GARDNER-WEBB UNIVERSITY
HUNT SCHOOL *of* NURSING

Enhancing Care for Patients with Diabetes Mellitus

NURSING FOCUSED INTERVENTION

TAMULA BENNETT, RN DOCTOR OF NURSING PRACTICE STUDENT

PROJECT CHAIR: DR. TRACY ARNOLD, ASSOCIATE DEAN

Acknowledgements

- Chair: Dr. Tracy Arnold, Associate Dean
- Practice Learning Environment: Dr. Eleanor Barone, Chief of Education and Informatics; IRB
- Practice Partner: Dr. Theone Fee, Associate Deputy of Patient Care Services
- Committee Member: Katrina Canady, MSN, Director of Nursing

Doctor of Nursing Practice Overview

Comparison of DNP practice vs. PhD research

DNP practice project	PhD dissertation project
Systematic practice **problem investigation**	Systematic search for an answer to a **question**
Outcome as a practice problem solution, reproducible and **transferrable** new nursing knowledge	Outcome **answers research question**, reproducible and **generalizable** new nursing knowledge
Limited to a place and time	**Not specific** to place or time
Theory and literature based	**Theory and literature based**
Uses rigorous methods appropriate to **scope of the problem**	Uses rigorous methodology, unbiased and can be reproduced

White and Zaccagnini, 2017

DNP Process Model

Future Scholarship

Problem Recognition

P: Patients enrolled in VHA primary care at the WHCC with a diagnosis of Type 1 or Type 2 DM

I: Standardized algorithm for management of diabetic patients

C: Renal lab testing of patients within the 2-3 lowest performing teams; pre and post intervention

O: Renal testing BISL data dashboard

T: 1 to 2 months

Needs Assessment

- Literature confirms collaborative team effort, patient inclusion, and timely screening for microalbuminuria, will change overall diabetes care and patient outcomes.
- VHA PACT 2010 implementation with continuous labs for pilots and dissemination
- 2-3 lowest performing PACTs
- Team of nurse managers, PACT RNs, performance improvement team
- Gaining control of diabetic renal testing will decrease the cost of care associated with complications of nephropathy, chronic kidney disease, and end stage renal disease.

Literature Review: Best Practice

Screening for Microalbuminuria in Patients with Diabetes

Why?

- To identify patients with diabetic kidney disease (DKD).
- To distinguish DKD patients from diabetic patients with chronic kidney disease (CKD) *from other causes*. The latter require further investigation and possibly different clinical management.
- Because *markers of kidney damage* are required to detect early stages of CKD. Estimated glomerular filtration rate (eGFR) alone can only detect CKD stage 3 or worse.

When?

Begin screening:

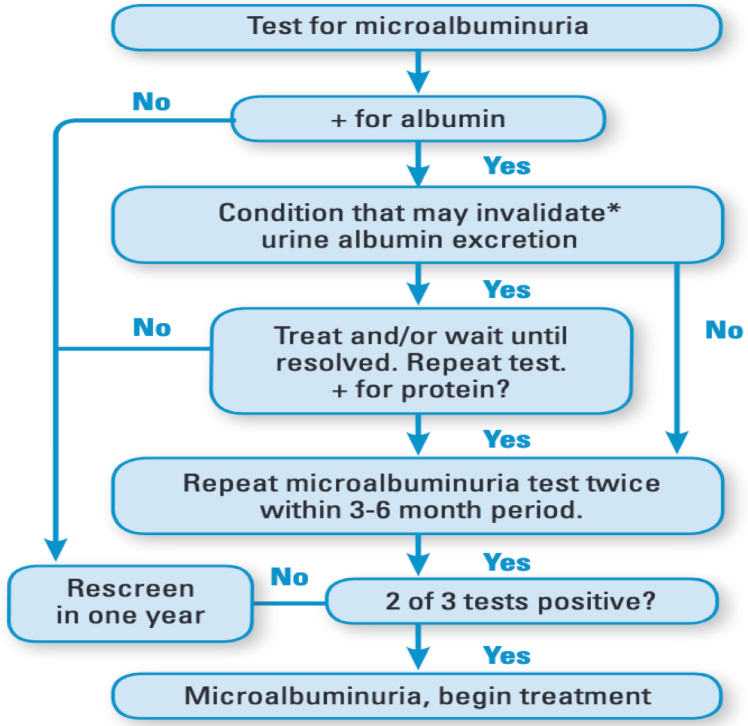
- In type 1 diabetes – 5 years after diagnosis, then annually
- In type 2 diabetes – at diagnosis, then annually

