

Diabetes Management in Residential Aged Care Facilities

During COVID-19: Principles

This document provides principles and key resources for residential aged care facility (RACF) care and support staff to better manage residents who have been diagnosed with diabetes. The prioritisation principles in this document could be adapted to practice in alignment with the Aged Care Quality Standards and other guidelines for managing older people with diabetes in other care settings during and beyond the COVID-19 pandemic.¹

Background

Diabetes is a serious chronic condition marked by high levels of glucose in the blood. It is caused either by the inability of the body to produce insulin (a hormone made by the pancreas to control blood glucose levels) or by the body not being able to use insulin effectively, or both.²

Diabetes is a common long-term condition in older people. Seventeen per cent of Australians aged 65 years and over have been diagnosed with diabetes and a further 20% are undiagnosed but at risk of diabetes and most likely have at least one diabetes complication. Twenty-five per cent of people in RACFs have been diagnosed with diabetes.³

The rate of diabetes tends to increase with age, with the highest prevalence (19.4%) reported in people aged 85 years and over and 20% of emergency department presentations were for people aged 65 years and over.³

Older people with underlying medical conditions, such as diabetes, are more at risk of severe illness or death if exposed to someone with COVID-19.⁴

The *National Aged Care Staffing and Skills Mix project Report* highlighted staff levels in residential aged care were of concern in three areas: insufficient nursing staff, inadequate skills mix of staff and a high number of residents with complex needs.⁵

In 2020 multiple COVID-19 outbreaks among residents and staff of RACFs saw:

- a further decline in the availability of skilled nursing and care staff
- limited access to a registered nurse and/or primary care physician both during and after hours
- delays in critical decision making and escalation processes and unwarranted hospital presentations and transfers.

The ability to provide timely recognition and response for residents with sudden spikes in blood sugar (glycaemic excursion) is an important skill for all nursing and care support staff working within an RACF.

Principles for diabetes management in an RACF setting to avoid hospitalisation

1. Create an individualised diabetes management plan for the resident with diabetes, in collaboration with the general practitioner.
2. Take a risk-based approach to protect residents and staff, balancing any urgent need for face-to-face consultation against the risk of hospital acquired COVID-19 transmissions.
3. Prioritise early identification of the signs of diabetes and any related complications.
4. Provide access to education in diabetes care for nursing and care support staff.
5. Invest in systems to provide ongoing access to multidisciplinary services promoting effective and efficient communication with family and carers and the multidisciplinary team, including general practitioners, registered nurses, dietitians, clinical pharmacists, diabetes educators and other healthcare providers.
6. Monitor and record nutrition, hydration and meal intake of residents during each care shift.
7. Monitor blood glucose level more frequently for residents with diabetes who are unwell or have reduced oral intake.
8. Monitor blood glucose levels in a timely manner. This is especially required for patients on insulin or a sulphonylurea (oral medication). Monitor blood ketone levels, where indicated.
9. Recognise and treat hypoglycaemia (low blood sugar) appropriately.
10. Ensure medications are given on time, as prescribed. This is especially important for patients on insulin or a sulphonylurea.

Links to support resources

Resources for diabetes management in aged care

- Aged Care Quality and Safety Commission. [Aged Care Quality Standards: Standard 4: Services and Supports for Daily Living](#). Canberra: ACQSC; 2019. This standard includes information on providing adequate nutrition and hydration.

- Central Coast Local Health District. [Best Practice Food and Nutrition Manual for Aged Care Homes](#). 2.2 ed. Gosford: CCLHD; 2015. Diabetes and glycaemic index, chapter 22.
- Dunning T, Duggan N, Savage S. [The McKellar Guidelines for Managing Older People with Diabetes in Residential and Other Care Settings](#). Geelong: Centre for Nursing and Allied Health, Deakin University and Barwon Health; 2014.

The guidelines include:

- consulting with general practitioners and other healthcare professionals
- blood glucose monitoring
- falls risk
- pain
- nutrition and hydration.

- National Diabetes Services Scheme. [Diabetes Management in Aged Care: A Practical Handbook](#). V.3. NDSS: 2020.

Supplementary COVID-19 documents

- NSW Ministry of Health. [COVID-19 Clinical Guidance and Resources: Aged Care](#). Sydney: NSW Ministry of Health; 2020.
- NSW Ministry of Health. [Guiding Principles for Safe and Efficient Admissions into Residential Aged Care Facilities and Transfers to Hospital During the COVID-19 Pandemic](#). Sydney: NSW Ministry of Health; 2020.

Training and education links

- Diabetes Australia. [Tools & eLearning](#). Canberra: Diabetes Australia; 2020.
 - Diabetes Qualified. [Diabetes in Practice for Nurses](#) – sponsored and part funded by Diabetes NSW, ACT, QLD (16 modules, certificate 12 CPD points \$110)
 - Diabetes Qualified. [Practical Diabetes for Aged Care Workers](#) – supported by Diabetes NSW, ACT, QLD (online 2 hours, 8 chapters, small fee)
- National Diabetes Services Scheme
 - [Online Learning for Health Professionals](#)
 - [National Diabetes Nursing Education Framework: Learning Modules](#)
 - [Diabetes Management in Aged Care](#)

- [Quality Review Tool: Management of Residents Who Have Diabetes](#)
- [Six-Minute Intensive Training \(SMITs\) Resources](#) – A3 training posters (1 page each) provide key information for aged care staff: definition, causes, signs and symptoms, testing, assessing, monitoring, action, reaction.
 - Hyperglycaemia - high blood glucose
 - Sick day management
 - Know your insulin
 - Insulin administration
 - Hypoglycaemia – low blood sugar level
 - Healthy eating
 - Residents sick day plan
 - Monitoring blood glucose
 - Glucose lowering medicines for type 2 diabetes.

Document development

This document was developed by an Expert Advisory Group with members of the Agency for Clinical Innovation (ACI) Diabetes and Endocrine and Aged Health Networks and NSW Health COVID-19 Diabetes and Endocrine Network Community of Practice.

Expert Advisory Group meetings were held over a three-month period (August – October 2020) to gather clinical expertise. Information was also drawn from evidence-based guidelines and review of research, resources and information from across Australia, as well as from the national body for representing those with diabetes, Diabetes Australia.

References

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2. Australian Institute of Health and Welfare. Diabetes. Canberra: AIHW; 2019. [cited: September 2020] Available from: <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/diabetes/about>
3. Australian Institute of Health and Welfare. Older Australians at a glance. Canberra: AIHW; 2018. [cited: September 2020] Available from: <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-aged-care-service-use>
4. Health Protection NSW. Advice to residential aged care facilities. Sydney: NSW Ministry of Health; 2020. [cited September 2020] Available <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/covid-19-raf-staff.aspx>
5. Willis E, Price K, Bonner R, et al. National aged care staffing and skills mix project report 2016: Meeting residents' care needs: A study of the requirement for nursing and personal care staff. South Australia: Australian Nursing and Midwifery Federation; 2016. [cited 21 October 2020] Available from: https://www.researchgate.net/publication/311492955_National_Aged_care_staffing_and_skills_mix_project_report_2016_Meeting_residents_care_needs_A_study_of_the_requirement_for_nursing_and_personal_care_staff