

Diabetes, Obesity & Nutrition

Strategic Clinical Network

Transformational Roadmap Summary

All Albertans have access to services and supports that optimize their nutritional status, prevent or reduce the risk of diabetes, obesity, and malnutrition, and enable those living with these chronic diseases to be healthy and well.

Improve the safety & experience of our people

Improve financial health & value for money

Improve patients' & families' experiences

Improve patient & population health outcomes

Alberta Today

Diabetes

300,000 (7.5%) Albertans have diabetes
(Up 60% since 2000)

33% of patients with diabetes experience hypoglycemia in the hospital

70% of non-traumatic lower limb amputations are caused by diabetes

85% of these amputations are preventable

Obesity

2.5 million (60%) of Albertans are overweight or obese

3x risk for diabetes, high blood pressure, & CHF
2x risk for arthritis & sleep apnea

Obesity is the leading cause of loss of life & costs the healthcare system
\$4.5 billion per year

Malnutrition

51% of seniors in homecare/supported living & **31%** of seniors in the community are malnourished

1 in 5 malnourished patients are readmitted to the hospital within 1-month of discharge

Strategic Domains



Prevent the onset & progression of Diabetes, Obesity, & Malnutrition



Empower patients & providers to better manage Diabetes, Obesity, & Malnutrition to live well & long



Transform the Health Care System through Research, Surveillance & Partnerships

Priorities

Standardize diabetic foot care

Create a diabetes surveillance system



Improve glycemic management of people with diabetes in hospitals

Develop bariatric friendly care hospital guidelines & standards

Implement a new community model of care for obesity management

Develop a malnutrition strategy with AHS Nutrition & Food Services

Study the impacts of malnutrition & barriers to a healthy diet

Partner with:
SCNs & PCNs
Patient & Family Advisors
Researchers
Policy Makers
Industry



Alberta Tomorrow

Diabetic foot care screening rates will increase in primary care

Patient satisfaction & experience in hospitals will improve



More malnourished seniors will be identified & treated across care settings

Higher satisfaction & better experience for patients with diabetes & obesity in hospitals

Length of Stay in hospitals will be reduced for patients on insulin & patients with obesity

Prevalence of diabetic foot ulcers & lower limb amputations will decrease

Hospital staff injuries will decrease