COMPARING INTERVENTIONS IN DIABETES NURSE CONSULTATIONS WITH AND WITHOUT USING A PATIENT-REPORTED OUTCOMES DIALOGUE TOOL

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Background

Our research team has led the development of a digital Patient Reported Outcome (PRO) dialogue tool for use in routine diabetes care in Denmark allowing systematic screening for symptoms and needs of persons with diabetes (PWD). This tool is included in the annual diabetes nurse consultations in our diabetes outpatient clinic. Our previous research indicates that the PRO tool facilitates improved preparation prior to the diabetes consultation as well as focus on the individual PWD's priorities and needs. However, it is unknown if the use of the PRO tool affects the number and type of follow-up actions in nurse led consultations.

Aim

To compare number and types of actions initiated by the diabetes nurse in routine consultations with or without the active use of a digital PRO dialogue tool.

Method

Over a period of two months, eight diabetes nurses completed a post-visit questionnaire after 96 nurse led consultations without using PRO. Five diabetes nurses completed the same post-visit questionnaire for 176 consultations using PRO. The post-visit questionnaire includes a comprehensive list of 31 possible interventions and follow-up actions. Key categories of possible actions include: Treatment changes, educational actions, referrals both inside and outside the clinic and other type of follow-up actions. Results were analyzed descriptively to evaluate patterns using Excel.

Results

Our study showed an increase in number and types of actions when using PRO. This included provision of guidance and information material (from 2.1 % to 26,2 %), screening for sleep apnea (from 0 % to 3,5 %), referrals to a social worker (from 0 % to 9.9 %) and to municipal health services (from 0 % to 9.9 %). Previously, these topics were handled to a limited extent, while using PRO increased these specific actions.

Conclusion

We conclude that the use of the Danish digital PRO dialogue tool is associated with specific increases in follow-up actions in the annual nurse led diabetes consultations. This study warrants further studies on the clinical effects of an increased number of actions.