

ADA Recognition at Bowdoin Street Health Center

Opportunities for Improvement

The Bowdoin Street Health Center cares for over 700 patients with diabetes. Although comprehensive education was provided for diabetes self-management, there was no standardized protocol in place for diabetes education. .

Aim/Goal

To achieve ADA certification as a Recognized Self-Management Education Program at Bowdoin Street HC, and **become the first department of BIDMC to achieve this status**. Certification (awarded in October 2008) indicates that the program meets the 10 nationally recognized quality standards for Diabetes Self-Management Education, and that BSHC has maintained these standards consistently during the 3-year certification period. Maintaining ADA recognition requires:

- Dedicated staff who are Certified Diabetes Educators or complete 15 CEU's annually
- Advisory Group composed of clinical staff and community/patient representatives who meet annually
- Standardized educational curriculum covering nine content areas. We utilize Joslin Diabetes Center's First Steps Curriculum and materials
- Outcome measurement – a CQI process that evaluates program effectiveness and tracks clinical and behavioral outcomes

Our goal is to educate and engage patients in order to help them achieve better clinical outcomes and take charge of their health through self-management goal achievement.

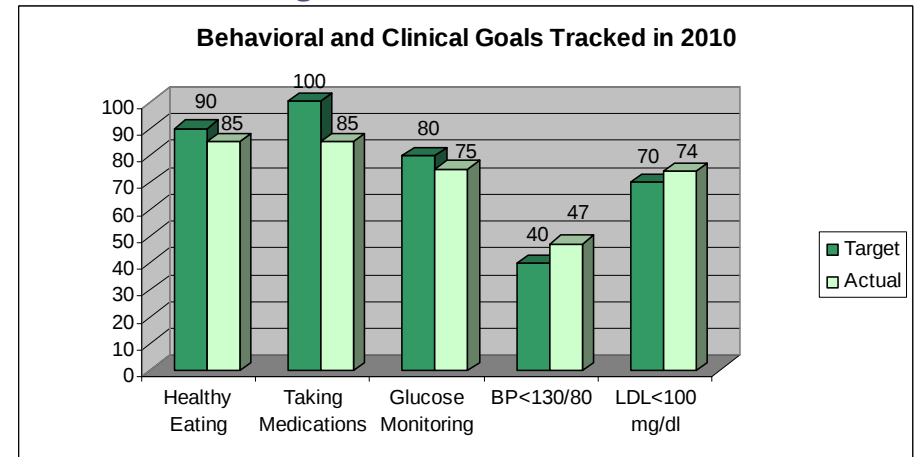
The Team

- Harvey Bidwell, MD, MPH
- Jane Driscoll, RN, BS
- Melissa Moore-Boyle, MS, RD, CDE, LDN
- Rose O'Brien, RN, MS, MPH
- Riza Pereira, MSM
- Sylma Prevost, BS

The Interventions

- Staff meet to discuss program effectiveness and patient outcomes
- Individual education and group medical visits are offered to meet varied learning needs
- A patient and community resident was recruited for our Advisory Group
- Patient educational materials to follow curriculum were obtained for low-literacy and multiple language
- Staff participated in a Mass Diabetes Collaborative which offered training in educational models
- Use outcomes to target patients needing follow-up

The Results/Progress to Date



Results from a sample of 169 patients who participated last year in the Self Management Education Program demonstrated,

- 85% are meeting their goals for following a heart healthy diet, eating regular, consistent meals and snacks, and achieving or maintaining a health body weight. 85% are also achieving their goal for taking medications regularly.
- 75% of patients are meeting their goals for monitoring blood glucose levels
- 47% of patients are exceeding their goals for BP control and 74% are meeting their goals for LDL levels.

Lessons Learned

Our program was audited on November 5, 2010. Only 5% of all programs nationwide are audited yearly. The on-site auditors were impressed by the complexity of care and varied programs (group visits, self-care classes) available for patients. Tracking of behavioral objectives was one area that required improvement in documentation. Our staff is now working with WebOMR team to modify the diabetes flow sheet to improve documentation and follow-up assessment of patient self-management goals.

Next Steps/What Should Happen Next:

- As BSHC prepares for becoming a Patient Centered Medical Home, care guidelines will be standardized and all staff will be trained to assess patient needs.
- Develop group education classes to begin in February 2011 for newly diagnosed patients.
- Implement other educational experiences to meet the differing learning styles of our patients
- Utilize the BIDMC Diabetes Registry to measure clinical outcomes and track patients needing education and follow-up.



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