#### Health Coaching to Improve Glycemic Control Among Patients with Type 2 Diabetes

Vivienne A. Ayomanor MSN, APRN, FNP-C, PMHNP-BC Project Instructor: Dr. Heidi Johnston, DNP, RN, CNE, Project Mentor: Dr. Bukola Olusanya, DNP, MSN, FNP-C, APRN February 9<sup>th</sup>, 2024

This project is in partial fulfillment of the degree requirements for the Doctor of Nursing Practice, Touro University, Nevada

# **Project Overview**

Project Aim- To enhance glycemic control among patients with Type 2 Diabetes Mellitus (T2DM).

>Projects Key Achievements

>Established a health coaching protocol

Improved self-efficacy, motivation, and knowledge of patients.

>Enhanced fasting blood glucose control

**Clinical-Leadership Implications** 

≻Improved Health Outcomes

Enhanced Provider-Patient Engagement

➤Scalability and Sustainability

### **Problem and Background**

**Problem Addressed** 

➤T2DM as top-most cause of mortality (CDC, 2022).

T2DM Complications and Poor Glycemic Control

Inadequate Patient Education by providers on Lifestyle Modification Pertinent Background Information

➢ADA Guidelines and Glycemic Control Targets (ADA, 2022)

 Contributing Factors to T2DM Prevalence
 Prevalence and Growth of Diabetes in the US (Pinkhasova et al., 2021).

➢Self-Management and Education

### **Literature Review**

#### **Main Themes Supporting the Project**

>Health Coaching as an Effective Intervention

Lifestyle Modifications (Physical Activity and Nutrition)

≻Glycemic Control as a Key Outcome

Provider Knowledge and Patient Outcomes

Relevance to ADA Guidelines and Standards (ElSayed et al., 2023b)

# **Literature Review Cont.**' **National Guidelines and Standards Justifying the Project** >ADA Standards of Medical Care in Diabetes (ADA, 2022) CDC's National Diabetes Statistics Report (CDC, 2022). >Healthcare Effectiveness Data and Information Set (HEDIS) Measures >ADA's Guidelines on Prevention or Delay of Type 2 Diabetes and Associated Comorbidities (ElSayed et al., 2023b).

≻National Diabetes Education Program (NDEP) Resources

### **Project Aims and Objectives**

#### **Project Aims**

 Determine the effectiveness of health coaching by providers caring for T2DM patients.

Enhance provider knowledge to educate patients and help them meet glycemic control.

#### **Measurable Project Objectives**

- Implementation of Health Coaching
  Protocol
- Improvement in Glycemic Controls
   Education of NPs, RNs, and LVNs
   (providers) on Health Coaching
   Protocol

# Framework for Quality Improvement (QI) Project

>Implementation Framework:

≻Plan-Do-Study-Act (PDSA) Cycle (Connelly, 2021).

>Justification for PDSA Approach

≻Learning and Adaptation (Connelly, 2021).

>Incremental Testing

Minimized and safe Disruption (Connelly, 2021).

# Framework for Quality Improvement (QI) Project

#### Act

What's Next? Ready to implement? Try something else? Next cycle?

#### Plan

What will happen if we try something different? What is our objective in this cycle? What questions do we want to ask and what are our predictions? Who will carry this out? (Who? When? How? Where?

#### Study

Did it work? Complete data analysis Compare results to your predictions Summarise your results

#### Do

Let's try it! Carry out your plan Document any problems Begin data analysis

# Methodology

#### **Target Population**:

• Nurses working in a primary care clinic.

Setting:

• Los Angeles non-profit, Federally Qualified Health Care outpatient primary care clinic (St. John's Community Health, 2023).

Interventions:

• Health Coaching Education Plan.

Timeline:

- Start Date: November 6<sup>th</sup>, 2022
- Duration: Four weeks

**Data Collection and Evaluation:** 

- Daily fasting blood glucose levels/
- Continuous monitoring through PDSA cycles
- Assessing glycemic control outcomes.

Institutional Review Board (IRB)-

• Not needed as it's a quality improvement project.

## **Plan for Data Analysis**

- A paired *t*-test was used to measure the change in glucose levels (Pallant, 2020).
- > The level of significance was set at p=0.05 (Pallant, 2020).
- > The results were statistically significant if the *p*-value was less than 0.05
- The Statistical Package for the Social Sciences (SPSS) was used to run a *t*-test to measure changes in blood glucose levels before and after the intervention (Pallant, 2020).
- ➤ There are no plans to seek the services of a statistician because the project lead is knowledgeable in data analysis using SPSS.

