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### Impact of Diabetic Education on Reducing Hospital Readmission Rates: A Literature Review of Adults with Diabetes

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# Impact of Diabetic Education on Reducing Hospital Readmission **Rates: A Literature Review of Adults with Diabetes**

# Background

According to 2018 data from the Diabetes Institute Foundation, adults in the U.S. diagnosed with diabetes accounted for 17 million emergency department visits.<sup>6</sup> The readmission rate for patients with diabetes far exceeds the general readmission rates for hospitalized patients. While there is recognition of the need for diabetic education to reduce hospital readmissions, optimizing long-term self-management of diabetics remains a focus of ongoing research.<sup>8</sup>

# Significance

- Investigate the impact of diabetic education on diabetic readmissions.

- Focus on understanding the relationship between education programs and diabetes management.

- Provide insights into the effectiveness of education programs in reducing readmissions.

- Aim to contribute valuable information for improving diabetes care and patient outcomes.

Methods	
Databases	Pubmed, Embase, Scopus, Googl
Keywords	"Inpatient diabetes education on h readmission rates", "Hospital read rates for patients with Diabetes", a "Effect of glycemic control educat diabetic hospital readmission"
What was included	Primary surveys, review articles, retrospective cohort study. Participants included patients who previously diagnosed with diabete and admitted due to diabetic complications.

# By Frank Camarda

# Results



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hospital dmission and tion on

o were es mellitus | Figure 2: Comparison of patients who received educational training on management of diabetes on 180 day hospital readmission rates. Associated study number correlates to reference page.

Percent Readmitted with Edcuation

# Limitations:

Duration of follow up:

Limited data exists that follows diabetic patients that engaged in education passed 180 days.

Comparing differences in educational approaches: Variations in content, duration, and delivery modes hinder educational comparison.



Percent Readmitted without Education

### **Discussion:**

settings include:

- strategy by:

# **Future Directions:** Future studies should incorporate:

- workers, and dieticians.

## **References**:

Virtua Health College of Medicine & Life Sciences of Rowan University

# Benefits of diabetic education training in acute care

Improved patient self-management and reduced chances of readmission for 30 and 180 days. <sup>1, 2,</sup> 3, 4, 5, 9,10,13

Improved glycemic control and enhanced quality of life post hospital stay.<sup>12</sup>

Decreasing hospital costs by preventing need for emergency admission and treatment.

Successful programs often employ a multi-approach

Incorporating verbal discharge paperwork instruction explanations.

Utilizing primary care provider communication and prearranged follow-up appointments.

Considerations of socioeconomic disadvantages and lack of private insurance.<sup>11</sup>

Standardized hospitalization training for diabetes management, involving doctors, mid-level providers, nursing staff, pharmacists, social

Incorporate interdisciplinary meetings to enhance awareness of each other's training limitations.

