



BEST PRACTICES FOR INTEGRATING DIABETES CARE AND MANAGING CVD RISK IN A HEALTH SYSTEM

DECEMBER 17, 2020
12PM – 1PM CDT



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Leading organizations collaborate on new initiative to combat growing diabetes and cardiovascular disease threat.



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TARGET: TYPE 2 DIABETESSM

Target: Type 2 Diabetes

A Spotlight on Type 2 DiabetesSM and Get
With The Guidelines®



AHA DISCLOSURES

- AHA DOES NOT ENDORSE ANY PRODUCTS OR DEVICES
- THE FOLLOWING CONTENT REFLECTS THESE HOSPITALS' BEST PRACTICES



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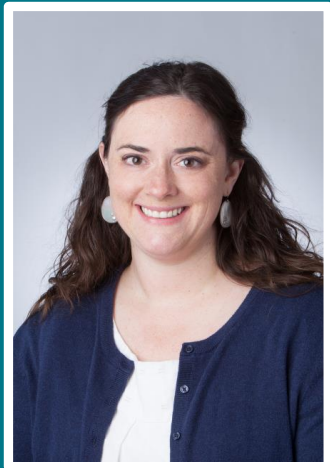
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CARE INTEGRATION IN A COMMUNITY HOSPITAL



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STROKE NURSE COORDINATOR

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CLINICAL DIABETES EDUCATOR





DISCLOSURES

- NONE

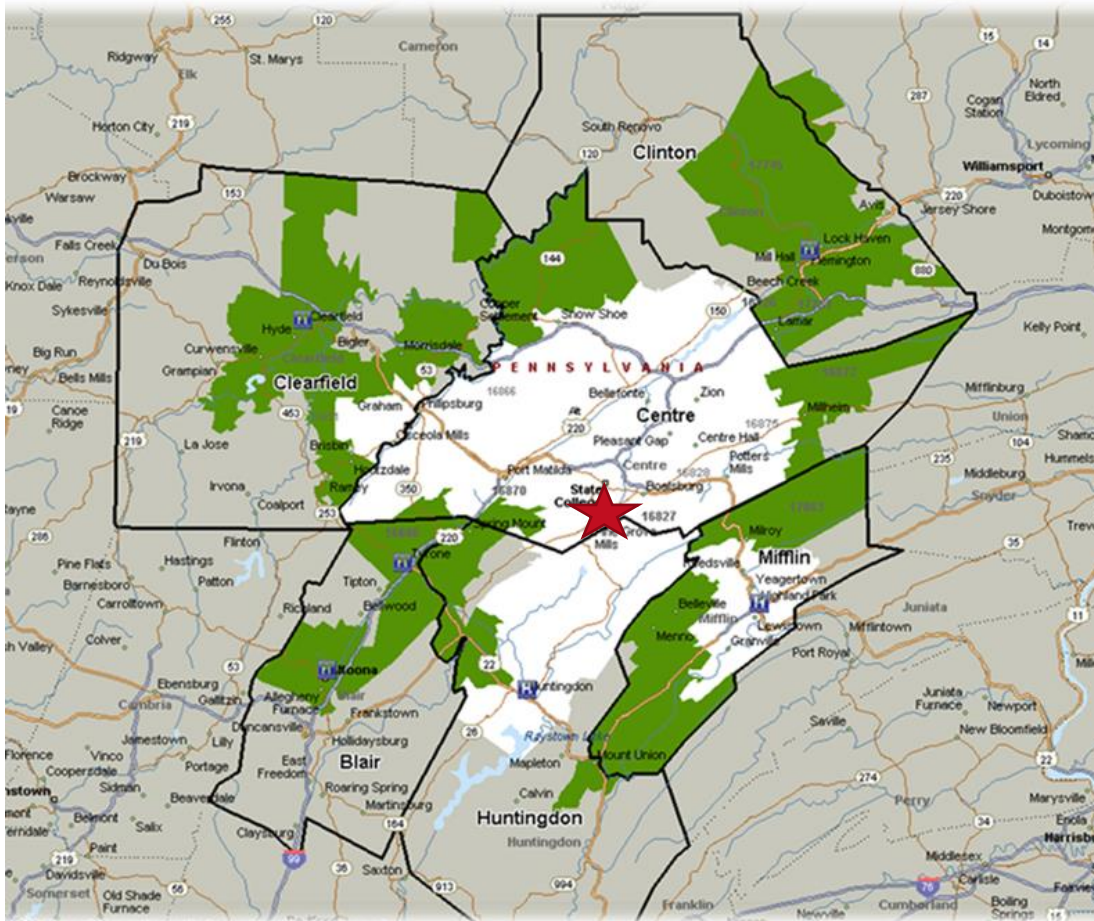
MOUNT NITTANY MEDICAL CENTER

- 260-bed community hospital in central Pennsylvania
- Primary Stroke Center certification in 2014 with successful recertifications
- 2020 Get With The Guidelines® Gold Plus, Target: Stroke Honor Roll Elite, Target: Type 2 Diabetes Honor Roll





DEMOGRAPHICS AND POPULATION



- 60,000+ University Students
- Retirement Destination
- Urban and Rural Areas
- 2019:
 - 55,167 ED visits
 - 457 stroke discharges

WHY FOCUS ON DIABETES CARE?

