



彰化基督教醫院
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Diabetes e Institute Diabetes Case Management Procedures Patient Organization Overview

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July 12, 2011



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Diabetes Case Management Procedures

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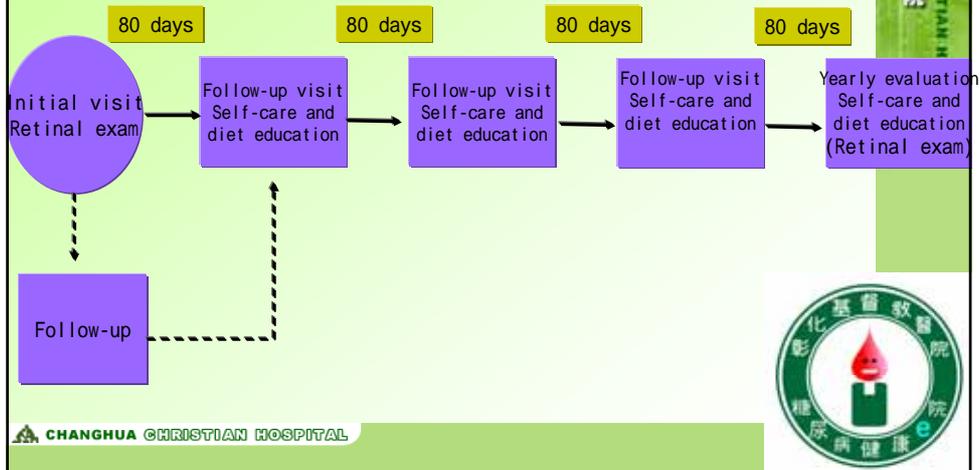
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The role and functions of a diabetes case manager

- Clinical evaluation, interpretation of test results and suggestions, problem solving, counseling, education, etc.
- Assist in patient referrals, provide health education during different stages of treatment: initial visit, follow-up visit, and yearly evaluation.
- Advice and support, increase patient self-care ability, monitor patient adherence to treatment and lifestyle changes



Diabetes case management procedure



Diabetes Care Provision Improvement Program

- Provides comprehensive initial and follow-up clinical evaluation and care services
 - Physical exam: height, weight, blood pressure, waist and hip circumference, foot exam, retinal photography, peripheral artery disease screening
 - Laboratory tests: fasting blood glucose, A1C, lipid profile, urinalysis (for proteinuria and microalbuminuria), liver transaminases, renal function
 - Diet education
 - Diabetes care education



Initial Stage Care Education

Initial visit

Follow-up visit

Yearly evaluation



Diabetes care provision program: Initial visit education topics

1. Diabetes disease mechanism
2. Glycemic goals (fasting and postprandial blood glucose, A1C)
3. Medication use instruction
4. Exercise rules
5. Hypoglycemia
6. Chronic complications
7. Foot exam

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Diabetes care provision program: Follow-up visit

- Medication adherence
- Explanation of test results (lab data, retinal photography)
- *Daily precautions for patients with retinopathy
- Assess effectiveness of exercise (type, frequency, duration)
- **Importance and significance of self-monitoring of blood glucose**
- Assess occurrence of hypoglycemia
- *Assess insulin injection (site of injection, dosage, adherence)

*Only for applicable patients

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Diabetes care provision program: Follow-up visit 2

- Medication adherence
- Explanation of test results
- Assess effectiveness of exercise (type, frequency, duration)
- Assess occurrence of hypoglycemia
- *Assess insulin injection (site of injection, dosage, adherence)
- **Physiologic changes of the pancreas**

*Only for applicable patients

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Diabetes care provision program: Follow-up visit 3

- Medication adherence
- Explanation of test results
- Assess effectiveness of exercise (type, frequency, duration)
- Assess occurrence of hypoglycemia
- *Assess insulin injection (site of injection, dosage, adherence)
- **Overview of insulin, inquire patient's opinion concerning insulin**

*Only for applicable patients

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Diabetes care provision program: Yearly evaluation

- Medication adherence
- Explanation of test results
- Assess effectiveness of exercise (type, frequency, duration)
- Assess occurrence of hypoglycemia
- *Interpretation of blood glucose monitoring results and suggestions
- **Foot exam and care**

