Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Methods: A retrospective health records audit comparing LOS and readmission rates in hospitalizations between people with diabetes with or without a diabetes CPL consult from July 2017 to August 2021.

Results: The average LOS for inpatients with a diabetes CPL consult was shorter by 4.3 days and the average LOS decreased every year since introducing this role (see Figure 1). Readmission rates were less for inpatients with diabetes CPL involvement (see Figure 2).

Conclusion: Incorporating an inpatient diabetes CPL to implement initiatives across the organization reduced LOS and readmission rates for people living with diabetes. This innovative role enhances diabetes management support.

Figure 1: Average LOS for hospitalization with diabetes

Figure 2: Readmission rate for hospitalizations with diabetes

34
Exploring the Effects of Tailored Phone Call Diabetes Self-management Education Interventions During COVID-19 Pandemic
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Objectives: Limited evidence is available for the effectiveness of delivering virtual care during the COVID-19 pandemic. This study aimed to explore the effects of delivering tailored phone call diabetes self-management education (DSME) interventions for people with diabetes during the COVID-19 pandemic.

Methods: A one-group repeated measures design was used. The tailored phone call DSME interventions, given over 1 year, consisted of a comprehensive initial session with nutrition, exercise, self-monitoring of blood glucose, blood pressure (BP) and diabetes medications, and then provided tailored booster sessions based on patients’ needs. One hundred and thirty-six eligible consenting patients completed the study (gender: male, 79; female, 57; age: 62.4±13.5 years; diabetes duration: 14.1±9.7 years). The outcomes were assessed at pre-test, at 6 months and at 1-year follow-up. Chi-square and t tests were used to examine changes in outcomes over time.

Results: The findings provided initial evidence suggesting the tailored phone call DSME interventions were effective in patients with diabetes. The results indicated patients’ metabolic parameters, including fasting blood glucose (FBG), glycated hemoglobin (HbA1c), BP, triglycerides and low-density lipoprotein (LDL) cholesterol, significantly decreased at 6-month and 1-year follow-ups after delivering the tailored phone call DSME interventions (all \(p<0.05\)). Patients’ diabetes self-management behaviours, including self-report diet, exercise, self-monitoring of blood glucose, BP and medications adherence, significantly improved at 6-month and 1-year follow-ups after delivering the tailored phone call DSME interventions (all \(p<0.05\)).

Conclusions: The findings support that the implementation of tailored phone call DSME interventions was effective in improving diabetes metabolic parameters and self-management behaviours during the COVID-19 pandemic.

35
Using a Provincial EMR Program to Increase Guideline Utilization in Diabetes
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Purpose of the study: eDOCSNL (Newfoundland) is implementing a guidelines-based set of electronic medical record (EMR) tools for documentation and practice management. We will examine how an intuitive EMR tool set can influence guidelines-based practice and improve patient outcomes.

Methods: eDOCSNL has created a standardized set of diabetes tools for use in primary care and diabetes collaboratives in Newfoundland. To support this implementation, we developed a project and change plan to encourage adoption of the tools, including personal visits by eDOCSNL staff, as well as an accredited physician continuing medical education (CME) program highlighting both the guidelines and application of the tool set. The tools include clinical decision support (CDS) and efficiency measures to make the implementation of guidelines-based care in practice simple and intuitive.

Results: The tool set has been deployed to multiple physician practices and diabetes collaboratives across the province. Early feedback from the pilot group and CME evaluation surveys was positive, with all respondents having their knowledge of both guidelines and the solution enhanced by the initiative.

Conclusion: An individualized approach in diabetes management is pressing given the impact on patient outcomes and health system utilization in Newfoundland. Diabetes treatment is complex and EMR users in the province are not leveraging the CDS features of the EMR for chronic disease management. Family physicians in Newfoundland have responded positively to the provision of tools and education provided by eDOCSNL. Future evaluation will focus on impact on patient outcomes from the use of the tools.

36
Changes to Diabetes Screening During the Early Waves of the COVID-19 Pandemic
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The COVID-19 pandemic has presented significant challenges to health-care systems and economies. The combined effects of lockdown measures, stress, financial hardships, social isolation and disruptions in health care may affect both the risk of type 2 diabetes and the propensity for people to undergo screening. We used administrative health databases to examine whether diabetes screening patterns among adults (≥20 years) were impacted during the pandemic (March 2020 to March 2021), compared to periods prior (March 2016 to February 2020) in Ontario, Canada. The eligible population was 9,353,712 in March 2016 and 9,939,409 in