# Collaborating to Restore Hospital Diabetes Self-Management Programs to Ensure Healthier Diabetes Outcomes

## Grant- Year One Outcomes, Utilization Report

August, 2011

Hospitals Participating: Duplin General Hospital
Bladen County Hospital
Pender Memorial Hospital
New Hanover Regional Medical Center

## Utilization

| | New Hanover | Pender | Duplin | Bladen | TOTAL |
|---|---|---|---|---|---|
| **Referrals** | 138 | 65 | 72 | 105 | **380** |
| **Attended Classes** | 76 | 49 | 54 | 25 | **204** |
| **Total Patient Contacts** | 349 | 167 | 180 | 95 | **791** |
| **Employee Class** | 12 | 5 | 0 | 0 | **17** |
| **Hospital Community Programs** | 57 | 52 | 144 | 0 | **253** |
| **Community Providers** | 54 | 15 | 18 | 18 | **105** |
| **Total Community Contacts** | **632** | **223** | **432** | **123** | **1,410** |

**Duke Endowment Grant Provider Feedback**

"In these classes, my patients learn that they are more in control of their diabetes than they realize. It helps them take ownership of their disease" – **Peter Kramer, MD, Wrightsville Beach Family Medicine**

"Our patients have enjoyed the Bus. I have seen results in every patient that has attended. I have 2 patients that are mentally challenged. Both of these patients have shown significant improvement and weight loss! Every patient that we have referred has come away healthier and with renewed determination" **– Seymore A Abrons, MD, Abrons Family Care**

"The diabetes classes started are very beneficial –I have seen my patients understand their medical condition better which will only promote compliance" - **Suhair Khajuria, MD, NHRMC Outpatient Clinic**

“We rely on diabetes education to help patients control their disease. Any support of this program directly benefits our patients and their health” - **Lindsey Huckbody, PA, Wilmington Health in Hampstead**

“The Diabetes Bus is a greatly needed asset to Bladen County. Being a care manager in a rural county my resources are limited. To have the ability to say to the patient, ‘no you don’t have to drive far the classes are held here at your doctor’s office’, is a wonderful thing. The compliance rate is much higher if the resource is made more available. Thank You Diabetes Bus Initiative.” - **Dawn Johnson ,RN, Care Manager, Community Care of the Lower Cape Fear**

“I send every one of my diabetic patients to these classes. It has improved compliance and understanding of their diabetes to such a high level. The only other resource available in the county that I know of is through the health department, which is a full 8-hour day class, which is just not conducive to learning. I have tried to educate these individuals on my own, prior to the BUS initiative and found it a failure. It requires multiple visits due to time constraints and co-payments for them. Their retention is limited because of "white coat syndrome". I have been encouraged by the tremendous increase in understanding and compliance I have found after the patient returns from these classes.” **Keven McTavish, FNP, Black River Health Services**

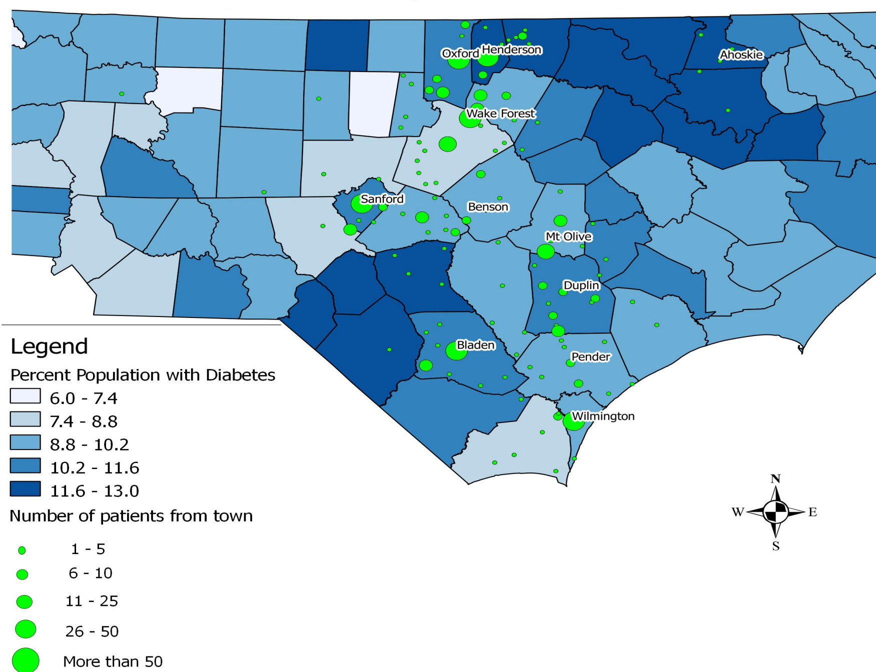
***Statements from class participants can be found in our full DMS Annual Report***