*Only for applicable patients

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Additional care education

- Smoking cessation education
- Immunizations
- Fall prevention
- Introduction to telecare
- Interpretation of blood glucose monitoring results and suggestions

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Blood glucose and blood pressure monitoring strategies

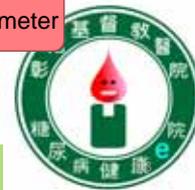


Combined blood pressure and glucose meter

Roche glucometer

Talking glucometer

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Blood glucose monitoring procedure



Discuss blood glucose monitoring with patient

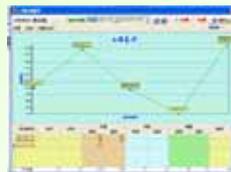
refused

Inquire reason
Increase motivation
Emphasize lifestyle changes

agreed

Physician enters prescription for SMBG

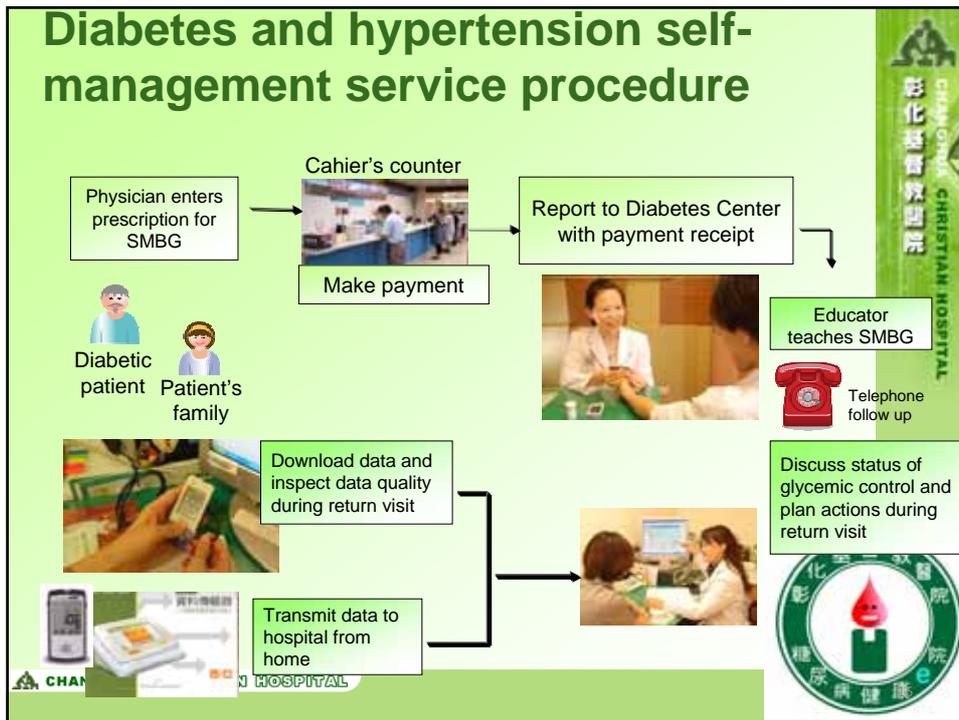
Educator instructs patient on glucometer use and discusses goals



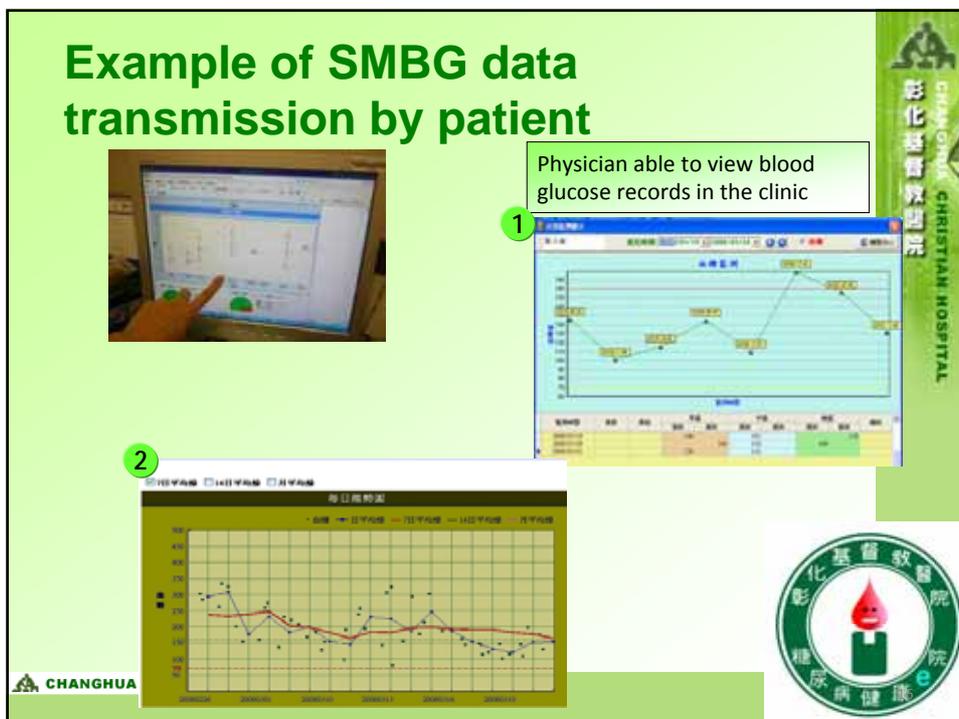
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Diabetes and hypertension self-management service procedure



