DEVELOPING AN OUTPATIENT PERIOPERATIVE DIABETIC GUIDELINE TO IMPROVE GLYCEMIC CONTROL AND PATIENT EDUCATION

Team Leader: Patricia Kenney, RN, BSN, CPAN
Bristol Hospital, Bristol, CT
Team Members: Patricia Carobini, RN, BSN, CGRN; Mary Beland, RN, MSN, CNOR; Bonita-Sanada-Porter, RN; Susan Diltz, RN; Susan Hartmann, RN, BSN; Marianne Kelly, RN, CNOR; Wendy Spurrier, RN; