SAMPLE Diabetes Self-Management Plan-Do-Study-Act

Plan

AIM: Elevated A1c levels in persons with diabetes are associated with a higher risk of developing diabetes-related complications such as cardiovascular disease, chronic kidney disease, and neuropathy. Most people with diabetes should have an A1c level of < 7%. Participants will aim to decrease A1c levels among patients in their practice within 90 days.

Objective: Diabetes self-management education **improves** diabetes knowledge and self-care behaviors, which have proven to lower A1C. Control of diabetes includes not only the optimization of medication but also the incorporation of self-care behaviors. Participants will choose medication optimization and one or more self-care behaviors (nutrition therapy, physical activity, psychosocial care) to help improve A1c levels among patients.

- **Interventions:**
    - Optimize medication regimens (adjustments based on patient needs, adherence support, etc.).
    - Introduce personalized self-care behaviors, including:
        - Nutrition therapy (e.g., healthy eating plans).
        - Physical activity (e.g., setting SMART goals for exercise).
        - Psychosocial care (e.g., addressing stress or mental health needs).
- **Measurement Metrics:**
    - **Primary Outcome:** Change in A1c levels.
    - **Secondary Outcomes:** Weight, blood pressure, adherence to physical activity and dietary changes, patient satisfaction, and quality of life.
    - **Process Metrics:** Number of patients participating in DSME, frequency of follow-ups, and staff engagement.

Do

- **Implement Interventions:**
    - Introduce medication optimization plans during appointments.

    - Implement diabetes self-management education (DSME) sessions, focusing on nutrition, physical activity, and psychosocial care.
    - Use tools such as activity trackers or apps to support physical activity and nutrition tracking.
    - Provide psychosocial support (e.g., counseling or stress management).
- **Engage Patients:**
    - Set up SMART goals for self-care behaviors (e.g., exercising 3 times a week for 30 minutes) using the "Set Healthy Goals" worksheet and lifestyle prescription.
    - Conduct follow-ups via phone, telehealth, or in-person meetings to check on progress and troubleshoot challenges.

Study

- **Collect Data:**
    - Measure clinical outcomes (A1c, weight, blood pressure).
    - Track adherence to self-management strategies (e.g., number of physical activity sessions, compliance with dietary plans).
    - Collect patient feedback through surveys or interviews to understand their perspectives on the interventions.
    - Collect staff feedback to understand challenges and successes in implementing the plan.
- **Analyze Data:**
    - Look at trends in A1c levels and other clinical indicators.
    - Assess adherence rates to medication and self-care behaviors.
    - Identify areas where patients have succeeded and where they are facing barriers (e.g., difficulty with a diet plan or physical activity).

Act

- **Refine Strategies:**
    - If medication optimization is particularly successful, consider increasing frequency of medication reviews or patient education.
    - If some patients are struggling with physical activity, offer more individualized support or alternative options.

    - Address barriers identified through feedback (e.g., simplifying educational materials, offering financial assistance for healthy food, or increasing follow-up support through telehealth).

- **Standardize Best Practices:**
    - Integrate the most successful interventions into standard office protocols.
    - Train staff on refined approaches and lessons learned.
- **Plan Next Cycle:**
    - Set new goals based on the previous cycle's results.
    - Consider expanding interventions to a larger group of patients or refining specific elements based on feedback and data.