- Extensive research has shown that diabetes is associated with WORSE OUTCOMES in hospitalized patients
- Diabetes is a co-diagnosis* at Mount Nittany Medical Center (MNMC) for:
 - 20% of all inpatients
 - 38% of patients with stroke
- People who have diabetes are at a 1.5 times greater risk of having a stroke as compared to people without diabetes
- Post-stroke outcomes are poorer in patients with uncontrolled glucose levels

INPATIENT DIABETES CARE PROGRAM

- Initial certification in 2014 with successful recertifications
- Requires that we demonstrate our excellence and expertise in providing quality diabetes care and education to our patients
- To meet this requirement,
 - Commitment to helping patients achieve the best diabetes care
 - Follow American Diabetes Association (ADA) clinical practice guidelines
 - Understand and follow all diabetes policies, protocols, and procedures
 - Daily patient education on diabetes self-management survival skills
 - Diabetes care plan for ALL patients with diabetes (regardless of dx)
 - Discharge planning
 - Data collection
 - Continuing and up to date diabetes education to ALL staff

CDCES CARE AND SERVICE PLAN

Patients identified by:

- Consults
- Nursing admission screening
- Admitting diagnosis list
- Hemoglobin A1c list
- Blood sugar list
- Other patients as time allows





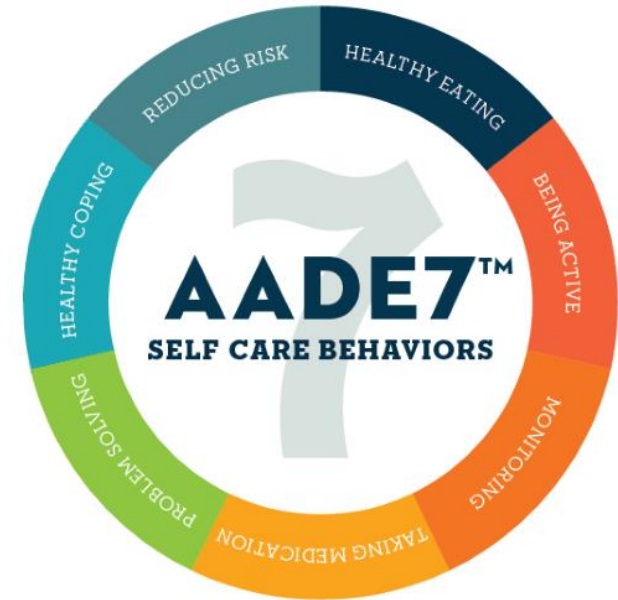
RN ADMISSION ASSESSMENT

Do You Check Your Blood Sugar	<input type="radio"/> Yes <input type="radio"/> No
	- If patient answers NO, Provide/add education "Blood Sugar Check" available in the Discharge Plan in the Krames/Other Patient Handout Section.
Do You know What to do for Low Blood Sugar	<input type="radio"/> Yes <input type="radio"/> No
	*If patient answers NO, provide/add education "Hypoglycemia" available under the patient instructions in the Discharge Plan in the Krames/Other Patient Handouts section
Do You know What to do for High Blood Sugar	<input type="radio"/> Yes <input type="radio"/> No
	*High blood sugar is greater than 250. *If patient answers NO, provide/add education "Hyperglycemia" available in the Discharge Plan in the Krames/Other Patient Handouts section
Identified Education Needs	<input type="checkbox"/> None <input type="checkbox"/> Insulin Pump Use <input type="checkbox"/> BS >200 Freq for 2-3 Mos <input type="checkbox"/> Patient Requests Dietitian Consult <input type="checkbox"/> New Dx < 6 Mos <input type="checkbox"/> Patient Request Diabetic Educator Consult <input type="checkbox"/> Difficulty Managing DM <input type="checkbox"/> Other Needs Identified - Describe in Comment
Identified Diabetes Education Needs Comment	
Diabetes Education Packet	<input type="radio"/> Offered & Accepted <input type="radio"/> Received Packet Previous Admission <input type="radio"/> Offered & Declined



CDCES VISITS

- INITIAL ASSESSMENT
- BASIC EDUCATION
- EDUCATION FOLLOW-UP AS NEEDED
- CARE COORDINATION
- POST-DISCHARGE FOLLOW-UP



PHARMACY GLYCEMIC CONTROL

- Providers can consult pharmacy to write orders and adjust insulin on any patient to improve glucose control
- Glycemic control pharmacist provides recommendations to help improve blood glucose levels for all patients in the ICU
- Glycemic control pharmacist can assist with appropriate discharge orders as needed for consulted patients
- Glycemic control pharmacist is a resource for nursing staff for any glycemic issues



INITIAL STEPS FOR INTEGRATION

- Collaboration with Inpatient Diabetes Team
- Sharing of data
 - Number of discharges with a stroke diagnosis
 - Number of patients with stroke and type 2 diabetes
 - Trends in stroke and type 2 diabetes
- Review of Get With The Guidelines® requirements



STROKE EDUCATION

All patients receive the Stroke Education packet if the stroke order set was used

- 2019: Order set used for 1,012 patients
- Also built into the nursing worklist

STROKE DISCHARGE TEMPLATE

Attending Provider Instructions:

Risk Factors for Stroke:

You can reduce your chances of stroke by working with your medical provider to adopt a healthy lifestyle. Some specific ways to lower your chance of stroke are:

