

Video-Led Behavioral Goal Setting for Pediatric Patients with Diabetes Mellitus Type 2

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Purpose: The purpose of this quality improvement project is to determine if a specialized education video facilitates patients setting a Specific, Measurable, Attainable, and Time-based (SMART) goal to aid in behavioral change interventions for patients with type 2 diabetes, and improve health outcomes. An education video was developed for this project utilizing the American Diabetes Association guidelines as current behavioral goal videos are not geared to pediatric patients with type 2 diabetes.

Background: There is a rise of type 2 diabetes in the pediatric population that is largely related to modifiable risk factors. The management of type 2 diabetes can be complex. A Pediatric Diabetes Center at an academic center in San Bernardino County aims to meet the American Diabetes Association's recommended best practice standards for this patient population. To achieve this, implementation of a specialized education video will be utilized to help implement SMART behavioral goal setting and aid in behavioral change interventions for all patients with type 2 diabetes, as an efficient, low-cost means for health care education delivery. Currently, behavior change goals have recently been implemented with patients diagnosed with only new-onset type 1 and 2 diabetes.

Methods: Through a Plan-Do-Study-Act model process, an evaluative quality improvement project is being conducted using a convenience sample of patients age 15 to 20 years with diabetes mellitus 2 for three months or longer admitted to an outpatient pediatric diabetes center at Loma Linda with a hemoglobin A1C of 8 mg/dl or higher. An approximately 8 minute education video on understanding diabetes diagnosis and how to make a SMART goal was implemented at the Pediatric Diabetes Center to improve health outcome(s). A passbook was provided to each participant to help track goals. The patient's behavioral goal is to be documented in the "snapshot" section located in the patient's electronic health record. Staff will continue monitoring and evaluating the patient's goal at each patient's follow-up clinic visit. A follow-up phone call to monitor intervention implementation will be conducted within seven days of intervention start date and every 2-4 weeks thereafter for three months to determine goal adherence. A Pre/Post Self-Efficacy for Diabetes survey will be conducted to better understand patients' perception of their diabetes management along with a Post-Assessment of Care for Chronic Conditions and general survey on the impact of the behavioral goal-setting video.

Results: Currently under the implementation phase and data collection and will be completed May 2022.

Implications: This project may assist in determining a meaningful intervention to aid in successful behavioral goal setting that may yield beneficial results within this vulnerable population to better manage their type 2 diabetes. This quality improvement project may help determine if the use of specialized education video on behavioral goal-setting improves clinical outcomes and patients' perception of self-competence to manage their diabetes.

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