Problem: Thirty percent of our hospital system’s inpatient days have a diagnosis of diabetes. Ninety percent of all hypoglycemia events occur during 9pm-7am. Need to improve inpatient diabetic management as evidence by:
   a) Multiple events related to poor patient outcomes related to hypoglycemia.
   b) Poor compliance with nursing staff following hypoglycemia delegated orders.
   c) Lack of measurable data related to hypoglycemia events.

Evidence: Hypoglycemia is a serious concern for healthcare providers. Prevention, early recognition and treatment is critical. Studies have associated hypoglycemia with increased mortality rates.

Strategy: a) Develop a system wide multidisciplinary diabetic committee to include nursing, pharmacy, physician, laboratory, quality, and dietary representation to review our current diabetic practices.
   b) Research literature and revise diabetic practice guidelines and order sets with evidence-based practices to be implemented at our six hospitals.
   c) Develop a process to measure patient outcomes related to diabetes management and hypoglycemia events including compliance with hypoglycemia delegated orders.

Practice Changes: 1. Revisions to Hypoglycemia Delegated Orders
   a) Decrease length and confusion
   b) Prevent reoccurrence
2. Revisions to Sliding Scale Insulin Order set
   a) Decreasing the HS dose of fast or rapid acting insulin to ⅓ dose.
   b) HS snack if HS BG <110

Evaluation: Evaluation is an ongoing process. Data collection includes monthly:
   a) Percentages of total FSBG for each hospital for the following ranges:
      <50, 51-70, 71-180, 181-300, >300
   b) Compliance with hypoglycemia delegated orders

Results: Monthly data on severe hypoglycemia rates of all finger stick blood glucose has continued to decrease from an average of .8% to .6%.

Recommendations: The work of the System Diabetic Committee is ongoing. Additional evidence based practices changes have been identified which include changes to our current diabetic management practices related to insulin administration. This will require increased physician participation in this committee.

Lessons Learned: a) Education was provided prior to implementation of revised hypoglycemia delegated orders and sliding scale orders but follow-up on compliance and continued education must be ongoing. b) Increased physician participation in this committee.
Bibliography:


Society of Hospital Medicine, Workbook for Improvement: Improving Glycemic Control Preventing Hypoglycemia and Optimizing Care of inpatient with Hyperglycemia and Diabetes.