

Type 1 Diabetes: Quality Improvement

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Type 1 Diabetes

The quality improvement goal is to improve the outcomes of patients in a healthcare setting. Healthcare is constantly making changes to meet the needs of the patient in an efficient way. Quality and Safety Education for Nurses provide nursing students with a solid foundation of knowledge, skills, and attitudes/behaviors to improve quality care outcomes (Quality and Safety Education for Nurses Institute [QSEN], 2020). Allowing nursing students and professionals to keep developing and learning as a nurse. Type 1 diabetes (T1DM) affects multiple families worldwide. Decreasing the barriers and improving strategies/ promoting interventions will enhance the life of a patient diagnosed with T1DM.

Article Summary

The burden that T1DM brings is stressful for a young adult. Barriers to T1DM include physiology, environment, and insurance. Physiology relates more to the mental health aspect of the nursing field. The environment consists of the lack of social support the patient receives from family and friends and how weather impacts blood glucose levels. Insurance, unfortunately, is affected by T1DM the most due to a lack of coverage for supplies of insulin and medical appointments. Strategies found helpful during the study include social media and physical activity for T1DM patients.

Introduction

The article focuses on T1DM and how they cope with their diagnosis. The purpose of this article is to observe barriers and strategies for T1DM management between the ages of 18-30 (Sawyer et al., 2022). The researcher wanted a deeper understanding of the experience the

patients go through. Multiple families are affected by T1DM in young children early in life. Improving their diabetes management will impact their life for the better. This article can limit the barriers and enhance the strategies for T1DM in younger adults.

Overview

This article plans to improve how medical personnel can increase strategies for T1DM. Patients of T1DM are often young children unaware of the effect diabetes can have on a person. Diabetes is a disease that controls all of your life and needs around-the-clock supervision. Not only does this disease cause burden on the patient but also on the patients' families that are involved. This article impacts nursing to improve the lives of several T1DM patients and their families. The report gives them the knowledge to educate the patient and guardians better. Having support systems when dealing with a life-limiting illness is crucial to the patient's self-esteem. The article will give the nurse more knowledge about the experiences T1DM goes through. Quality Improvement gives the nurse a chance to improve on the type of care she gives. Providing care to multiple diabetes patients allows the nurse to improve the skills of treating a diabetes patient and treating the patient with kindness and respect, mainly because you as a nurse do not know how they cope with this life-limiting disease. Improving these skills allows patients to feel they are being respected and cared for on time the way they want.

Quality Improvement

In the pre-implementation stage, the study needs to be approved by the committee. The board must understand the importance of T1DM and how change can positively impact patients' lives. The facility needs to find ways to afford supplies for its treatment. Nurse educators must be ready to learn the newly improved skills of the nurse. The last part of the pre-implementation stage is finding time for nurse educators to practice. During the intra-implementation phase,

there needs to be a supervisor present. Monitoring the medical staff ensures the staff is implementing the strategies correctly. The researcher also needs to document the study's progress and review the data to make changes if required. The post-implementation of this study would be reviewing the data and making the changes, whether they may include more supplies, money, or training.

Post-implementation allows the study to be reevaluated to make the changes to improve patient care. To implement this change, the institution will have to be financially secured. Implementing changes costs money to educate medical personnel and takes time out of the day to have simulations. The change this article can have on a patient is substantial. Influencing and improving the lives of T1DM patients is life-changing for them. Life-limiting patients feel unheard in their situation, and providing strategies to enhance their mental and physical health improves their life. Nurses will be more prepared and sufficient when working with T1DM patients. Nurses' will be satisfied with the changes that have been made, and the attitudes of these nurses will be more positive and willing. The staff will feel accomplished in the care they have provided, leaving the patient thrilled. T1DM is a disease to take seriously. Diabetes can make a turn for the worst if not appropriately controlled. Nurses' knowledge allows them to explain how important it is to take this disease seriously, leaving information with proper regulations on Diabetes. This article will help multiple patients struggling with adequate treatment. The training will provide safety for the staff and the patient. Simulations allow nurses to practice safely with the chance of making errors. Simulations rely on nurses to make quick judgments, just like in the actual setting of facilities.

Application to Nursing

There are three components to application in nursing. These components include practice, education, and research. The practice relies on what the patient can do to improve their care. Medical personnel teach and help the student's technique grow with practice. Education requires keeping up with the latest knowledge to inform the patient. Continuing education is vital in this component. The last essential component is research. A follow-up is necessary to ensure the study focuses on the end goal, to provide strategies for T1DM.

Practice

Diabetes education is essential for patients to understand. A key factor for improving self-management is to enable the practice of self-care (Korsah et al., 2022). Improving self-care includes checking glucose daily, eating proper foods, physical activity, etc.. The teach back method from nurses to patients help the medical personnel team decide if the patient understands directions.

Education

Diabetes can become critical if not addressed right away. Continuing education for medical personnel is essential in research. Research is constantly changing in the medical profession. Continuing education on e-learning is known to satisfy nurses and improve their knowledge (Rouleau et al., 2019). The topics that needed improvement were medication preparation, administration, and medication calculation (Rouleau et al., 2019). Ensuring the decisions are made promptly and collaborating with the patient and family about the patient's treatment preference, prognoses, and possibly comorbidities (Standards of Medical Care in Diabetes,

2019). With the help of e-learning, patient satisfaction and quality of care are improved through education.

Research

The priorities of this particular study include maintaining the quality of care and improving nursing practice. A follow-up ensures the study is held to a high standard. Nurses need to be able to act in a timely, safe manner when dealing with a diabetic patient. If the study is not maintaining the quality of care, further research is needed.

Conclusion

Quality and Safety Education for Nurses is preparing future nurses by focusing specifically on their knowledge, skill, and attitude/behaviors. Improving patient outcomes by focusing on these specific concepts to provide safe and effective care. T1DM affects multiple citizens in the United States. If T1DM is not taken care of the patient can easily develop an infection, as well as other comorbidities. Educating medical personnel and patients can decrease the mortality of this disease. Enhancing the life of patients while decreasing the barriers and new strategies to improve diabetic patient care is the significance of this article.

References

- Korsah, K. A., Dyson, S., & Anthony, D. (2022). Experiences and cultural beliefs of patients with diabetes: Lessons for Nursing Practice, education and policy. *International Journal of Africa Nursing Sciences*, 16. <https://doi.org/10.1016/j.ijans.2021.100392>
- QSEN Institute (2020). *QSEN competencies*.
https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement
- Rouleau, G., Gagnon, M. P., Cote, J., Payne-Gagnon, J., Hudson, E., Dubois, C. A., & Bouix-Picasso, J. (2019). Effects of e-learning in a continuing education context on nursing care: A systematic review of systemic qualitative, qualitative, and mixed studies reviews. *Journal of Medical Internet Research*, 21(10).
- Sawyer, B., Hilliard, E., Hackney, K. J. Stastny, S. (2022). Barriers and strategies for Type 1 Diabetes management among emerging adults: A qualitative study. *Clinical Medicine Insights: Endocrinology and Diabetes*, 15, 1-10.
<https://doi.org/10.1177/11795514221098389>
- Standards of medical care in diabetes—2019* abridged for Primary Care Providers. (2019).
Clinical Diabetes, 37(1), 11–34. <https://doi.org/10.2337/cd18-0105>