Is it Microalbuminuria?

Measure urinary albumin-creatinine ratio (ACR) in a spot urine sample.

Category	Spot (mg/g creatinine)
Normoalbuminuria	<30
Microalbuminuria	30-300
Macroalbuminuria	>300

How?



* Exercise within 24 hours, infection, fever, congestive heart failure, marked hyperglycemia, pregnancy, marked hypertension, urinary tract infection, and hematuria.

Goals, Objectives, Mission Statement

GOALS

To educate PACT nurses on enhanced diabetic care within their scope.

To provide increase in standardized, timely, and more cost effective care for veteran patients with DM

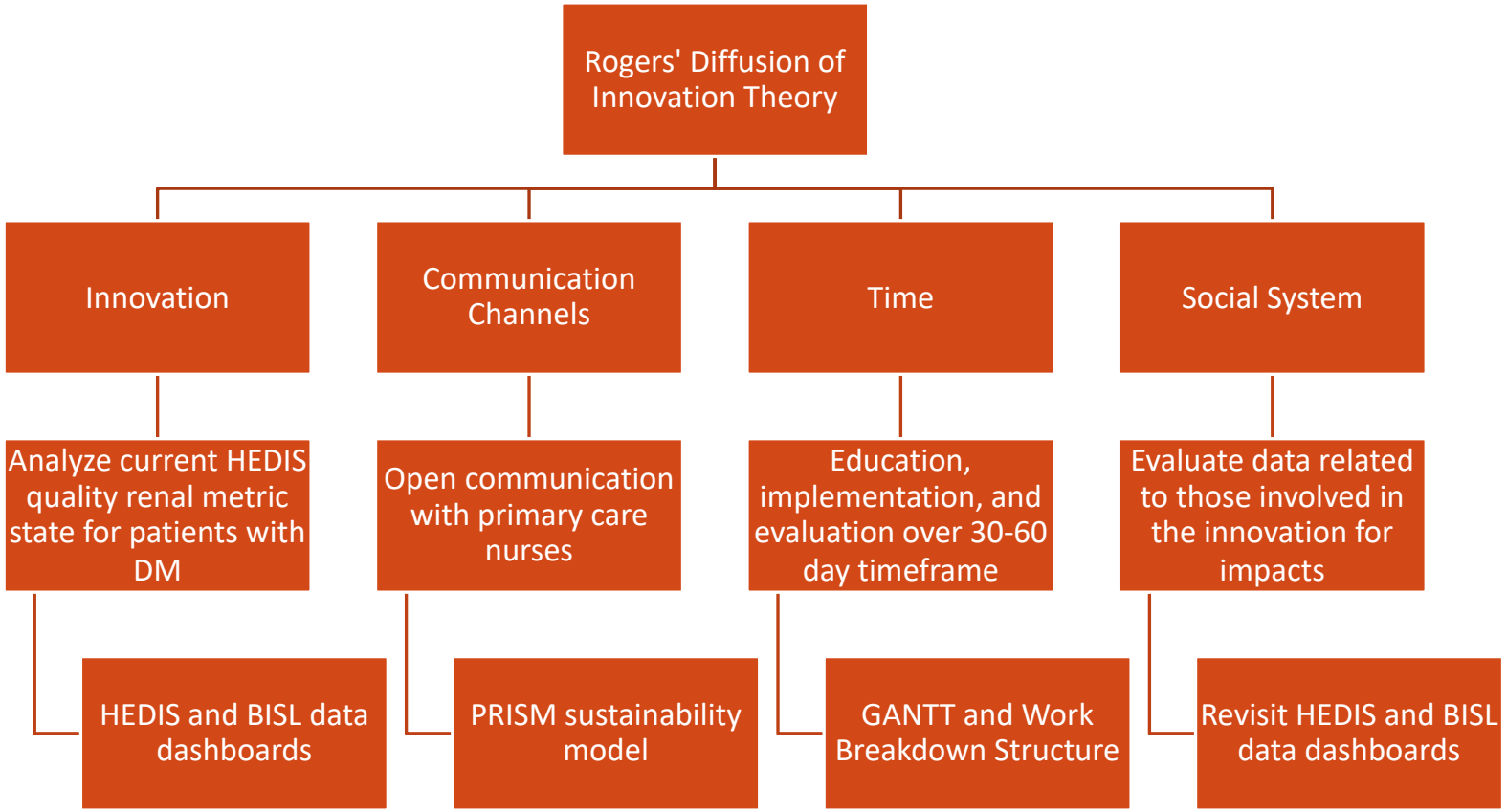
OBJECTIVES

Using BISL data warehouse for WHCC PACTs, 2-3 lowest performing teams will be identified related to DM renal testing measure compliance to increase each team by 25% at the conclusion of February 2019 evaluation (current lowest FY18 rate at 44% compliance).