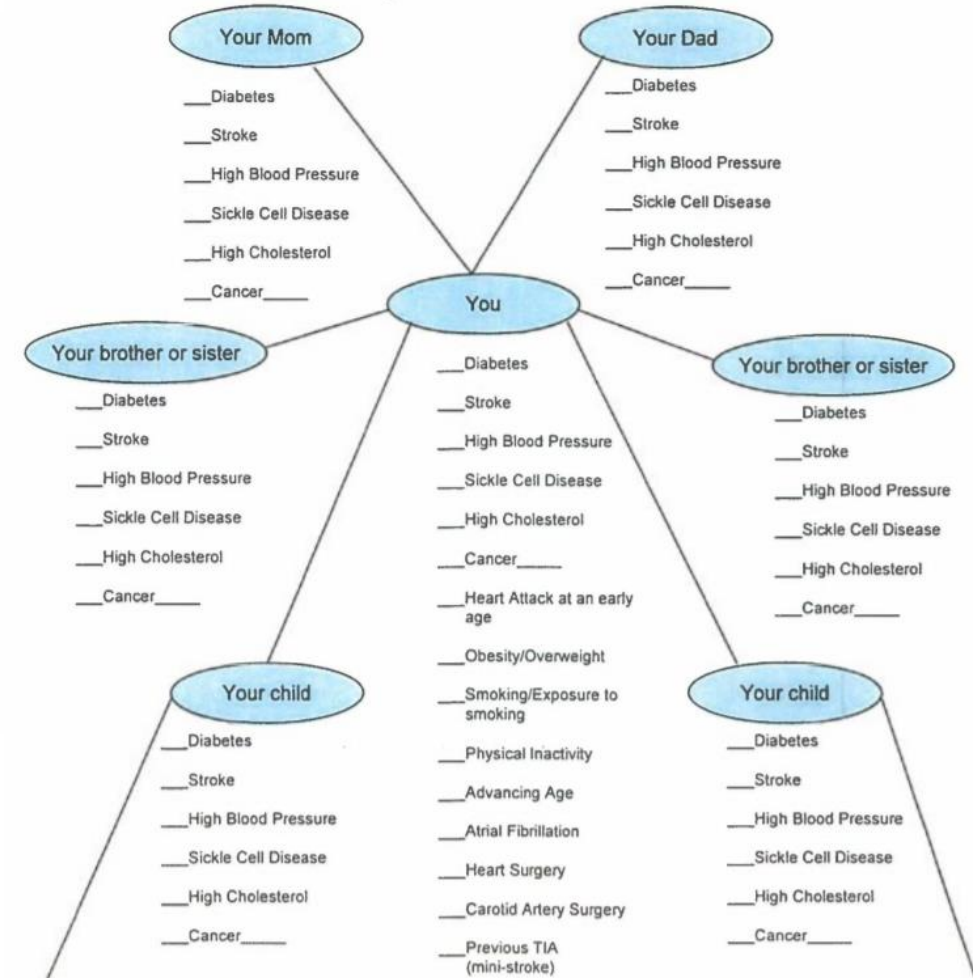
- If you are a smoker, now is the time to stop smoking cigarettes
- If you are diabetic, improve the control of your blood sugars
- Avoid excessive amounts of alcohol
- Control high blood pressure
- Lose weight if you are overweight
- Be sure to lead an active lifestyle
- Eat a healthy diet low in salt, cholesterol and fat

Stroke Risk Factors

Once you've had a stroke, you're at greater risk for another one. Listed below are some other factors that can increase your risk for another stroke:

- High blood pressure
- High blood cholesterol
- Cigarette or cigar smoking
- Diabetes
- Carotid or other artery disease
- Atrial fibrillation, atrial flutter, or other heart disease
- Physical inactivity
- Obesity
- Certain blood disorders (such as sickle cell anemia)
- Excessive alcohol use
- Abuse of illegal drugs
- Race
- Gender
- Diet high in salty, fried, or greasy foods

Your Family Stroke Risk Assessment





Stroke: Taking Medications

Your doctor has given you medications to reduce the risk of a stroke. But they won't help unless you take them as prescribed. This sheet explains why and how to take your medications.

How Your Medications Help You

- They make you feel better so you can do more things you enjoy.
- They keep your blood from clotting, which helps to prevent stroke.

Types of Medications

Many types of medications can help prevent stroke. You may be prescribed one or more of the following:

- **Anticoagulant** (“blood thinning”) **medications** help prevent blood clots from forming. If you take a blood thinner, you may need regular blood tests.
- **Antiplatelets**, such as aspirin, are prescribed for many stroke patients. They make blood clots less likely to form.
- **Blood pressure medications** help lower high blood pressure. In most cases, you'll need to take several types of medications.
- **Cholesterol-lowering drugs** make plaque less likely to build up in your artery walls.
- **Heart medications** can treat certain heart problems that increase your risk of stroke.
- **Diabetes medications** adjust blood sugar levels. This can prevent problems that lead to stroke.



Be sure to refill prescriptions before they run out.



American Heart Association.

Preventing Recurrent Stroke: Eating Healthy

Eating healthy foods helps lower cholesterol levels and reduce plaque buildup in arteries. It can also help you lose weight and keep high blood pressure under control. Eating better doesn't mean going on a special diet, though. Instead, the idea is to eat more vegetables and fruits while limiting fat and salt.



<p>Meats</p> <p>Instead of:</p> <ul style="list-style-type: none"> • Beef and other red meats • Hamburger • Processed lunch meats <p>Try:</p> <ul style="list-style-type: none"> • Fish, skinless chicken, or tofu • Ground turkey • Chicken or turkey breast slices 	<p>Sweets and Snacks</p> <p>Instead of:</p> <ul style="list-style-type: none"> • Soda pop • Chips and other salty snacks • Donuts and croissants <p>Try:</p> <ul style="list-style-type: none"> • Water or diet soda • Nuts, seeds, air-popped popcorn • Fresh fruit, whole-grain raisin bread
<p>Grains</p> <p>Instead of:</p> <ul style="list-style-type: none"> • White bread • White rice • Regular pasta or noodles • White potatoes <p>Try:</p> <ul style="list-style-type: none"> • Whole-grain bread • Brown rice • Whole-grain pasta or noodles • Sweet potatoes 	<p>Dairy</p> <p>Instead of:</p> <ul style="list-style-type: none"> • Whole milk • Regular cheese and mayonnaise • Ice cream • Butter <p>Try:</p> <ul style="list-style-type: none"> • 1% or skim milk • Low-fat cheese and mayonnaise • Low-fat yogurt • Olive or canola oil



Manage Other Health Problems

Strokes are often closely related to certain health problems. These include high blood pressure, heart disease, and diabetes. If you have any of these conditions, it's more important than ever to keep them under control. Do this by taking any prescribed medications and having regular checkups. Keep in mind, too, that the same healthy lifestyle choices that prevent stroke will also help control these health problems.

