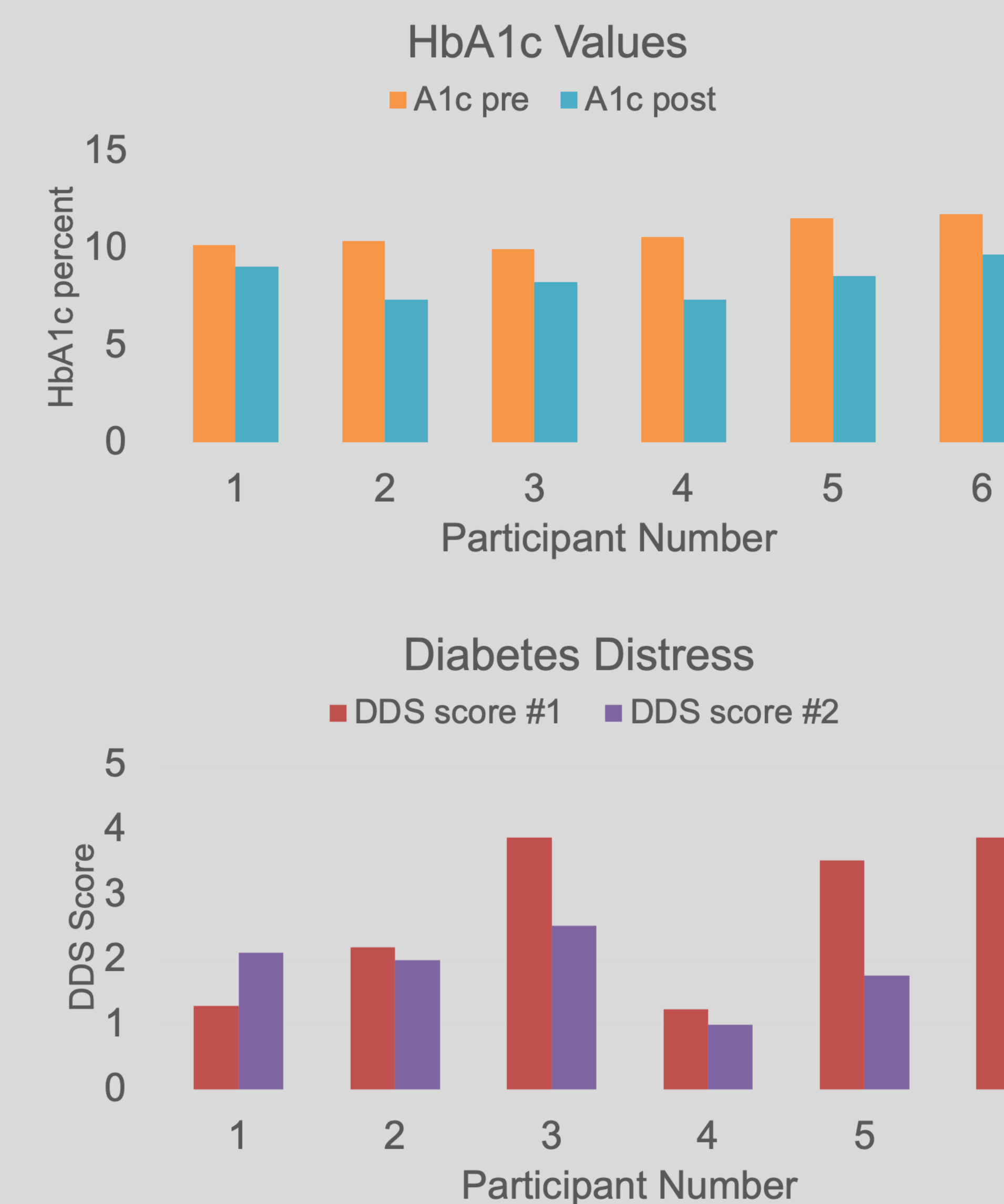
Figure 1: Diabetes Distress Scale developed by the Behavioral Diabetes Institute

Intervention and Data Collection

During a routine visit, patients completed the DDS survey prior to seeing their provider. The patients were provided with a copy of their care plan, so they could refer to it regularly. The participants were called 4-6 weeks after their visit by one of the medical assistants for the DDS survey to be repeated and patient goal progress to be checked. When the patients came to their follow up appointments in 3 months, their HbA1c scores were checked to further assess progress.

Figure 2: Standardized Care Plan Form

RESULTS



DISCUSSION

The results of the SCP project demonstrated an improvement in HbA1c values and DDS scores.

The comparison of data was completed using a paired *t* test. The *p* values for the HbA1c showed statistical significance ($p \leq 0.05$). The *p* values for the DDS scores did not show statistical significance ($p > 0.05$).

Limitations:

- Small sample size of participants
- Unable to reach three participants for post-intervention information

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

The SCP project has the potential to positively change the approach of diabetes management. The implementation of a Standardized Care Plan could improve patient outcomes.

The SCP project could be sustained in this setting through the continued use of the care plan and use of the DDS to drive visit discussions and patient goal planning.

SUSTAINABILITY

If the practice location uses the DDS regularly, the fee will be five dollars per use. This fee is charged by the Behavioral Diabetes Institute, unless licensing/permission is obtained for use. This cost can be eliminated if the DDS is taken on a website provided by the Behavioral Diabetes Institute (BDI) prior to their visit. The results obtained can be discussed with their health care provider during their office visit.

REFERENCES



The use of a standardized care plan can decrease diabetes-related distress and improve HbA1c values.