

In one of my current roles as a nurse practitioner, I work in partnership with area skilled nursing facilities to manage their residents. One of the leading National Practice Problems prevalent in my patient population is diabetes mellitus. According to the Centers for Disease Control and Prevention (2024), the prevalence of diabetes in those 65 and older has reached 29.2%. Because this population is often the demographic seen in my facilities, it is a chronic issue we must frequently deal with. However, it can be challenging to manage due to high non-compliance rates, especially in older adults. Some of the risk factors for developing diabetes include smoking, physical inactivity, obesity, high cholesterol, and poor dietary habits, all of which seem to be present in our patient population. I often find that as people age and end up in nursing facilities, they may not keep up with their health like they did when they were younger, more physically active, had more motivation, or had more control over their diets. There is frequently a lack of concern regarding the long-term complications related to diabetes as a person reaches an advanced age. Often, this leads to a diabetes diagnosis that may not be taken seriously, leading to non-compliance.

Unfortunately, diabetes mellitus significantly impacts our patient's quality of life and safety while also having financial implications for both the organization and the patient. Our type two diabetic patients are often more challenging to manage due to the insidious damage being done over a more extended period with less frequent acute, frank complications than type one diabetics if they miss medication or don't properly manage their diet. Additionally, diabetes can cause secondary complications such as retinopathy, neuropathy, renal disease, cardiovascular disease, etc., that further reduce the patient's quality of life and the cost of medical care. Parker et al. (2023) report that people above the age of 65 with diabetes spend roughly double on per capita annual healthcare expenditures than any other age group. They also report that in 2022, the total estimated cost of diabetes care and management in the United States was \$412.9 billion, including \$306.6 billion in direct medical costs and \$106.3 billion in indirect costs. These numbers alone for our patient population raise serious concerns, along with the impact diabetes has on each individual's health and well-being.

Implementing technology such as an electronic medical record (EHR) can greatly assist in implementing, evaluating, and sustaining an evidence-based solution to diabetes management in skilled nursing facilities. EHRs offer the ability to share real-time data and give a historically accurate representation of care, leading to improved patient health outcomes, continuity of care, and