***Case Study-*** ***Pender Memorial Hospital, DMS collaboration that likely prevented a teenager from being removed from her home by Social Services. The patient name was changed to protect her confidentiality.***

Adrianna, 16, lives in Pender Co with her family. They struggle with economic challenges and a language barrier. Since being diagnosed with Type 1 diabetes, understanding how to treat her daughter’s diabetes had been a struggle for Adrianna’s mother. Adrianna’s diabetes was in poor control and as a result, an endocrinologist had determined that the family should be reported to DSS for negligence for possible removal from her home.

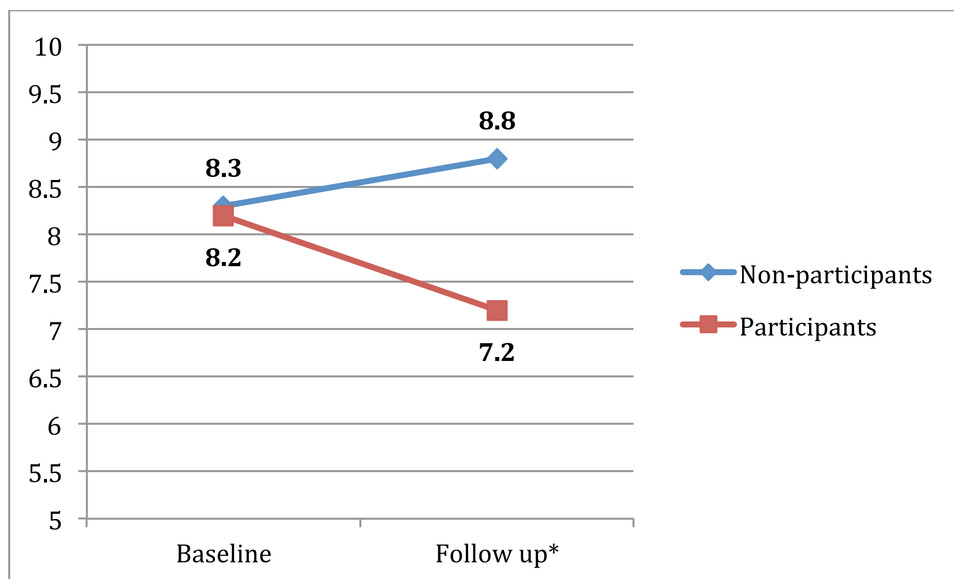
After three months of meetings and team effort, lead by Nora Arnold (Pender Memorial) and Lynne Braxton (Certified Diabetes Educator, DMS) a new endocrinologist, and her community care nurse Adrianna’s diabetes was under good control and the family better understood how to treat her diabetes. The issue of removal from her home was dropped.

Collaborative Team: Samantha Nixon from Pender DSS, Beverly Newton RN Community Care Plan, Lisa Angell RN with WellCare Home Health, Nora Arnold, Pender Memorial, and Lynne Braxton, DMS pediatric CDE




This map includes all the DMS diabetes programs, the southeastern hospitals shown here funded by this grant. The surrounding dots represent the hometowns of people attending the diabetes self-management classes at those hospitals: Duplin, Bladen, Wilmington (New Hanover), and Pender

## A1c Results for Diabetes Bus Initiative Sites: Bladen, Duplin, Pender, New Hanover




*Baseline and 3-6 month follow-up data available for 16 non-participants 36 participants. The follow-up data comes from providers. There will be enough follow-up data by Year Two to graph each individual hospital separately.

***Please see the DMS Impact Report and Clinical Outcomes Report for many more health and behavior change outcomes that resulted from all 2010-2011 DMS classes.***