SETTING THE STAGE

Why did you select this project and what methods were used to identify the need?

Because of the HIIN initiatives, we track any incidents of hypoglycemia every month. We began to see higher rates of hypoglycemia with our patients. In past years, we had an occasional low blood glucose, but they were widely scattered. In October of 2016, we started seeing one or two incidents of hypoglycemia every month. We at first felt it was an anomaly, but after the third month, we knew we needed to take action.

A deeper dive was taken to understand the causes, reviewing cases and using the Hypoglycemia Cohort Tool.

Identified root causes:

- Because the majority of the hypoglycemia was occurring during the late night/early morning times, we looked at the snack and meal process for our inpatients.
- Our physicians were not usually ordering a diabetic diet to better replicate what patients were eating at home. When the diabetic diet was not ordered, the food services staff did not know which patients were diabetic.
- Nurses were not following the hypoglycemia protocol and it was felt they may not have been aware of this feature in our EMR.

PROJECT DESIGN

Who was involved in the improvement effort?

- Peggy Kopp, RN Quality Improvement Director
- Roland Achenjang, PharmD, Director of Pharmacy
- Pam McGlothlin RN, DON
- Bailee Fink, RN staff nurse

What was the strategy for rolling out this initiative?

- Education was provided to nursing staff about handling hypoglycemia events and how to prevent them.
- We approached our EMR affiliate to attach a feature to a question in the admission process. The question was, “Are you diabetic or is this a new admission for diabetes?” If yes, a “Best Practice Advisory” (BPA) opens to allow the nurse to choose to order an HS snack for the patient.
- The nourishment station snack situation was reviewed and more food was added to the stock. A greater awareness of the need to restock this area was communicated to Food Services staff.
- We made some educational topic cards “Hypoglycemia is no Laffing Matter” with a Laffy Taffy treat to use in one on one conversations with nursing staff. (See images on page 2.)
Low Blood Sugar is no “Laffing” Matter!

The target glucose for patients in a hospital is 140–180.

Expect that your patient’s insulin meds are decreased around 20% from what they usually take at home.

This allows the patient to remain in the buffer zone of 140–180, and not get into a hypoglycemic state.

Data Collections and Results

Describe the data collected and results demonstrated from the start to end of the project.

> We are tracking the days between hypoglycemia events. The HS snack order (BPA) process went live in our EMR in late December. The last 2 hypoglycemia cases were patients who did not have the HS snack order completed. We continue to monitor this and educate on why this is important. Our threshold for hypoglycemia is 50. Recently one patient who did not have the HS snack order completed also had a blood sugar of 57 at 5 am. Just in time education was provided to nurses to reiterate the importance of the snack, and his near hypoglycemia was not repeated.
LESSONS LEARNED

GOAL: Make Care Safer by Reducing Harm Caused in Delivery of Care

> We believe that we are reaching the goal of making care safer by reducing harm. We continue to reinforce the need to complete the HS snack order to nursing staff by monitoring whether this is done. Also we keep awareness of the hypoglycemia issues by posting how many days since our last event.

NEXT STEPS

Our next steps will include:

> Continuing to monitor and maintain awareness of hypoglycemia events
> Reviewing and updating our order sets in the EMR to reflect the latest guidelines