Building and Sustaining a Unit Based Diabetes Management Mentor Program

Disclosure to Participants

Notice of Requirements For Successful Completion
Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours.

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Presenter: Mary Beth Modic, DNP, RN, CNS, CDE; Elizabeth Barr, BSN, RN, CCTN; Nicholas Galloway, BSN, RN; Jane Lyon, BSN, RN, CCRN have no COI/Financial Relationship to disclose.

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Cleveland Clinic – Main Campus
- Quarternary Care Center in Cleveland, Ohio
- 1,437 hospital beds
- 1/3 of total beds are intensive care unit beds
- Hospital admissions 53,000
- Avg. LOS -6.8 days
Program Overview

This session will describe the significant impact the Mentors have had on patient outcomes. The program will also focus on the ideas that the Mentors have generated and brought to fruition. This program will also provide recommendations for sustaining a vibrant and impactful program.

Session Objectives

• Identify the infrastructure that is necessary to sustain a unit-based expert resource program.
• Discuss the characteristics of a vibrant Diabetes Mentor program.
• List 3 actionable takeaways from this session.

Infrastructure

• CNO Support
• Physician Support
• Nurse Manager Support
• Collegial Support
• Committed Resources

AACE/ADA Recommendations for Inpatient Glucose Management

1. Identify elevated BG in all hospitalized patients.
2. Establish an interprofessional approach for diabetes management in all hospitals.
3. Implement structured protocols for aggressive control of BG in both ICUs and other hospital settings.
4. Create educational programs for all hospital personnel caring for individuals with diabetes.
5. Plan for a smooth transition to outpatient with appropriate diabetes management.

Interprofessional Diabetes Care Committee

• Selection of the members is critical: Too large = inertia Too small = ignored
• Member should have the 3P’s People Power Passion Perspective
Diabetes Care Committee Benefits

- Opportunity for professional sharing and community building
- Expertise and differing perspectives in updating protocols
- Myriad of opinions on glucose missteps
- Chance to collectively evaluate new products
- Opportunity for collaborative research
- Robust discussions on clinical issues

Theoretical Underpinnings

- Maria Montessori - Philosophy of Education
- David Cooperrider - Appreciative Inquiry
- Carl Rogers - Relationship Building

Collaboration and Collegiality

Organizational Structure

Committed Resources

- Diabetes Management Resources
- Nurse Practitioner Team – 7 Full time NPs
- Empirically Designed Electronic Insulin Order Sets
- Algorithms
- Robust Nursing Research Program

Nurse Practitioner Team
Committed Resources

- Patient Education Resources
- Inpatient Survival Skill Booklets
- Inpatient Diabetes Booklet
- Inpatient CDEs
- Emphasis on Referrals to DSME Program
- Standardized DSME Curriculum

Characteristics of a Vibrant Program

- Committed and Devoted Nurses
- Rigorous Selection Process
- Explicit Expectations
- Ongoing Professional Development
- Recognition and Celebration of Contributions
- A “Yes” Mentality
Why the term “MENTOR”?

- Mentoring is “an act of generativity – a process of bringing into existence and passing on a professional legacy.”

Compare MENTOR with Champion or Resource Nurse

<table>
<thead>
<tr>
<th>MENTOR</th>
<th>CHAMPION</th>
<th>RESOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originates from the Greek word mentos meaning wise advisor</td>
<td>Originates from the Latin word campionem meaning gladiator</td>
<td>Originates from the French word resource meaning to rise up</td>
</tr>
<tr>
<td>Wise and trusted counselor</td>
<td>Person who fights/defends any person or cause</td>
<td>Source of supply or aid</td>
</tr>
</tbody>
</table>

Online Application - Attestation

- By checking the statements below, you agree to fulfill the requirements associated with the role of the Diabetes Management Mentor.
- I acknowledge...
  - The requirement of regular attendance at diabetes management mentor meetings (third Tuesday of the month).
  - The requirement of teaching 10 diabetes education classes using the “Diabetes Teaching Tool of the Month.”
  - The requirement of submitting a letter evaluating the teaching tool monthly.
  - The requirement of conducting monthly hypoglycemic event audits.
  - The requirement of participating in the yearly Diabetes Education Fair.
  - I have no known to transfer off at any current and for the next two years.