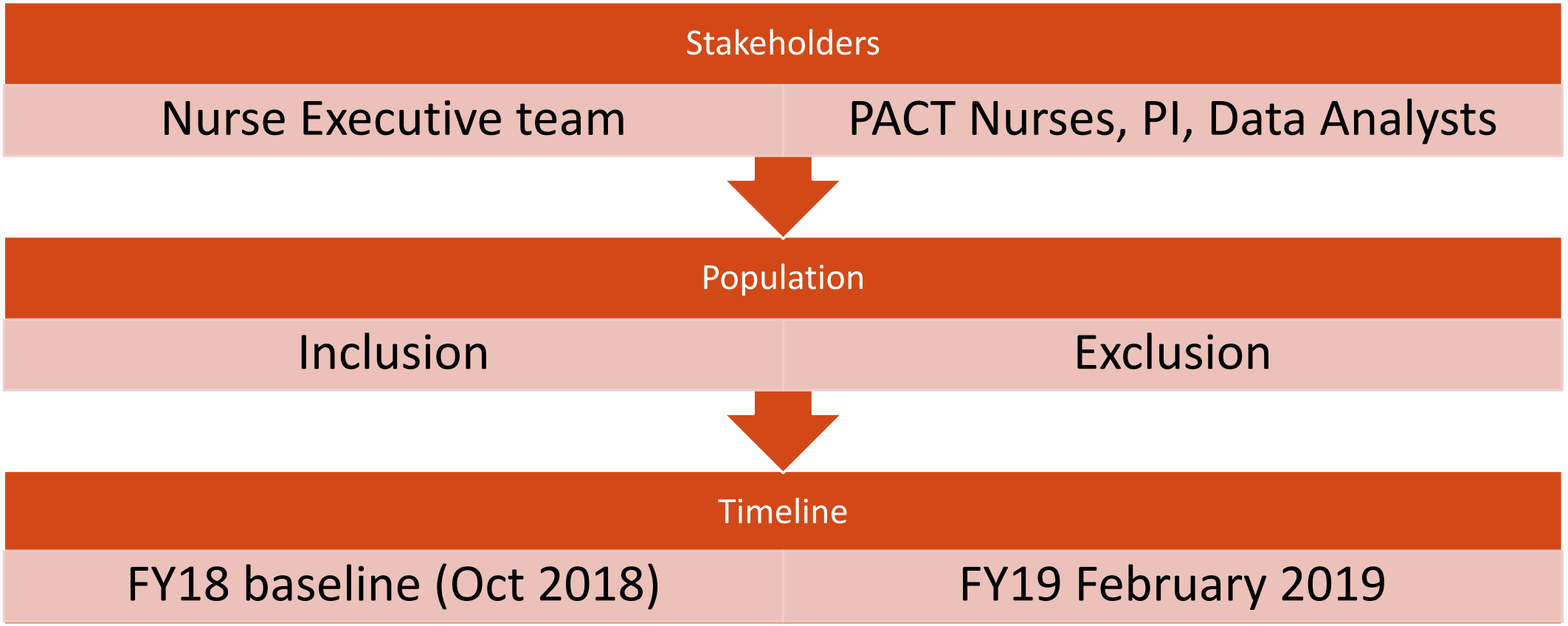
MISSION

This project is intended to serve as a foundation for standardized chronic disease management for veterans within VHA PACTs, ultimately aligning with current evidence-based practice guidelines, offering efficient tools for nurses via practice algorithms.

