

Biopsychosocial Concepts for Advanced Nursing Practice 1
Quality Improvement Presentation Poster
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Abstract

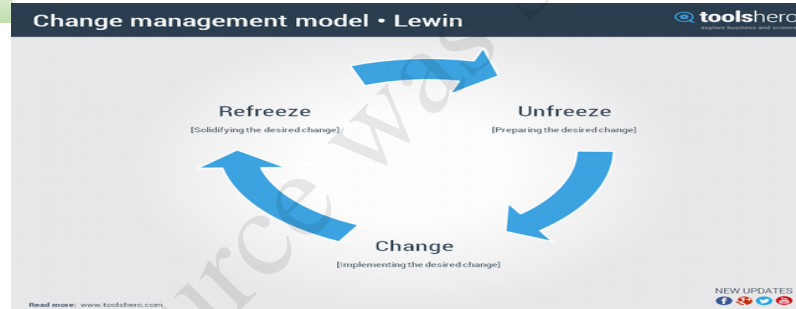
Diabetes distress is an affective condition in response to the threat of a life-changing illness that addresses an individual's worries, anxiety and concerns about living with diabetes. Distinct from depression, diabetes distress is hypothetically linked with the demands of diabetes management and has been found to be significantly related with glycated hemoglobin (HbA1c) level, self-care behaviors and suboptimal glycemic control (Rappaport & de Groot, 2017). For these reasons, diabetes care guidelines recommend routine assessment of diabetes distress and confirm the need to incorporate psychosocial factors in routine diabetes care. The prerequisite for behavioral health care providers to identify early signs of diabetes distress and to participate in care planning with individuals struggling to cope with diabetes is emphasized.

Quality Improvement Methods

- The defreezing stage can be defined determining what needs to be changed (Duvall, 2019). Unfreezing the current practice started with recognizing the need for behavioral health providers to screen patients newly diagnosed with diabetes to identify DD. Unfreezing providers meant presenting the evidence to support the need for this change, recognizing possible barriers, and working to dispel these barriers by addressing the necessary stakeholders.
- In the change stage, proposes creating a plan of action and engaging providers to comply with the proposed change (Duvall, 2019). This stage of change focused on educating providers to screen for s/s of distress and making the necessary referral to mental health providers when necessary.
- Finally, the refreezing stage anchors the changes into the organizations culture (Duvall, 2019). Refreezing means working to maintain an efficient screening process. This includes supporting education and retraining as necessary and monitoring screening compliance

Evidence Supporting QI methods

Lewin theory is a commonly used change theory used by healthcare professionals for various quality improvement projects to transform care (Van Son, & Guido, 2014). Kurt Lewin's Change Management Theory, is a time tested, change model that focuses on behavior modification and can be used on both patients and employees. Lewin's theory allows an understanding of how change affects the organization, identify barriers for successful implementation and can be used to identify psychosocial forces that impact the behavior of PWD during change, therefore overcoming resistance and leading to acceptance of new behaviors that lead to positive clinical outcomes (Sutherland, 2019)



Interprofessional team benefits

- Interprofessional collaboration is a way to merge professionals from various disciplines in health care where knowledge and skills are shared to improve patient care and outcomes. Effective collaboration is dependent on communication, cooperation, and shared respect among its members.
- These collaborations can improve patient outcomes (Kotecha et al., 2015.)

Change Strategy Foundation

- DD has been closely correlated to poor glycemic control, self-management and self-ability
- prevalence of 18-45% and incidence rate of 38-48%
- High levels of DD effect medication-taking behaviors and have been associated with high higher HgA1c levels and poor glycemic control (Young-Hyman et al, 2016).

Benefits of Quality Improvement Plan

- Continuous improvement allows our healthcare organization to adjust how we operate to create value for the organization and for the patients.
- Patients with DD will receive comprehensive care addressing psychosocial needs

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