# Results

#### • Table 1- Pre- and Post-implementation Average Glucose

Descriptive Statistics											
	Ν	Minimum	Maximum	Sum	Mean	Std. Deviation					
Pre-intervention average daily blood glucose	10	274.21	280.00	2774.29	277.4286	2.06224					
PostInterventionAverageBlo odGlucose	10	180.07	185.48	1827.19	182.7190	1.82622					
Valid N (listwise)	10										

• Table2- Blood Glucose Paired T-test

Paired Samples Test													
Paired Differences								Significance					
					95% Confidence Differ	e Interval of the ence							
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	One-Sided p	Two-Sided p			
Pair 1	Pre-intervention average daily blood glucose - AverageGlucose- Post Intervention Blood Glucose	94.70952	2.36731	.74861	93.01605	96.40300	126.514	9	<.001	<.001			

### **Results Cont....**

There was a statistically significant difference in the glucose levels before and after implementing health coaching (t = 126.51, df = 9, p < 0.001, SD = 2.37). Mean difference between the preintervention and postintervention glucose levels was 94.71 mmHg.

There was an improvement in blood glucose control, represented by 34.13%, within the projected improvement in glycemic levels of 22.03% to 37%.



The results implied a statistically significant decrease in blood glucose levels.

### **Results Cont...**

• Figure 1- Pre- Intervention Average Blood Glucose



• Figure 2-Post-Intervention Average Blood Glucose



### Significance of the Results

• Significance to the Project Site

 Improved Glycemic Control
 Addressing Clinic's Need for Enhanced Diabetes Education

- Significance to Nursing Practice/Profession
  - Empowering Nursing Staff
  - Impact Beyond Glycemic Control

# **Limitations of the Project**

#### Limitations

- Inclusion-Exclusion Bias (George et al., 2019).
- Subjective Data Collection
- Analysis by Project Lead

#### **Limitations minimization**

- Deliberate Focus
- Incorporating Indirect Participants
- Standardized Data Collection
- Broad Impact of Training

## **Project Sustainability/Dissemination**

#### **Sustainability**

- Embedding the intervention into the clinical workflow.
- Using the PDSA cycle to allow continuous assessment.
- Ensuring sustained support and commitment to the project's success by key stakeholders.
- Empowering nurses to coordinate care.

## **Project Sustainability/Dissemination Cont...**

### Dissemination

- Touro University Research Day
- DNP Repository Website
- National Association of Nigerian Nurse Practitioners (USA)
   Educational conference on October 3<sup>rd</sup> to 5<sup>th</sup> 2024.
- Key stakeholders.

# Conclusion

- The project's main objective was to determine the efficacy of health coaching by primary care providers.
- > The aim was to implement a health coaching protocol in line with ADA diabetes education recommendations for healthcare providers.
- > The project used the PDSA cycle as the implementation framework.
- Project findings- health coaching intervention significantly decreased the average daily blood glucose levels in patients with T2DM.
- The project findings- patients' knowledge about lifestyle modifications through health coaching may improve glycemic control and reduce diabetes-related complications.

# Questions

# Any Questions?



## References

American Diabetes Association [ADA]. (2022). *Statistics about diabetes*. https://diabetes.org/about-us/statistics/about-diabetes

- Centers for Disease Control and Prevention [CDC]. (2022). *National Diabetes Statistics Report*. Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes/data/statistics-report/index.html
  Connelly, L. M. (2021). Using the PDSA model correctly. *Medsurg Nursing*, *30*(1), 61-54.
  ElSayed, N. A., Aleppo, G., Aroda, V. R., Bannuru, R. R., Brown, F. M., Bruemmer, D., & Gabbay, R. A. (2023a). Summary of revisions: Standards of Care in Diabetes—2023. *Diabetes Care*, *46*(Supplement 1), S5-S9. https://doi.org/10.2337/dc23-Srev
- George, T. P., DeCristofaro, C., & Murphy, P. F. (2019, September). Unconscious weight bias among nursing students: a descriptive study. In *Healthcare* (Vol. 7, No. 3, p. 106). MDPI.
- Pinkhasova, D., Swami, J. B., Patel, N., Karslioglu-French, E., Hlasnik, D. S., Delisi, K. J., & Korytkowski, M. T. (2021). Patient understanding of discharge instructions for home diabetes self-management and risk for hospital readmission and emergency department visits. *Endocrine Practice*, 27(6), 561-566. <a href="https://doi.org/10.1016/j.eprac.2021.03.013">https://doi.org/10.1016/j.eprac.2021.03.013</a>
- St. John's Community Health. (2023). Health Clinics in Los Angeles. St. John's Community Health.