Interview Questions

- Tell me about you.
- What brings you joy as a clinical nurse?
- Describe the personal and professional attributes you bring to the Mentor role.
- Tell me about one of your complex patients with diabetes. What were the clinical challenges that resonated with you?
- What are the clinical teaching strategies that you use with patients who have diabetes of which you are most proud?
- What does the word “Noncompliant” mean to you?
- What do you bring to the Mentor role that is unique to you?
“From Cloudy to Clear”

- Pre-assessment
- Insulin Prescribing Strategies
- Care of the Child with T1 DM
- Care of the Patient with Impaired Kidney Function
- Eating Healthfully at Home
- Safe Insulin Administration Practices
- Care of the Patient using an Insulin Pump
- Survival Skill Teaching

Teaching Tool “Harry Hypoglycemia”

“Harry Hypoglycemia” - created by Nancy Kaiser and Christina Canfield © Cleveland Clinic

Responsibilities of the DMM

- Teaches a minimum of 10 staff nurses a month using the assigned teaching tool

“From Cloudy to Clear”

- Glucose Control in the Hospital: Chaos, Confusion and Controversy
- What is Diabetes?
- Hyperglycemia in the ICU
- DKA and HHNS
- Medications for Diabetes Management
- Nutritional Management of the Patient with Diabetes in the Hospital
- Metabolic Syndrome
- Gestational Diabetes
- Meeting the Social Needs of patients with diabetes

Teaching Tool “Harry Hypoglycemia”

“Harry Hypoglycemia” - created by Nancy Kaiser and Christina Canfield © Cleveland Clinic

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Teaching Tool
“Step in the Right Direction”

Teaching Tool Topics

Teaching Tool
“What’s the 411 on the 911”

Key Points

Roles and Responsibilities

- Complete evaluation sheet on teaching tools effectiveness monthly and return to program facilitator at the next month’s meeting.
Roles and Responsibilities

• Attends 80% of Diabetes Management Mentor meetings
• Held on the first Tuesday of every month from 11 -12:30pm. No meeting in July.

Roles and Responsibilities

• Identify patients with COMPLEX learning needs and refer to the Nursing Institute CDE.

Roles and Responsibilities

• Identify patient learning needs regarding diabetes early in the hospital admission.
• Teach survival skills to patients and their families.

Roles and Responsibilities

• Facilitate referrals for outpatient Diabetes Self Management Education. (DSME)
• A Physician Referral is REQUIRED.

Referral Reminders
Responsibilities of the DMM

• Monitors hypoglycemic events for contributing factors and evaluates accuracy of treatment.
• Uses RALS data to identify patient events.

Responsibilities of the DMM

• Assesses insulin regimens of patients experiencing sustained hyperglycemia.
• Recognizes BEST practices in glucose management and disseminates practice with Mentor peers.
Clinical Practice Dilemmas

FAQs

What is insulin stacking?

What is the most important piece of information to know about diabetes B1, 000-000?
Recommendations offered by Mentors

- Requested a need to expand the original meeting time from one hour to 90 minutes.
- Expressed a desire to create a “Diabetes Educational Fair” each November to highlight National Diabetes Month.
- Verbalized the need to have “time” to meet the expectations of the role.

Recommendations offered by Mentors

- Asked for “Key Points” to reinforce the teaching tool information.
- Requested an EBP or research article to support the teaching tool content.
- Utilized talents to update the Diabetes Education Website.
Benefits of Being a Mentor

- Advanced knowledge in diabetes management
- Expanded knowledge of resources to manage diabetes
- Increased competence in the art of providing feedback

Program Metrics

1. Commitment of Mentors – regular attendance, use of teaching tools, completion of audits
2. Support from Nursing Management
3. Consistent group – Low Turnover
4. Adherence to Hypoglycemia Protocol
5. Referrals to DSME Programs
6. Capturing of Near Miss Events
Blueprint for Mentor Program

Assessing your Program
1. What aspects of your glucose management program is working well?
2. What are opportunities for doing things differently?
3. Who are the people who are essential to building your program?

Assessing your Program
1. Identify the individuals and activities that can bolster the structure of your program.
2. Is there a KEY structure that can be reinforced right away?
3. Is your structure aligned with other structures?
4. Is each member of your group committed to the work that is required?

Assessing your Program
1. What is the purpose of your program?
2. How do you contain the enthusiasm of your bedside experts?
3. How do you ensure their participation?

Assessing your Program
1. Is everyone working from the same blueprint?
2. How do you foster networking?
3. How do you express gratitude for the time, expertise and commitment of your colleagues?
4. What is the FIRST thing you are going to share with your colleagues from this program?