Example of SMBG data transmission by patient



Health education offered for all diabetic and hypertension patients (insured or self-paid)



Explain nature of disease and interpret laboratory results



Foot exam and PAD screening



Hypertension health education



SMBG instruction



Medication usage instruction



Insulin injection instruction



Inpatient Diabetes Education



Diabetes education offered for all diabetic inpatients (self-paid)
Enrolled cases are visited if hospitalized



Individual education session for diabetic inpatients



Group education for diabetic inpatients



Visiting hospitalized case



Insulin injection instruction for inpatients

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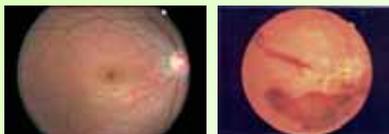
Non-mydratiac retinal photography
(outpatient and inpatient)



Retinal camera



Visual testing



Instant transmission of images to physician's clinic



Non-mydratiac retinal photography

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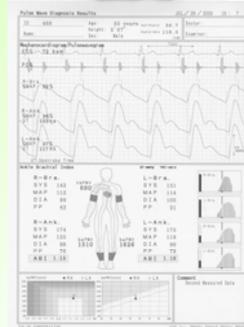
Peripheral artery disease screening (outpatient and inpatient)



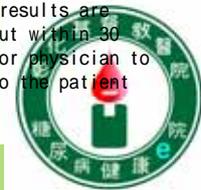
PAD screening device



Determine arterial blockage or sclerosis by non-invasive measurement of blood pressure in all limbs



All test results are printed out within 30 seconds for physician to explain to the patient



Continuous subcutaneous insulin infusion (self-paid item)



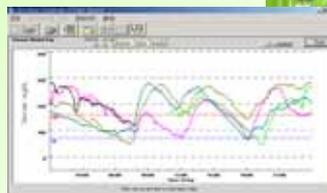
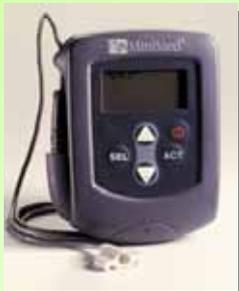
**CSII
certification**



Continuous glucose monitoring system (self-paid item)



Subcutaneous placement of sensor



72-hour blood glucose tracing



**CGMS
certification**



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Diabetes e Institute Diabetic Patient Group Organization

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- Diabetic patient group: established on Dec. 27, 1997



Aims

- Encourage sharing of experiences and increase patient's self-adjust and self-care ability
- Establish companionship and rapport among patients
- Increase the patient, their families, and the public's knowledge concerning diabetes and its prevention
- Improve the health and life quality of the patients
- Utilize available resources to improve care outcome and reduce occurrence of disease complications
- Increase interaction and improve relationship between educators and patients
- Understand each patient's characteristics, habits, and relationship with the family



Purpose of the diabetic patient group

- Provide diabetes health education and related information
- Provide a comfortable environment to encourage expression of feelings and elicit questions from patients
- Assist patients to build a support network



Appointing the leader of the group

Elected by members of the group



Missions of the group leader

- Establish a service team and enforce related operations, such as patient support, literature distribution, accounting, administration, and activities
- Recruit participants and supporters by making the group known to others
- Assist in the organizing of various group activities
- Assist maladaptive patients through various group activities, help them find appropriate referrals and encourage them to share in small groups and gain support.
- Participate in related social activities on behalf of the group