Lifestyle Changes

- Take your medications exactly as directed. Don't skip doses.
- Change your diet if your doctor tells you to. Your doctor may suggest that you cut back on salt. If so, here are some tips:
 - Limit canned, dried, packaged, and fast foods. These tend to be high in salt.
 - When you cook, season foods with herbs instead of salt.
 - Don't add salt to your food at the table.
- Begin an exercise program. Ask your doctor how to get started. You can benefit from simple activities such as walking or gardening.
- Have no more than 2 alcoholic drinks a day.
- Know your cholesterol level. Follow your doctor's recommendations about how to keep cholesterol under control.
- If you are a smoker, break the smoking habit. Enroll in a stop-smoking program to improve your chances of success. Ask your doctor about medications or other methods to help you quit.

FUTURE PLANS

- Establish regular meetings between Diabetes Program and Stroke Program
 - Set goals
 - Share data
- Review discharge template and stroke education
- Explore methods to capture post-discharge information
- Explore partnerships with community education



THANK YOU

BEST PRACTICES FOR INTEGRATING DIABETES CARE IN THE HOSPITAL

MELODY HALIO, RN, BSN, SCRNP, CCRN-K
NURSE NAVIGATOR, STROKE AND DIABETES PROGRAMS

HENRY MAYO NEWHALL HOSPITAL
VALENCIA, CA





DISCLOSURES

NONE

HENRY MAYO NEWHALL HOSPITAL VALENCIA, CA

- 357-bed, not-for-profit community hospital and trauma center
- The hospital offers a wide range of services:

Acute rehab unit

Advanced primary stroke center

Spine and joint program

Breast health center

Lactation support and childbirth
education programs

Cardiovascular services

Outpatient wound care services

Physical and occupational therapies

Community education center

Inpatient and outpatient surgical
services

- Affiliated medical staff is comprised of physicians whose expertise ranges across more than 71 specialties and subspecialties.



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HENRY MAYO NEWHALL HOSPITAL DIABETES PROGRAM

- The Diabetes Program was started in 2015 after identifying need for more comprehensive diabetes care within the facility.
- Originally constructed to have a Nurse Navigator overseeing the program and doing patient education, and a Registered Dietitian who was also Certified Diabetes Educator (CDE) to assist with the patient education portion.

HENRY MAYO NEWHALL HOSPITAL DIABETES PROGRAM

STRUCTURE AND CHANGES:

- Full time Nurse Navigator oversees the program
- Two dietitians/CDEs support patient education
- CDE is available Mon-Sat, 8 hours a day for any organizational diabetes needs
- Nurse Navigator position was changed in 2018, not only to oversee the Diabetes Program, but also to include the oversight of the Stroke Program
- Challenges and impact for patients with cardiovascular disease, stroke and diabetes



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HENRY MAYO NEWHALL HOSPITAL DIABETES PROGRAM



From left to right: Kathleen Wall RD, CDE Diabetes Educator, Yanique Beersingh RN, BSN, CCRN Clinical Nurse Manager of Critical Care Services, Stroke Program and Diabetes Program, Jennifer Fitzpatrick MSN, RN, CCRN, NEA-BC Service Line Director of Critical Care Services, Respiratory Services and Cardiovascular Services, Melody Halio, RN, BSN, SCRN, CCRN-K Nurse Navigator of the Stroke and Diabetes Programs, Yvonne Toro-Miranda, RN, MSN, CDE Diabetes Educator

HENRY MAYO NEWHALL HOSPITAL DIABETES PROGRAM

The goal of the diabetes program at Henry Mayo Newhall Hospital is to provide comprehensive education and disease management to those with any form of diabetes including insulin and non-insulin dependent diabetes, pre-diabetes, gestational diabetes, and those with complications related to diabetes.

HENRY MAYO NEWHALL HOSPITAL DIABETES PROGRAM

- In order to identify the patients who can benefit from diabetes education or follow-up, a referral process was created
- Any doctor, nurse, or dietitian could put in a referral if they saw a need
- This was very successful for the first few years, and allowed the CDEs and Nurse Navigator to capture those patients who could use assistance

HENRY MAYO NEWHALL HOSPITAL DIABETES PROGRAM

- The role of the CDE has evolved from not just patient education but assisting with discharge planning
- Identifying discharge needs:
 - New potential discharge medications
 - Need for insulin teaching
 - Glucose monitors
 - Insurance barriers
- Insurance coverage for medications
- Coordination with patient, physician, and case manager to ensure a **safe** and **reasonable** discharge plan

PRACTICE CHANGES

KEY AREAS IDENTIFIED FOR PERFORMANCE IMPROVEMENT:

1. Follow-up care and education post discharge
2. More robust referral process
3. Need for an interdisciplinary approach to diabetes care
4. Nurse-driven accountability in the care of diabetes patients
5. Standardized evidence-based insulin dosing



FOLLOW-UP CARE AND EDUCATION POST DISCHARGE

COMMUNITY EDUCATION PROGRAM

- Free community education program in-person or virtually to address the issue of follow-up and education post-discharge (*all are currently done virtually due to COVID-19*)
- Community education staff and in-patient CDEs have a collaborative process to identify, follow-up, and register patients who may benefit from the classes
- Nutrition classes taught by Registered Dietitians who are also CDEs
- Year long Diabetes Prevention Program for those whose HgA1C is between 5.7-6.4 has been nationally recognized for its success
- The Community Education staff works with the patient's insurance company to get the cost of the program covered
- Class list is automatically added to discharge papers

COMMUNITY EDUCATION PROGRAM

- Diabetes self-management education class for those already diagnosed with diabetes
- Gestational Diabetes class to support the mothers struggling with GD



FREE - Community Education

24525 Town Center Drive, Valencia, CA 91355

Body in Motion

- Foot and Ankle Pain
- Healthy Hands
- Improving Balance and Preventing Falls
- Lymphedema and Edema Education
- Neck and Back Education
- Pelvic Floor
- Understanding Pain
- Why Are You Dizzy?

Brain Health

- Nutrition to Boost Your Brain
- Parkinson's Education Series
- Managing Symptoms of Parkinson's with Alexander

Lung Health

- COPD Education
- Pneumonia: Prevention, Treatment, and Recovery
- So You Have Asthma!

