



The REMIT-2-D Project (Stage 2) : In-Hospital Intervention for Patients with Type 2 Diabetes

What is the challenge?

In Australia, type 2 diabetes (T2D) is the fastest growing chronic condition, with prevalence tripling over 25 years (1990-2015). Indigenous Australian adults are four times as likely to have T2D as non-Indigenous adults. In 2016, T2D was the seventh leading cause of death in Australia with a total annual cost impact estimated at \$14.6 billion. Both T2D and the potentially serious complications are preventable.

South Australia (SA) has the highest percentage of population with T2D in Australia affecting over 106,000 people (6% of the SA population). T2D is most prevalent in Adelaide's north, is strongly associated with social disadvantage, lower health literacy, and among people with a lower sense of mastery over their lives. The northern suburbs also have the highest rates of potentially avoidable hospitalisations in SA and 25% of people with T2D in SA are re-admitted to hospital within 30 days, especially if they have a cardiac condition.

About this research translation project

This project is the second stage of the "Reducing Morbidity Mortality and Costs by Initiation of a novel In-Hospital Intervention for Patients with T2D (REMIT-2-D)" project which focused on the design and development of an in-hospital intervention for people admitted to hospital, and who are found to have T2D. Specifically we will conduct a pilot project to implement, evaluate and optimise the in-hospital intervention for people admitted to the Lyell McEwin Hospital with a cardiac condition and found to also have type 2TD.

The aim is to achieve an intervention that is culturally appropriate and tailored to improve disease specific health literacy and foster self-management skills with support where possible from significant others. These elements together with a focus on psychosocial barriers and facilitators and establishment of appropriate community linkages aim to create

a responsive, person-centered system of care which involves clinicians, primary care providers and community services working with each other, and with people with T2D to ensure coordinated, effective, efficient and culturally appropriate patient care that reflects the whole of a person's health needs.

What will be the impact?

We anticipate improvements in:

- control of blood glucose
- prevention, or reduction in the impact, of diabetes related and other concomitant co-morbidities
- avoidance of re-admission
- improved quality of life
- reduced direct and indirect health care costs

Project contact details

Project Title Initiation of a Novel In-Hospital Intervention for Patients with Type 2 Diabetes: REMIT-2-D Project (Stage 2)

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