

POSTER ABSTRACT

Investigating the Management of Diabetes in Nursing Homes in the West of Ireland using a Mixed Methods Approach

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Introduction: As populations age there is an increased demand for nursing home (NH) care and a parallel increase in the prevalence of diabetes. Despite this, there is growing international evidence that the management of diabetes in NH's is suboptimal. The reasons for this are poorly understood. This study aimed to explore the current level of diabetes care in NH's in the West of Ireland.

Methods: All 44 NH's in County Galway were invited to participate. A mixed methods approach involved a postal survey, focus group and interviews.

Results: The survey response rate was 75% (33/44) and 27% (9/33) of the responding nurse managers participated in the qualitative research. Results indicate a reported prevalence of diagnosed diabetes of 14% with 80% of NH's having residents treated with insulin. Hypoglycaemia is reported as 'frequent' in one fifth of NH's. A total of 36% of NH's reported their staff received diabetes education and 56% had access to diabetes guidelines. Staff education was the most cited opportunity for improving diabetes care. Focus group and interview findings highlight variations in the level of support provided by general practice (GP) and access to dietetic, podiatry and retinal screening services.

Discussion: This study is the first to investigate the management of diabetes in an Irish NH setting. The prevalence of diagnosed diabetes is comparable with other European studies. However, research indicates that over half of NH residents with diabetes are undiagnosed indicating the true prevalence is higher. Clinical practice guidelines from the UK recommend that each resident with diabetes should have access to a member of staff appropriately trained in diabetes care. This study highlights that Irish NH's are falling far short of this recommendation. A comprehensive annual review including screening for complications is the cornerstone of diabetes care. However, the findings of this study indicates that these services are not always easily available to residents with diabetes and the quality of the services provided varies.

Conclusion: This study identifies several barriers, particularly education, access to medical expertise and access to ancillary diabetes services, confirming that there is considerable scope to improve the quality of diabetes care in Irish NH's.

Lessons learned: There is a need for the development of national clinical guidelines and standards of care to support the delivery of high quality diabetes care in NH's in Ireland and steps need to be taken to improve access to quality diabetes education for NH staff. This study also points to the need for more integration between healthcare services and NH's to ensure equity, continuity and quality in diabetes care delivery.

Limitations: These findings represent the views of just one stakeholder group, that of the nurse managers in the NH. Although the study was conducted in only one region of Ireland the sample is broadly representative of the 600+ NH's in Ireland and European NH's in an urban-rural setting.

Suggestions for future research: The perspectives of other stakeholders (GPs, residents and their families, specialist diabetes staff) should be explored.

Keywords: diabetes; ageing; nursing homes; residential care