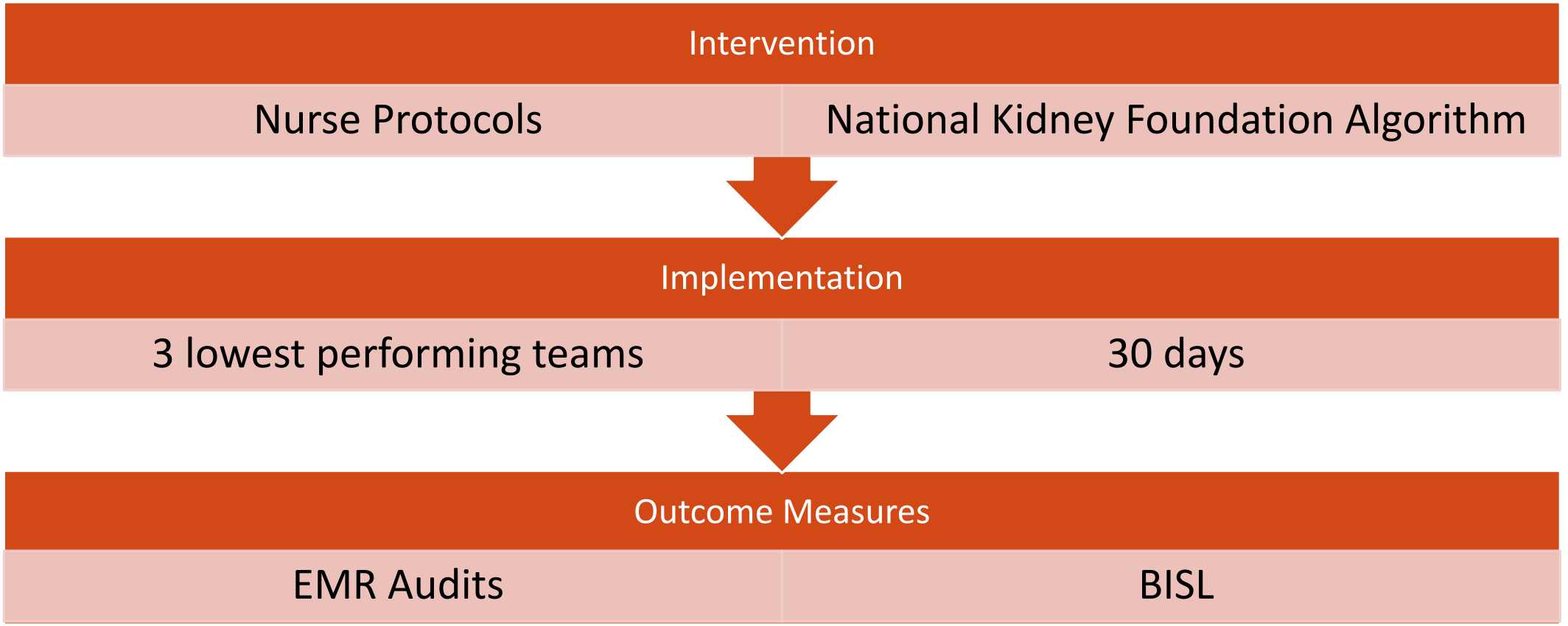
Theoretical Frameworks



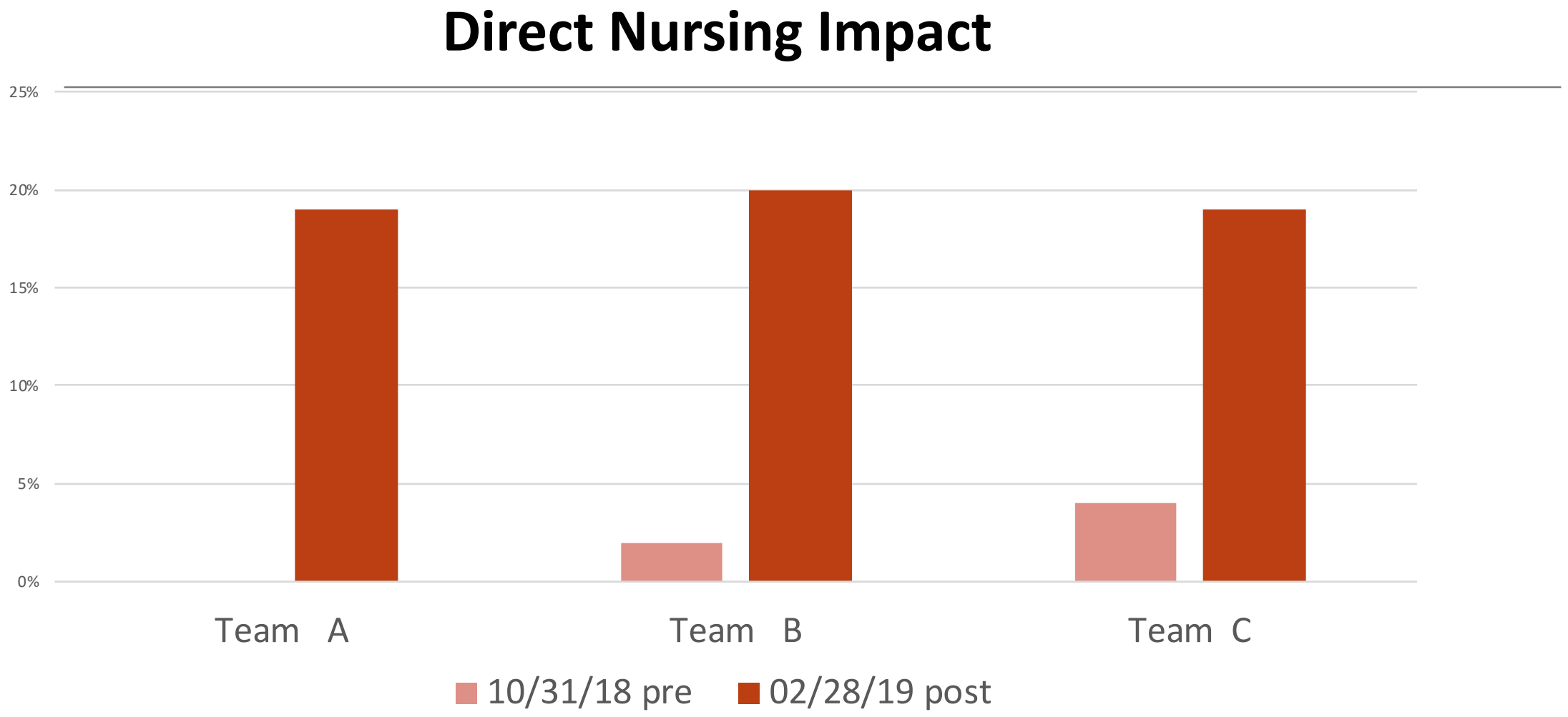
Project Design



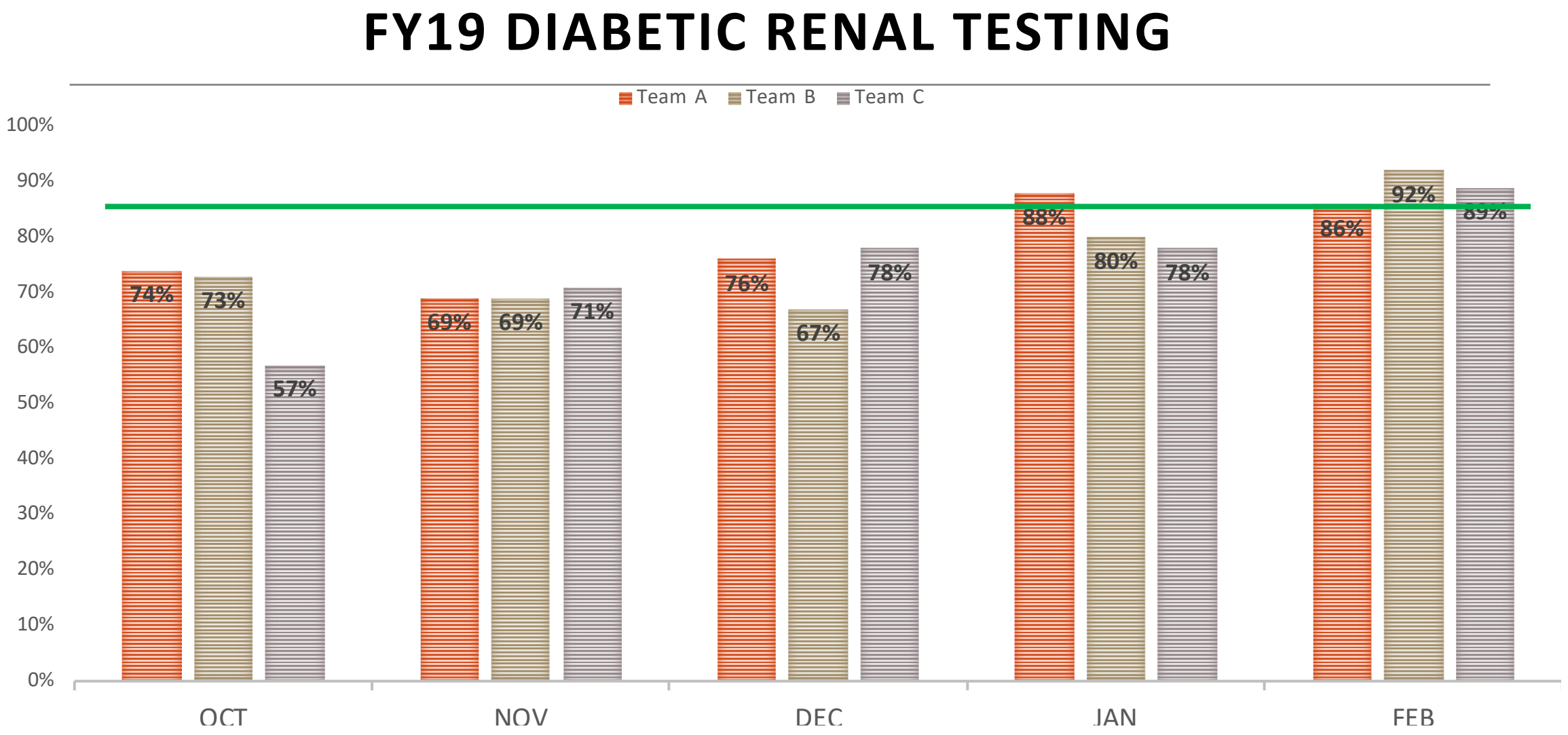
