Improved clinical outcomes after embedding structured education for type 1 diabetes without additional manpower resource

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Introduction

• Specialist adult type 1 diabetes services are not configured for the delivery of structured group programmes within the existing traditional format.
• Clinical outcomes for adults with type 1 diabetes are generally sub-optimal throughout the UK.
• There is a widely held belief that structured education cannot be delivered without additional specialised staff resource. Attempting to ‘bolt-on’ structured education to existing care pathways is challenging.
• DAFNE (Dose Adjustment For Normal Eating) training reduces the cost of acute diabetes presentations by 63% within the first 12 months after a course, through a 72% reduction in severe hypoglycaemia (SH) and a 61% reduction in diabetic ketoacidosis (DKA)².
• Here I describe the evolution of a DAFNE service across multiple clinical sites in the largest Health Board in Scotland, without any increase in specialist diabetes staff resource.

Aim

• We set out to embed the principles and philosophy of DAFNE into our service with the hypothesis that some of the activities we were spending time on were ineffective and could be replaced by delivering DAFNE courses.
• In particular, we aimed to recruit some of our ‘frequent flyers’ to DAFNE where clinically appropriate, such as people with recurrent DKA and SH in the expectation of reduced demand for ad hoc and crisis visits.

Method

• Job plans within the diabetes MDT were redesigned replacing some 1:1 diabetes follow-up with DAFNE course delivery at the index site in 2007. In 2009 and 2013 other sites took up DAFNE in a similar model.
• At the index site we altered our training for newly diagnosed type 1 patients and began teaching DAFNE principles from diagnosis. We used the same blood glucose targets and carbohydrate counting ‘rules’, and for non-acidotic presentations we used mealt ime insulin alone initially ¹.
• We added a 1 day group Foundation Programme (based on the Leicester model) at around 3 months after diagnosis and aim to deliver DAFNE 12 months after diagnosis.
• DAFNE educators work across clinical sites, challenging historic institutional boundaries to cover periods of leave and absence.
• Clinic population data are derived from SCI Diabetes, the Scottish national diabetes database. Data from the national DAFNE database was used to assess the efficacy of DAFNE training. The number of clinical contacts in the case studies was derived from database.

Results – benefits for patients

There are 4,526 adults with type 1 diabetes in GGC of whom 912 (20%) have completed a DAFNE course; of 687 attending the index site 268 (39%) have completed a DAFNE course. Outcomes from DAFNE training in the GGC service are consistent with national data showing mean HbA1c overall reduction of 4.9 mmol/mol in those with baseline above 75 mmol/mol and using twice daily basal insulin 12 months after DAFNE. Severe hypoglycaemia is reduced by 61% and diabetic ketoacidosis reduced by 50%.

At the index site overall mean HbA1c is improving regardless of whether DAFNE training has been undertaken (figure 1).

Results – benefits for staff

• Consistency in clinical messages, philosophy, and service delivery across the Health Board area.
• Improved cross-site working
• Access to training, quality assurance and peer review processes previously absent from the diabetes service
• Easy induction into type 1 diabetes for newly appointed DSNs and dieticians
• Access to regular CPD through regional network meetings and annual Collaborative meeting

Conclusion

DAFNE education can be provided by service redesign without additional staff resource. Reduced acute presentations after DAFNE justify service redesign to protect staff time for course delivery. Our experience suggests DAFNE provides a core of consistency underpinning the type 1 diabetes pathway from diagnosis. Uniform use of language and self-management philosophy with consistent treatment targets might generate benefits and improve outcomes in the whole population including the newly diagnosed, not just in people who have completed a DAFNE course.

References
2. White A et al. Benefit of carbohydrate counting with variable dose prandial insulin from diagnosis…2016. Diabetic Med 33 (S1), 93

Acknowledgements

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