

Increase Diabetes Self-Management Class Participation & Course Completion

Lake Cumberland District Health Department

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Quality Improvement Story Board

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PLAN

Problem Statement

Diabetes self-management classes are open to the general public, ideally targeting those that have been diagnosed with or are at risk of developing type II Diabetes. This also includes family members, nurses, physicians, etc. that are interested in helping family member, friends, or patients control their diabetes. However, the attendance rate for these very beneficial classes is low.

Aim Statement

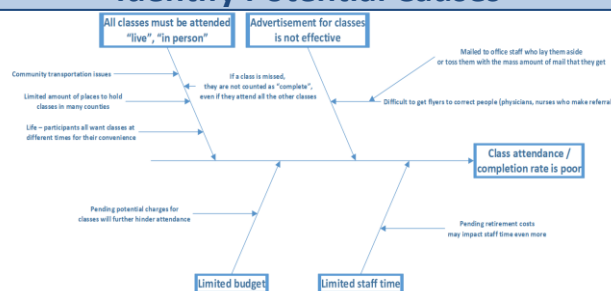
**Increase education opportunities for populations with, or at-risk of developing, type II diabetes by increasing Diabetes Self-Management Class offerings via LCDHD staff from 21 courses per year to 24 courses per year by June 30, 2020.

**Community member participation rate in classes offered by LCDHD staff, and course completion rate, will increase by at least 10% by June 30, 2020.

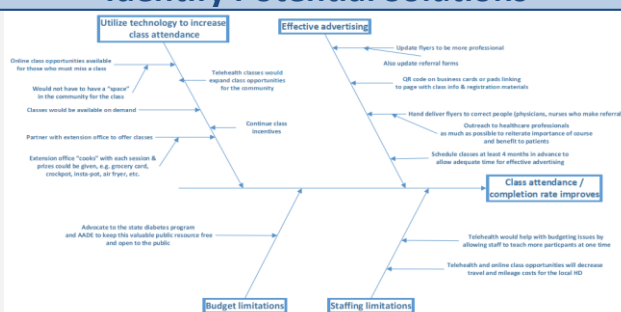
Process Outline & Relevant Data

Class attendance was lower than desired. We required 3 people to be registered for a class to be held. We had to cancel one class because of lack of registration and at times we ended up with fewer than 3 when the class was held. Participants registered by calling the district to sign up for a particular class. We felt that many more people would have access to DSMES if we offered the class in an "online" modality. In Spring 2019, LCDHD began a pilot program with Harlan County to provide DSMES via telehealth. A live class was held in Pulaski County and viewed in Harlan County via Zoom. After the first series, team members met in April 2019 to discuss how this modality could be used to increase class attendance throughout the Lake Cumberland area as well.

Identify Potential Causes



Identify Potential Solutions



Improvement Theory

Theoretically, developing a method of telehealth medicine, or online courses, to offer classes would increase opportunities for community participation, not only improving participation rates, but also course completion rates (if the AACE and KY DPH Diabetes Program to agree to let the online courses count, presently only "live" classes attended count toward completion of course).

DO

Test the Theory

We realized that having a live class was disruptive to the distant site and disengaged those participants. In October 2019, we piloted doing an online class directly to Harlan County with no live class at the same time which worked well. LCDHD was asked to train other diabetes educators in the state to teach classes via Zoom and were asked to speak on a national podcast for ADCES in February 2020 on lessons learned. Telehealth consents to protect HIPAA were developed for the Harlan Project. So, we developed an online class registration and developed a process for participants to receive class materials. As we began to schedule an online class at LCDHD COVID-19 hit and any in-person education ceased.

CHECK

Study the Results

The online only classes (without the live class) went much better. We found that some visuals we normally used during in-person classes were ineffective for on-line classes and had to find new visuals that were easier to see. It was hard to teach to a camera and not to a live group. The online class registration was helpful, but had some glitches. We had to mail materials to clients because most were unable to print materials at home. If they registered late, they didn't have the materials. Because of the online format, we could now offer classes to anyone in the state.

The State Diabetes Team made a calendar so we could refer clients to classes throughout the state. We varied the times and days of the weeks for the online classes. We promoted classes via social media. Several clients struggled with using ZOOM and preferred the in-person classes. Our attendance did not improve using the straight online format. In fact – it was the exact same averaging 5.5 per class. However, the number of people attending from the Lake Cumberland District declined.

ACT

Standardize or Develop New Theory

A QR code was added to class flyers for online registration. We revised our online registration process to streamline which class clients would like to attend. We have implemented more breaks in our classes to keep people engaged in longer classes. We are offering classes for anyone in the state, not just in the Lake Cumberland District. Classes are promoted on the LCDHD website calendar, via social media, flyers are taken to MD offices and shared with community partners throughout the district. We are partnering with a MD office in Louisville to increase education for their patients and have just started using CareAlign for this process. We continue to promote classes via social media as well.

Future Plans

Because of this project we will continue to provide online DSMES even when in-person classes are resumed as this meets the needs of individuals who are unable to attend in-person classes either because of work, physical limitations, or they simply prefer this method now. Since COVID-19 began everyone is more familiar with an online format of learning. We will continue to evaluate our online classes and seek ways to keep them fresh and engaging for our communities.