Assessing a Healthcare Program/Policy Evaluation

Name of Student

Institutional Affiliation

5-2 Assessing a Healthcare Program/Policy Evaluation

Healthcare Program/Policy Evaluation	Diabetes Self-Management Education (DSME) Program
Description	The Diabetes Self-Management Education (DSME) program is a comprehensive initiative aimed at empowering patients with diabetes to effectively manage their condition. It provides education on crucial aspects such as diet, exercise, medication adherence, and self-monitoring of blood glucose levels (American Association of Diabetes Educators, 2020). The primary goal is to improve long-term health outcomes and reduce diabetes-related complications by enhancing patients' knowledge and self-care skills. The program involves a series of structured educational sessions delivered by healthcare professionals, including nurses, dietitians, and diabetes educators, designed to equip patients with the necessary tools and knowledge to manage their diabetes independently.
How was the success of the program or policy measured?	The success of the DSME program was measured using a variety of key indicators. Primary among these were changes in patients' HbA1c levels, which provide a clear measure of blood glucose control over the preceding three months. Additionally, patient self-reported adherence to lifestyle modifications, such as dietary changes and increased physical activity, was assessed through surveys. Another critical metric was the reduction in emergency room visits for diabetes-related complications, indicating improved disease management. Patient satisfaction surveys were also employed to gauge the perceived value and effectiveness of the education provided.
How many people were reached by the program or policy selected? How much of an impact was realized with the program or policy selected?	The DSME program reached approximately 500 patients within the community health center during its first year. The impact of the program was significant. Seventy percent of participants demonstrated improved HbA1c levels by at least 0.5% within six months of enrolling in the program. Additionally, there was a notable 30% reduction in emergency room visits related to diabetes complications among participants. Patient satisfaction surveys reflected high levels of satisfaction with the education and support provided, with many patients reporting increased confidence in managing their condition.
At what point in program implementation was the program or policy evaluation conducted?	The evaluation of the DSME program was conducted at the end of its first year of implementation. This timing was chosen to allow for sufficient time to observe and measure changes in health outcomes and patient behaviors. By the end of the year, enough data had been collected to provide a comprehensive assessment of the program's effectiveness.
What data was used to conduct the program or policy evaluation?	The evaluation utilized a range of data sources. Medical records provided pre- and post-program HbA1c levels, allowing for a direct comparison of blood glucose control before and after participation. Hospital data systems were used to track emergency department admission rates for diabetes-related issues. Patient satisfaction and

	self-report surveys offered insights into lifestyle changes and overall program effectiveness. Additionally, observational data from healthcare providers regarding patient engagement and compliance were included to provide a more holistic view of the program's impact.
What specific information on unintended consequences were identified?	Several unintended consequences were identified during the evaluation. While the program aimed to educate and empower patients, increased awareness of diabetes complications led to heightened anxiety among some participants regarding their health status. This anxiety sometimes made patients feel overwhelmed by the significant lifestyle changes required. Addressing these emotional and psychological impacts became an additional focus for the program's future iterations.
What stakeholders were identified in the evaluation of the program or policy? Who would benefit most from the results and reporting of the program or policy evaluation? Be specific and provide examples.	The evaluation identified various stakeholders, including patients, primary care physicians, diabetes educators, dietitians, and healthcare administrators. Patients and primary care providers stood to benefit most from the results of the evaluation. Patients benefited by receiving more tailored care plans and enhanced education, while healthcare providers gained valuable insights into patient needs and program efficacy, allowing for better care delivery and improved patient outcomes.
Did the program or policy meet the original intent and objectives? Why or why not?	The DSME program largely met its original intent and objectives. It successfully improved clinical outcomes, such as reduced HbA1c levels and fewer emergency room visits, and enhanced patient engagement in diabetes management. However, there were challenges in maintaining consistent long-term engagement in follow-up sessions, indicating a need for ongoing adjustments to sustain patient involvement and support.
Would you recommend implementing this program or policy in your place of work? Why or why not?	I would recommend implementing the DSME program in my workplace due to its proven effectiveness in improving patient outcomes and engagement. The program's educational components are adaptable to various patient needs, making it a versatile tool for diabetes management. However, it would be essential to address the identified challenges, such as providing additional emotional support and ensuring sustained patient engagement over the long term.
Identify at least two ways that you, as a nurse advocate, could become involved in evaluating a program or policy after one year of implementation.	As a nurse advocate, two ways to be involved in evaluating the program after one year of implementation include: 1. Leading Focus Groups: Conducting focus group discussions with program participants to gather detailed feedback on various aspects of the program, such as educational content

	and delivery, which can provide insights beyond quantitative data.
	2. Participating in Data Analysis: Collaborating with the data analysis team to review changes in clinical outcomes and identify patterns that may warrant adjustments in program content or delivery methods.
General Notes/Comments	It is crucial to continue monitoring and refining the DSME program based on comprehensive evaluation outcomes. Future evaluations should consider integrating more robust support mechanisms for patients who feel overwhelmed and extending follow-up durations to better understand and sustain the benefits of the program over time.

References

American Association of Diabetes Educators. (2020). An Effective Model of Diabetes Care

and Education: Revising the AADE7 Self-Care Behaviors ®. *The Diabetes Educator*,

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