

Wellness West: Diabetes Assessment & Interventions

Initial Assessment

1. Last A1c date: _____
2. Last A1c value: _____

Order an A1c test through provider if the last A1c date was more than 6 months ago

3. Does the patient know their A1c goal? Yes No
4. If yes, what is their stated goal? _____

Provide patient education on A1c goal

5. Has patient had an eye exam in the last year? Yes No
6. Last eye exam date: _____

Assist patient in scheduling an eye appointment

7. Has patient had a dental appointment in the last year? Yes No
8. Last dental appointment date: _____

Assist patient in scheduling a dental appointment

9. Has patient had a provider foot exam in the last year? Yes No
10. Last provider foot exam date: _____

Consider scheduling primary care visit for diabetes follow-up and foot exam

11. Does patient check their feet? Yes No Not Applicable
12. If yes, how often? Daily Weekly Monthly Other
13. If other, specify _____
14. Last flu vaccine date: _____

If applicable schedule patient for the flu vaccine

15. Last pneumonia vaccine date:

If applicable schedule patient for the pneumonia vaccine

16. Last PCP visit date: _____

Schedule appointment with Primary Care Provider if the last PCP visit date was more than 6 months ago

17. Does the patient have a glucometer? Yes No Not Applicable
18. Does the patient have enough strips and lancets? Yes No Not Applicable

Order the patient any supplies that are needed

19. Does the patient check their blood sugar at home? Yes No

20. If yes, how often? Once daily (fasting in the morning) Once daily (but not fasting) Twice daily Three times daily More than three times a day Answer not provided
21. What has the patient's fasting blood sugar numbers been over the past week? Less than 80 80-130 131-200 Over 200 Other Not checking fasting blood sugars
22. If other, explain: _____
23. Does the patient experience low blood sugars? Yes No Unknown
24. How many times in the past month has the patient had low blood sugar? _____
25. How does the patient feel when their blood sugar is too low? _____ Anxious Blurred Vision Confused Dizzy Hungry Shaky Sleepy Sweaty Weak Other
26. If other, specify: _____
27. Does the patient experience high blood sugars? Yes No Unknown
28. How many times in the past month has the patient had high blood sugar? _____
29. How does the patient feel when their blood sugar is too high? Frequent urination Very Thirsty Light Headed Headache Other
30. If other, specify _____
Provide patient education on blood sugar level goals
31. Has patient been taking their medicines as prescribed by their provider? Yes No Unknown
If no, escalate this case to a clinician
32. Does patient engage in regular physical activity, such as brisk walking (at least 30 min per day, most days of the week)? Yes No
If no, engage in conversation around behavior change and goal setting
33. Does the patient drink alcohol? Yes No No answer provided
34. If yes, does the patient feel they should cut down on their drinking? Yes No No answer provided
35. If yes, is the patient being treated for this? Yes No No answer provided
Provide education and engage in conversation around behavior change and goal setting
36. Does the patient smoke cigarettes or cigars? Yes No No answer provided
If yes, provide education and engage in conversation around behavior change and goal setting
37. If yes, is the patient interested in a Smoking Cessation Program? Yes No No answer provided
If yes, refer patient to smoking cessation program
38. In the last year has the patient had any diabetes education Yes No
39. If yes, what type of education? Dietitian Diabetes Education Nurse Care Coordinator Community Health Worker Other
40. If other, specify: _____
Provide patient with diabetes education or refer as appropriate
Diabetes Personal Action Plan
41. What does the patient want to work on in the next month related to diabetes? _____

CHW Diabetes Follow Up Outreach

1. Last A1c date _____
2. Last A1c value: _____
Order an A1c test through provider if the last A1c date was more than 6 months ago
3. Does the patient know their A1C Goal? Yes No
4. If yes, what is their stated goal? _____
Reinforce patient education on A1c goal
5. What has the majority of the patient's fasting blood sugar numbers been since the last follow-up? Less than 80 80-130 131-200 Over 200 Other Not checking fasting blood sugars
6. If other, explain _____
7. Has patient had any episodes of their blood sugar running too high or too low over the past month? Yes No
8. If yes, explain _____
9. If yes, did you escalate this case to a clinician? Yes No
Reinforce patient education on blood sugar level goals
10. Does the patient need any help with ordering supplies? Yes No Not Applicable
11. Has patient been taking their medicines as prescribed by their provider? Yes No Unknown
If no, escalate this case to a clinician
12. Last eye exam date _____
Assist patient in scheduling an eye appointment if last eye exam date was more than a year ago
13. Last dental appointment date _____
Assist patient in scheduling a dental appointment if last dental appointment date was more than a year ago
14. Last provider foot exam date _____
Consider scheduling primary care visit for diabetes follow-up and foot exam if last provider foot exam date was more than a year ago
15. Last flu vaccine date _____
If applicable schedule patient for the flu vaccine
16. Last pneumonia vaccine date _____
If applicable schedule patient for the pneumonia vaccine
17. Last PCP visit date _____
Schedule appointment with Primary Care Provider if last PCP visit date was more than 6 months ago
18. Does patient engage in regular physical activity, such as brisk walking (at least 30 min per day, most days of the week)? Yes No
If no, engage in conversation around behavior change and goal setting
19. Does the patient drink alcohol Yes No No answer provided
Provide education and engage in conversation around behavior change and goal setting
20. Does the patient smoke cigarettes or cigars? Yes No No answer provided

If yes, provide education and engage in conversation around behavior change and goal setting

21. Is the patient interested in information about how their diet affects their blood sugar? Yes No

If yes, provide education and engage in conversation around behavior change and goal setting

22. If yes, did you also refer the patient for more education? Yes No

Diabetes Personal Action Plan

23. What does the patient want to work on in the next month related to diabetes? _____

Italicized is not required

CHW Interventions for Diabetes

1. Review signs/symptoms hyper/hypoglycemia
2. Review A1c purpose and target
3. Review blood sugar goals
4. Review importance of screening for complications (retinopathy, neuropathy, dental issues) & set up referrals
5. Reinforce importance of medication compliance
6. Recommend physical activity (at least 30 minutes most days) if cleared by PCP & refer to exercise resources in the community
7. Provide smoking cessation resources
8. Review diabetes foot care
9. Referral for dietary education
10. Assist with obtaining glucose monitor
11. Teach how to use glucose monitor