Nutrition for the Active Life

- Fueling for Fitness
- Nutrition for Endurance

Nutrition for Chronic Disease

- Nutrition During Cancer Treatment
- Nutrition and Inflammation
- Nutrition and Wound Healing
- Nutrition for Digestive Disorders



Acrobat
Document

COMMUNITY EDUCATION PROGRAM

- Not only are educational classes offered, but more recently a need for a support groups related to diabetes was identified
- In 2019 the “**Type ONE-derful**” **Support Group** was created for type 1 patients and family members to be able to talk and relate to others going through similar processes
- The program is currently working on starting a type 2 support group as well

COMMUNITY EDUCATION PROGRAM: SUMMARY

A robust community outreach and education process has helped the process of follow-up after discharge and has helped address the knowledge deficit which is a common theme in patients with diabetes



REFERRAL PROCESS

REFERRAL PROCESS

- Gaps in current process
- Conditions List
 - The list for diabetes was created to capture all patients with keywords (or lab values or medications) that would indicate a need for diabetes education or at least chart review
 - Those keywords included diabetes, DKA, A1C>7, hyperglycemia, any lab value with glucose over 300mg/dL, any ordered insulin, etc.
 - As part of their routine, the CDEs perform a check using this report to ensure all appropriate patients are being referred for diabetes education



INTERDISCIPLINARY APPROACH TO DIABETES CARE

DIABETES STEERING COMMITTEE

Identified need for a collaborative, interdisciplinary approach to diabetes care

Diabetes nurse
navigator

CDE

Diabetes
program
manager and
director

Endocrinologists

Clinical nurse
managers for
nursing units

Dietitians

Attending
Physicians

Pharmacy
Representative

Medication
Safety Officer

Chief Nursing
Officer

DIABETES STEERING COMMITTEE

SUCCESS IN DRIVING PRACTICE CHANGES

- Policy Revisions
- Reduction in medication-induced hypoglycemia hospital-wide
- Insulin administration practice changes
- Many more that have had a continued positive effect on patient care

DIABETES STEERING COMMITTEE: PROJECT HIGHLIGHTS

- Revised Critical Care Insulin Drip process and monitoring
- New Insulin Pump Policy, waiver, and nursing process
- New DKA protocol to better address the needs of these critically ill patients, and make it easier for nursing to monitor and treat appropriately
- Revised insulin administration policy, which is still in the hospital approval process, but it more comprehensively addresses the practices around insulin administration and patient safety with this high-risk medication

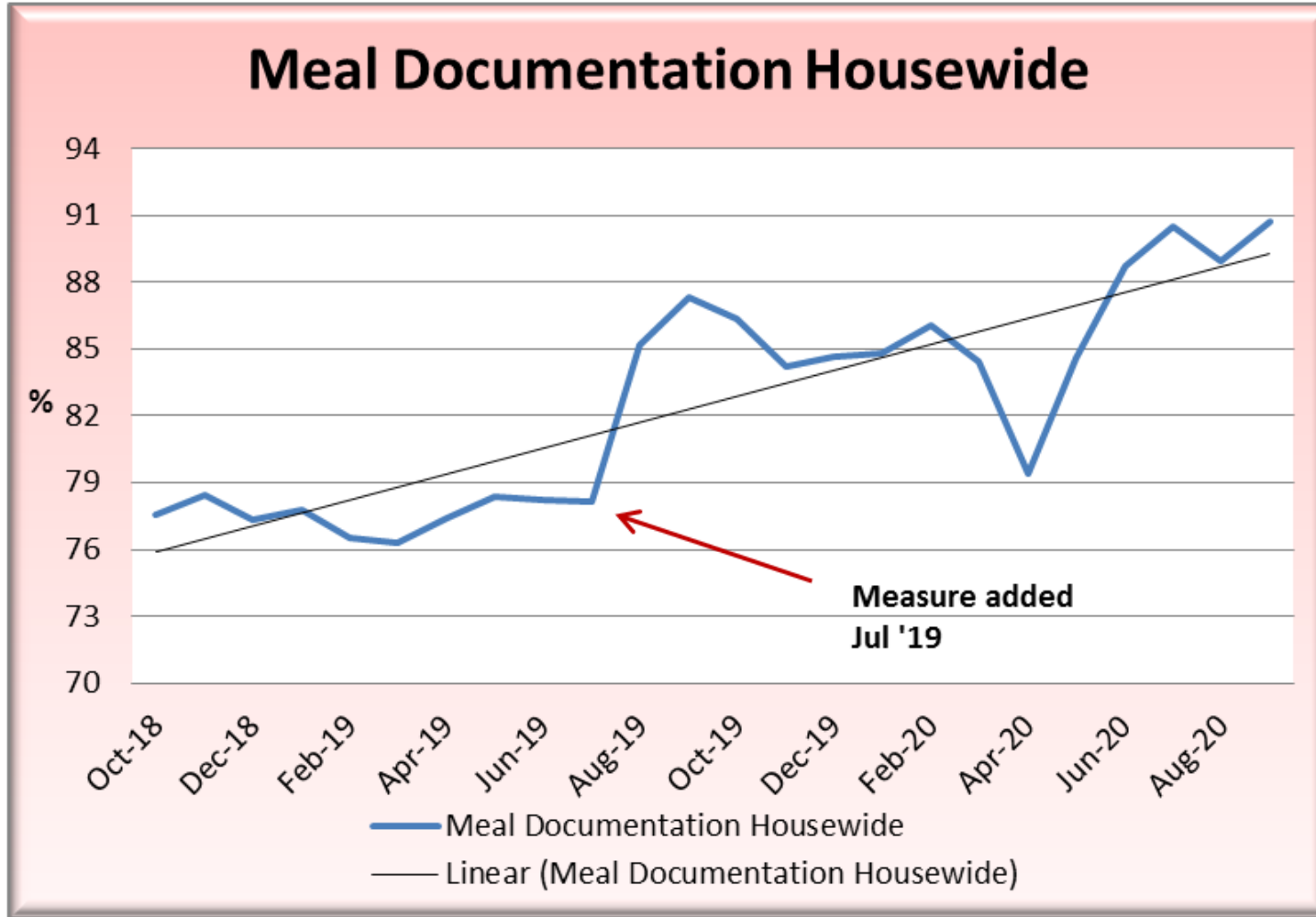


NURSE-DRIVEN ACCOUNTABILITY IN THE CARE OF DIABETES PATIENTS

NURSING PERFORMANCE IMPROVEMENTS

DRIVE DIABETES CARE FROM THE BEDSIDE NURSING LEVEL (FROM THE “GROUND UP”):

