

AADE 2008 Annual Meeting Session Summary: “Making Hospitals Diabetes-Friendly: The Role of the CDE”

*Lyssa Youngblood, RN, CDE
Gwinnett Hospital Systems*

I decided to attend the session: Making Hospitals Diabetes Friendly: The Role of the CDE by Linda Cohen, RN, MPH, MSN, CDE & Jane Seley, MPH, MSN, GNP, CDE at AADE because we are trying new initiatives in the hospital that I currently work to improve outcomes for patients admitted with a primary or secondary diagnosis of diabetes. I wanted to compare what other institutions are doing to improve outcomes for their diabetic population.

Both presenters identified the importance of better management of diabetes in patients admitted to the hospital to improve outcomes, decrease morbidity and decrease mortality rates in patients who have diabetes while hospitalized. The presenters emphasized the need to prioritize patient education and staff education as one of the most important roles for the CDE. They felt a system review of hospital routines should be done to see if there is room for improvement in the daily, routine process of care delivery to patients with diabetes as compared to those without diabetes to impact better glycemic control in this patient population.

Key Take Away Points:

- To make hospitals more diabetes friendly, focus on glucose monitoring, meals and meal delivery, oral medication, insulin usage and delivery, tests and procedures, staff and patient education and achievement of glycemic targets.
- Regarding glucose monitoring – be realistic as far as bedside procedure, especially finger stick prep protocols. Look at timing and frequency of BGM.
- Regarding meals – Synchronize monitoring schedules with meal delivery and medications, list carbohydrate content of foods on diabetes menus when tray delivered and when patient is making selections, train staff re: carbohydrate counting and appropriate substitutions, suggestion that having staff to charting carbohydrate intake allows better insulin adjustment and take juice off trays.
- Insulin Use in Hospitals – Utilize electronic order sets, review medication errors involving insulin and only have one insulin in each category to minimize mistakes, have insulin orders include basal, bolus and correction as separate orders, synchronize meals, BGM and insulin delivery (people with diabetes get trays first, have unit secretary announce over loud speaker when trays arrive so BGM and insulin can be taken and given by nurse with meal delivery, use insulin pens for each patient to minimize mistakes and delays)
- Have plan in place for patients on oral meds and or insulin regarding test, surgery, and procedures – staff education and protocols (timing, insulin or oral medication adjustments, choice of IV fluids, and necessary BGM during test, surgery or procedure).
- Include not only nursing staff with education regarding care of patients with diabetes but also include, NPs, PAs, MDs, Pharm, RDs, case managers and social workers.

Focus education on core competencies. Address what needs to be communicated regarding transfer of patient throughout hospital stay.

- Have a diabetes discharge check list: include self-management skills taught, f/u care with MD, home health, etc., how is patient to get supplies once home, RX review, and who to call with questions. They do post discharge calls to patients to f/u re: problems within a week of patient's discharge.

In conclusion, the take away message that I received was the CDE needs to be seen and involved in all aspects of the diabetes patient's care while hospitalized, thus acting as an advocate for best practices in caring for persons with diabetes. By doing this, the CDE can ensure that patients with diabetes are managed as well as possible while admitted in the hospital for care. Ultimately, this advocacy and action will lead to process changes that improve our patients overall health while hospitalized.