“There’s No Place like Home”

- Dorothy

- 504-bed hospital in suburbs of Kansas City
- Part of a 45 hospital multi-state health system
- Over 20,000 inpatient admissions annually (approximately 20% with diabetes)
- Accredited Chest Pain Center, Primary Stroke Center, and Advanced Inpatient Diabetes Program

Inpatient Diabetes Program

- Program commenced in February 2008
- Oversight team – Multidisciplinary Glycemic Steering Committee (GSC)
- Diabetes Education Program since 1990, currently performing inpatient and outpatient education
- Advanced Inpatient Diabetes Care Certification received in 2011 (recertification in 2012, 2014 and 2016)
Guidelines and Requirements

- Disease Specific Care Certification Manual: Inpatient Diabetes (January 1, 2016).

Barriers – Diabetes Follow-up

- Multiple processes for follow-up were attempted without success
- Only patients seen by diabetes educator had follow-up arranged

Most Challenging Standards

- Assessment of Diabetes Self-Management Skills and Education
- Diabetes Specific Discharge Appointment

Diabetes Class: After Your Hospital Stay

- Offered bi-weekly
- Free, although we do request pre-registration
- Needs to be documented in Department Process

Barriers – Skills and Education

- Significant variation across nursing units
- Lack of knowledge about expectations
  - Assessment and education
- Limited ability to modify EHR

Class Curriculum

- Monitoring
  - Why
  - Target glucose
  - Review technique
  - Keeping a diary
  - What to do with numbers
- Blood glucose variations during transition to home
- Effect of food, illness, and stress
- Physician follow-up
  - When, how often, bring diary
  - Need a plan for immediate action if situation presents
Plan

• Diabetes Education and Discharge Checklist was created by GSC
• Reviewed by numerous frontline staff
• Adjusted and approved for a pilot

Do

• Implemented a pilot on 3 inpatient units:
  – Progressive Care Unit
  – Medical Surgical Unit
  – Joint and Spine Unit

Staying Healthy with Diabetes Brochure

• Consolidated
• Added Information for Diabetes Class: After Your Hospital Stay
• Expectation is that every inpatient with DM receives brochure during stay
• Reference on checklist for RN convenience

Check

• Results from a 30 chart audit indicate a 43% utilization rate.
  • If the form was found completed in the chart, 69% of those patients had a diabetes specific discharge in their depart summary (n=13).
  • If the form was not found completed in the chart, 29% of those patients had a diabetes specific discharge in their depart summary (n=17).
• Problems with the functionality of the tool were identified by registered nurses, and after the 4 week pilot, the form was updated to address these problems.

New and Improved Form
Act
• House-wide implementation
• Required Education: Voice-over PP

Education
Diabetes Specific Discharge Plan
- Every Patient, Every Time
  ▪ All patient education
  ▪ Framing of HbA1c glucose testing
  ▪ Assess diabetes medication adherence
  ▪ Develop individualized education
  ▪ Diabetes education needs reviewed and addressed
  ▪ Blood glucose in prior range of T2D (HgbA1c)
  ▪ Scheduled Diabetes Follow up

Problems Identified
• Location of Forms
• Variation in Unit Workflow
• Business of Form

Utilization
• 2 month post-implementation 30 chart audit of all inpatient units demonstrated 59% utilization
• When the Discharge Form was completed, 84% of patients had a Diabetes Specific Discharge plan identified

Site Visit Preparation
• Voice-over PP with questions and answers
• Mock Surveys
• Unit Checklists performed every 24 hours for 10 days prior to visit
• Plan of Care
Recommendations From Site Visit

- Document initial and ongoing assessment of patient comprehension related to self-management education
- Hypoglycemia evaluation in real-time
- Patient Satisfaction

Next Steps

- Electronic Tool
  - Could assessment be implemented upon admission?
  - Need ability to document progress
- Maintenance
  - Monthly 30 chart audit with results published quarterly in Nursing Connections newsletter

Engagement

- The WHY
- Attitude
- Prospective education and instruction vs. retrospective feedback
- Know when and who to ask!
- Diabetes Champions

Retrospective Feedback

- Glycemic Rounding To Influence: CCU

Diabetes Champions

- Shared Leadership
- Respected by peers
- Passion
- Initiative
The Frontline Nursing Perspective
Tinea Canady RN, BSN

Background
- Progressive Care Unit
- Acuity
- Diabetes on PCU
- Personal Experience

Implementation Challenges
- Passing of misinformation
- Perception of creating additional work
- New information/initiative fatigue
- Float and agency staff
- Patient transfers to multiple units (non-electronic tool)
- Perception that diabetes education is only the responsibility of the CDE

PCU Educational Needs
- Assessment Tool
- Nurses as educators
- When to utilize additional resources

Overcoming Challenges
- Designating champions on individual units
- Providing education through mandatory staff meetings
- Suggest ways to incorporate the tool in established routines
- Emphasizing use of standing orders
- Utilization of charge nurses to instruct/guide float and agency staff

Keeping Staff Engaged
- Improving patient outcomes
- Encourage committee participation
- Emphasis on healthcare team
- Empowerment
- Competency leads to consistency
Thank You!

Questions?