- Insulin administration, meal-times, general care of patients with diabetes
 - ✓ Better meal-time documentation to help guide physicians in dosing insulin and glycemic agents
 - ✓ Changing the meal tray lid color to give nurses the ability to ensure blood glucose checks prior to the patient eating
- Nursing education and engagement were focused on to improve critical thinking at the bedside resulting in quality care for our patient population



FY19: 78.9%

FY20: 86.0%

Improved by 7%!

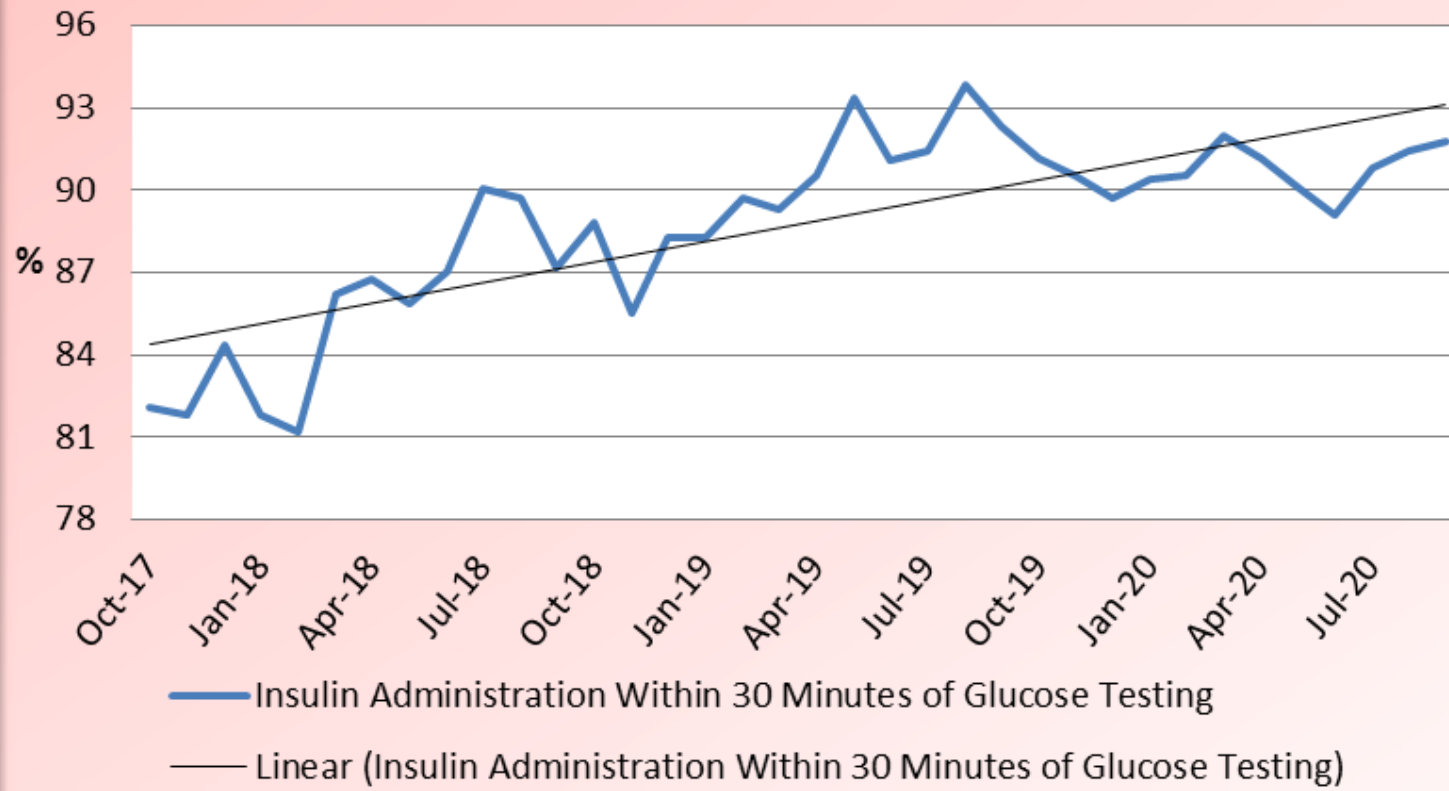
NURSING PERFORMANCE IMPROVEMENTS

OTHER PROCESS IMPROVEMENTS MADE IN NURSING CARE INCLUDE:

- Ensuring all insulin is administered with a recent blood glucose check within 30 minutes of the insulin being given
- Streamlining and tracking the treatment and documentation of any hypoglycemic event
- Nursing engagement through staff meeting presentations, pizza parties for best performance in process improvement projects, and unit-based Diabetes Champions



Insulin Administration Within 30 Minutes of Glucose Testing



FY18: 85.2%

FY19: 90.2%

FY20: 90.7%



STANDARDIZED EVIDENCE-BASED INSULIN DOSING

STANDARDIZED INSULIN DOSING

- The diabetes team also focused on the dosing practices of diabetes medications, particularly insulin dosing
- Hospital had a relatively high percentage of medication-induced hypoglycemia and no standardized evidence-based dosing when dosing insulin or oral hypoglycemics

STANDARDIZED INSULIN DOSING

- Order set created August 2018
- Suggested insulin dosing based on the most up to date evidence
- Nursing orders for glucose checks and hypoglycemic events
- Pre-checked order for D50 and glucagon if needed to eliminate any delay of treatment for hypoglycemia
- Standardized sliding scales based on the total daily insulin requirements of the patient

STANDARDIZED INSULIN DOSING

INSIGHTS:

- After rolling out this project, the team realized that many physicians were not always utilizing the order set, and so continued education and feedback to the physicians was implemented
- The insulin order set is now well established and is being utilized ~ 97% of the time among admitting/attending physicians



Insulin Order Set

LAB

NOTE: Result may be inaccurate if patient has had recent blood transfusion

HEMOGLOBIN A1C (LAB)
Today Now Edit
Add. Info Add onto blood in lab; Cancel test if result on file w/in 90 days

CONSULTS AND REFERRALS

PHARMACIST TO DOSE order will reflex the medication notification for Pharmacy. Please DO NOT Uncheck.