Project Design



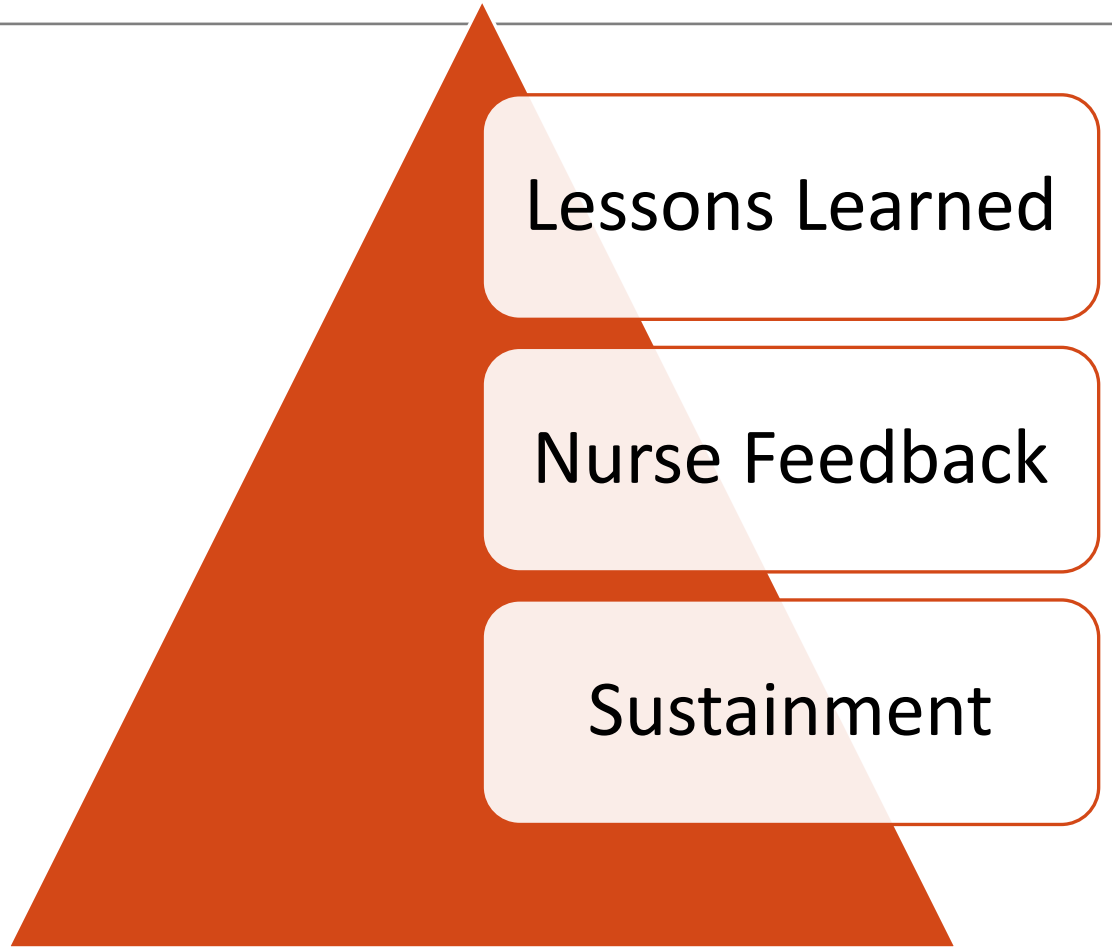
Outcomes


Direct Nursing Impact
25%
20%
15%
10%
5%
0%
Team A
Team B
Team C
10/31/18 pre
02/28/19 post

Outcomes


FY19 DIABETIC RENAL TESTING
Team A
Team B
Team C
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
74%
73%
57%
69%
69%
71%
76%
67%
78%
88%
80%
78%
86%
92%
89%
OCT
NOV
DEC
JAN
FEB

Outcomes



Future Dissemination

ViewPoint
The Official Publication of the
American Academy of Ambulatory Care Nursing