

Create clinical pathways for diabetic patients to improve care, outcomes

Use the structured model of a clinical pathway to help diabetic patients better manage their disease and avoid emergency department visits and hospitalizations.

Clinical pathways help to align patient care with regulatory requirements and best practices, says Lisa McClammy, senior clinical education consultant with MAC Legacy based in Denton, Texas.

For diabetic patients, evidence-based teaching embedded in a clinical pathway can help with self-management for the patient and their caregivers, McClammy notes.

Some other benefits of clinical pathways include staff efficiency, care consistency and documentation accuracy, she adds.

Cover all the steps for quality care

Clinical pathways help to ensure that the required components of disease process teaching — in this case diabetes — are addressed during an episode, says Apryl Swafford, QA manager with SimiTree based in Hamden, Conn.

If all components of diabetic education are addressed and the patient is able to verbalize understanding and implement the task or behaviors, then outcomes are much more likely to improve compared to cases that use hit-or-miss teachings without the guidance of a care plan, she adds.

“In that same vein, they can help avoid duplication of teaching,” Swafford points out. For example, if it’s not clear who is teaching the patient signs/symptoms of hypoglycemia, you could have five or six visits where each clinician is teaching on the same topic.

Clinical pathways can also help to identify other disciplines that could help the patient.

If the care plan has the prompts for who and why another discipline would be helpful, it’s likely to alert the clinician to ask about a referral, Swafford says.

For example, a patient with diabetic retinopathy that has resulted in low vision would benefit from occupational therapy to assist and educate on home modification that would help the patient

to be more independent and safer with their activities of daily living, Swafford says.

Create a pathway for diabetes

The basic components for a pathway would be the disease process teaching, Swafford notes. That includes:

- What is diabetes?
- Education on the specific type the patient has.
- The pathophysiology that occurs from long-term uncontrolled diabetes.

You would also include complications — both short and long term — as well as potential treatment for complications.

“As an example, we want our patient to know the signs/symptoms of hypoglycemia and hyperglycemia as well as what they, and their caregivers, would need to do to treat the conditions if symptoms occur,” Swafford says. “This is an important complication to address

early in the episode as profound hypoglycemia can lead to a patient becoming unresponsive.”

Diet teaching is vital to successful management of diabetes and probably one of the hardest parts of diabetic management, Swafford says.

A diet for the treatment of diabetes is a life-long eating habit change, which can be difficult in today’s world.

Many communities are considered food deserts — geographic areas, often low-income, with limited access to affordable, nutritious food like fresh fruits, vegetables and whole foods. In these areas, healthy foods may be unattainable, regardless of the cost, Swafford adds.

Finally, a very important component for diabetic management is medication education.

“It’s vital the patient understands the medications they are prescribed, whether oral or injectable, and that the clinicians ensure they are taking the right medication at the right time, right route and right dose,” Swafford says.

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Personalize a pathway

Pathways need to be tailored to not only what the patient may already know, but also presented on a level that they can understand, Swafford advises.

Understanding is more than a patient saying, “I got it,” she adds. “Patient understanding is also when the patient implements, or puts into practice, what you have instructed them on, developing effective management of their disease process.”

You have to have some knowledge of a patient’s health literacy and how to present information that fits closely with the patient’s learning style, Swafford says.

Consider these tips from McClammy on how a pathway can be personalized for a diabetic patient:

- **Individualize goals:** Based on patient’s blood glucose/A1C trends, lifestyle, knowledge deficits and health literacy, tailor goals to account for these.
- **Customize interventions:** For example, insulin teaching for one patient, oral meds for another.
- **Cultural and language considerations:** Adapt education materials for current clinical condition, culture and health literacy.
- **Frequency of visits:** Modify based on assessment findings, identified patient risk level and provider orders.
- **Comorbidities:** Integrate interventions and goals when applicable when the patient has cardiac, renal or other comorbidities.

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