- Keep abreast with the latest healthcare information related to diabetes
- Establish good interpersonal relationship with related healthcare teams



Activities

- **Type 2 Diabetes Patient Group Gathering**
- Frequency:
- Indoor seminar: once every quarter, Saturday 8:30-11:00
- Field trip: Once a year in autumn (September-November), accompanied by physicians, nurse educators, and dietitians

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- Check blood pressure and blood sugar free of charge, complete diabetes passport, specialist seminar (physician, nurse educator, dietitian, etc.), sharing among patients and families, physical exercise, quiz game, lottery, healthy food preparation (such as making healthy rice dumpling)

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Type 1 Diabetes Patient Group Gathering

- Frequency: Once every summer and winter
- Winter: One day field trip (4th Saturday in January or February, 7:30-18:00)
- Must be accompanied by physician, nurse educator, and dietician during the field trip
- Summer: Indoor seminar (4th Saturday in August, 13:00-17:30)

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- Check blood sugar, maintenance and calibration of glucometer, free of charge
- Specialist seminar (physician, nurse educator, dietician)
- Sharing of experiences among patients and families
- Skits, games, aerobic exercise
- Award presentation (for participation, volunteering, and good control of blood sugar)
- Exhibition of diabetes tools and nutrition supplements

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Patient group activities : Outdoor and indoor



Introduction by group leader and discussions



Outdoor patient group activity



Indoor patient group activity

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Production and development of health education materials: Posters



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Production and development of health education materials: Posters



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Explanation of bone density report



Osteoporosis health education



Osteoporosis diet education



Osteoporosis medication instructions

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Source of funding

- Diabetes funding
 - Organize fund raising events
 - Public donations
 - Donations from industries
 - Post office money account 021-54483 available for receiving donations
 - Certificate of donation available to donors for tax deduction
- Annual fee 300 NT/year



Management of funds

- Unit leader responsible for diabetes funds
- Social work department responsible for overall management
- Account code established at resource department
- Application required for requesting use of fund



Patient group bulletin



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Posters for patient group activities

彰基100健康俱樂部

時間：100年4月29日(六)上午9時至下午11時
地點：1期19樓梅庭禮堂

時間	主題	主講人
9:30-9:50	開訓 - 糖尿病	李瑋
9:50-9:55	活動開始	李瑋
9:55-10:25	超音波 檢查	趙中江 曾光
10:25-10:50	如何辨識 真假友誼	張永基 廖仲
10:50-11:20	滿足需求	李瑋
11:20-11:30	如何「買」不吃糖	張永基 廖仲 張益倫 謝麗玲
11:30-11:50	閉幕 100 大合影	李瑋

歡迎參加

彰基糖尿病健康中心 諮詢電話 04-7277604

彰基100健康俱樂部

NO.2 糖尿病健康講座

時間：100年8月18日(六)上午9時至11時
地點：1期13樓梅庭禮堂
名額：200人

時間	主題	主講人
9:30-9:55	開訓 - 糖尿病	李瑋
9:55-10:30	糖尿病	謝麗玲 曾光
10:30-10:55	如何辨識真假友誼	張永基 廖仲
10:55-11:20	如何「買」不吃糖	張永基 曾光
11:20-11:50	大合影 100 - 期山合影	李瑋

下期預告：9月17日 健康100 糖尿病健康講座

彰基糖尿病健康中心 諮詢電話 04-7277604

彰基110健康俱樂部 踏青活動

時間：100年12月5號(星期日) 地點：台美尖山坪江義渡假日
讓我們一起愉快的心，分享好運好走的甜，一起出發吧

請於7:30前抵達現場(報名地點)門口集合
7:30-8:00 集合報到
8:00-10:00 出發-踏青踏青
10:00-11:30 團體活動
11:30-12:00 團體聚餐
12:00-12:30 大合影
12:30-15:00 出團
15:00-17:00 攝影-下次見

彰基糖尿病健康中心 諮詢電話 04-7277604

服務第一 家屬放心

04-7277604 - 04-7277604 彰基糖尿病健康中心 諮詢電話

姓名	成員編號	參加日期

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Thank you for your attention



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