Pharmacist To Dose - General (PHATODOSE)
Today Now Edit

Referral: Diabetes Educator (CONS)
Today Now *Edit*

NURSING

Nursing Order: Other (NUR)
Today Now Edit
Add. Info If pt is NPO and not on IV Fluids containing Dextrose, contact attendin...

BEDSIDE BLOOD GLUCOSE, POC (Point-Of-Care)

Bedside Blood Glucose POC ** (NURINT)
Today Now BEFORE MEALS AND AT BEDTIME

SUPPLEMENTAL TEXT: Edit

- Give snack if blood glucose less than 100 mg/dL
- Change frequency to Q6H if patient becomes NPO
- Change frequency back to AC & HS when patient resumes PO intake
- RN to notify Pharmacy to change Insulin administration frequency

BASAL INSULIN (long acting dose)

CONSIDER 25-50% REDUCTION OF TOTAL HOME DOSE OF BASAL INSULIN TO HELP PREVENT HYPOGLYCEMIA.

- Insulin Naive for Type I (0.1 units/kg of Insulin)
- Insulin Naive for Type II (0.2 units/kg of Insulin)

Insulin Glargine (Lantus)
UNIT SC hs@21

DOSE INSTRUCTIONS: *Edit*
Do not hold without notifying MD.

COMMENTS:
HIGH ALERT DRUG RCRA





CORRECTION AC DOSE INSULIN (sliding scale)

****Note: The Correction Dose may be added to the Bolus Dose (Meal Time) based on the patient's blood glucose.**

Please choose ONE Correction AC Dose.
 =====
 Selection Guidelines:

MILD Scale - Insulin Total Daily Dose Less than 40

MODERATE Scale - Insulin Total Daily Dose 40 to 80

RESISTANT Scale - Insulin Total Daily Dose Greater than 80

MILD HUMALOG AC PROTOCOL
Per Protocol UNIT SC ac - Protocol

DOSE INSTRUCTIONS:
Do not hold if NPO

COMMENTS:
HIGH ALERT DRUG RCRA
Call pharmacist to change frequency to Q6H if NPO or not eating meals.
When meals resume, call pharmacist to change back to original frequency.

Edit

PROTOCOL:

Condition	Dose/Route	Instructions
****LEVEL IN mg/...	****MILD****	
Blood Glucose 151...	1 Unit	
Blood Glucose 201...	2 Units	
Blood Glucose 251...	3 Units	
Blood Glucose 301...	4 Units	
Blood Glucose 351...	5 Units	
Blood Glucose > 400	6 Units and call MD	Call MD

CONCENTRATION: 100 UNITS = 1 ML

MODERATE HUMALOG AC PROTOCOL

CORRECTION HS DOSE INSULIN (sliding scale)

Please choose ONE Correction HS Dose

MILD HUMALOG HS PROTOCOL
Per Protocol UNIT SC hs - Protocol

DOSE INSTRUCTIONS:
Do not hold if NPO


COMMENTS:
HIGH ALERT DRUG RCRA
Call pharmacist to change frequency to Q6H if NPO or not eating meals.
When meals resume, call pharmacist to change back to original frequency.

[Edit](#)

PROTOCOL:

Condition	Dose/Route	Instructions
****LEVEL IN mg/...	****MILD****	
Blood Glucose 201...	1 Unit	
Blood Glucose 251...	2 Units	
Blood Glucose 301...	3 Units	
Blood Glucose 351...	4 Units	
Blood Glucose > 400	5 Units and call MD	Call MD

