



Dora A. Fast

DNP, MSN, APRN, FNP-BC

Nurse Practitioner

Implementation of a Diabetes Model of Care in a Rural Primary Care Clinic

PURPOSE

The purpose of this Quality improvement project was implementation of a model of care in a rural Medical Home to improve patient outcome through diabetes education classes, exercise program and diabetic meal binder. Implementation of the model care will reduce the participants' A1c by 1% in six months

BACKGROUND

The clinic audits for a FQHC classified as a Medical Home were done by the quality improvement department and reported higher percentage of patients with hemoglobin A1c above the goal of 8.0%. Hemoglobin A1c is one of the Uniform Data System clinical measures reported to HRSA

METHODOLOGY

The project consisted of implementation of six weekly diabetes education sessions using power point presentations in a group format, an exercise program, and creation of a diabetic meal binder.

RESULTS

Quantitative analysis were used to measure mean, standard deviation and p-value at baseline, three and six months. The hemoglobin A1c at baseline was 9.98%, at three months was 8.29% and at six months was 7.87%.

IMPLICATIONS

Diabetes Mellitus type 2 is a chronic disease with devastating results and costly financial burdens. Diabetes education is a hallmark for reducing detrimental effects of uncontrolled glucose. The project targeted patients who have been diagnosed with diabetes mellitus and glycemic control has not been reached. This project reduced hemoglobin A1c in participants, and provided knowledge to change and improve lifestyle in diabetic population