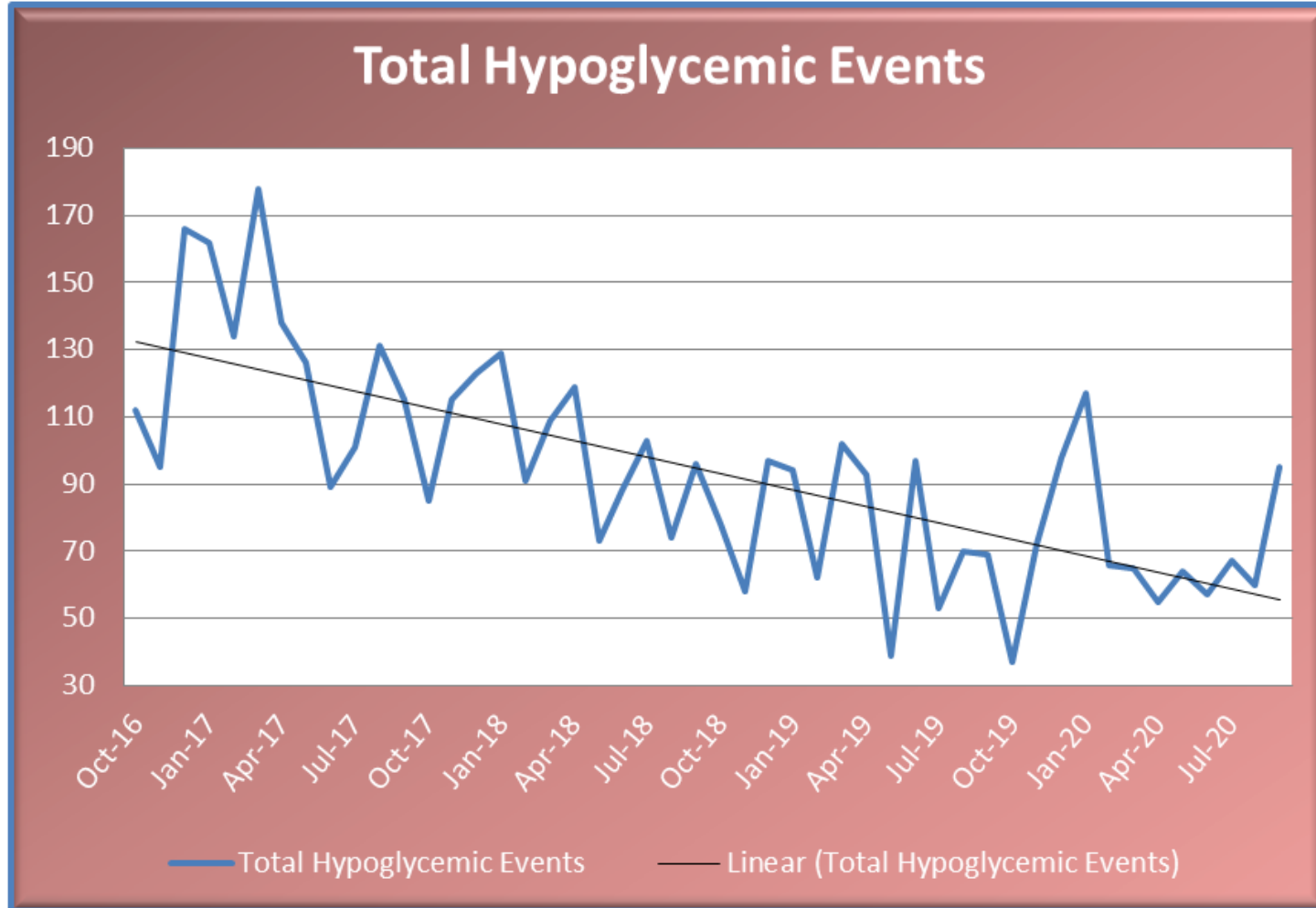
CONCENTRATION: 100 UNITS = 1 ML

HYPOGLYCEMIA PROTOCOL 

Selecting this order will reflex all the Hypoglycemia Protocol orders.

Initiate Hypoglycemia Protocol (NUR)
Today Now

[Edit](#)



FY17: 1,547

FY18: 1,205

FY19: 912

FY20: 853

~45% Reduction!

TARGET: TYPE 2 DIABETES HONOR ROLL RECOGNITION

- Henry Mayo was fortunate that when the Target: Type 2 DiabetesSM Honor Roll (TT2D) was announced it was so closely related to the Stroke program
- Having a Nurse Navigator over both programs was an advantage because most of the measures within the award criteria were measures being addressed by the stroke program



TARGET: TYPE 2 DIABETES HONOR ROLL AT HENRY MAYO

- Each fallout is individually addressed with the physician caring for the patient either by the nurse navigator or medical director
- Face-to-face suggestions and education is preferred, or email is sent if needed
- If a trend is identified, it is brought to the attention of the Stroke Steering Committee for identification and performance improvement ideas
- A plan of action is created and then is reported back at the steering committee once it is addressed

TARGET: TYPE 2 DIABETES HONOR ROLL AT HENRY MAYO

- Each fallout is also tracked on the dashboard, and reported out at steering committee
- Common fallouts or areas for improvements are also presented 2-3 times a year at Medical Staff Committees, Emergency Services Committee, Critical Care Committee, and Quality and Performance Committee for continued accountability and transparency

DIABETES TREATMENT MEASURE

Percent of diabetic patients or newly-diagnosed diabetics receiving diabetes treatment in the form of glycemic control (diet or medication) or follow up appointment for diabetes management scheduled at discharge.

- Physicians buy-in from previous diabetes work proved to be resourceful here
- Discovered that measure was already being addressed almost 100% of the time
- Any fallouts on this measure are brought up directly with the attending physician
- Physician documentation: “follow up with primary care regarding new diagnosis of diabetes”
- It was apparent it was on their radar, but needed a little further education on the requirements for the measure

LOOKING AHEAD

- This year, since the focus had previously been on reducing patient harm from medication-induced hypoglycemia, the program is moving forward with re-writing our definition for capturing hyperglycemic patients within the hospital and looking at root causes and performance improvement projects in this area
- CMS has recently put out some suggested guidelines for tracking this data
- The program is currently in the process of creating new definitions per the CMS recommendations for hyperglycemia, hypoglycemia, and severe hypoglycemia to allow the hospital to better evaluate the quality of care for our patients with diabetes, and potentially be able to benchmark with other facilities

https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=3180

LOOKING AHEAD

OTHER PROJECTS ON THE HORIZON:

- Safe IV push insulin administration for hyperkalemia
- Gap analysis for TJC Disease-Specific Certification in Diabetes
- Increasing utilization of the referral process for continued follow-up care through the hospital community education program
- Continued staff education and awareness of insulin administration safety

RECOMMENDATIONS

- Creation of our interdisciplinary diabetes committee helped make the program more visible and provided the ability to make changes and recommendations with all the key players present at one time
- Standardized insulin order set (strong suggestions but with the capability to be changed per physician preference)
- Dosing guidelines per evidence-based practice
- Nursing care orders
- Insulin orders including long-acting, meal-time, and sliding scale orders
- Hypoglycemia protocol activation

RECOMMENDATIONS

COLLABORATION BETWEEN PHYSICIANS, NURSES, AND THE DIABETES TEAM HAS BEEN IMPERATIVE IN THE SUCCESS OF THE PROGRAM

- Sitting down face-to-face with private practice doctors to explain the program and the oversight, especially within our interdisciplinary committee
- Listening to their barriers and challenges
- Follow through is key for physician buy-in
- Events including pizza parties and raffles and involving the unit-based Diabetes Champions



THANK YOU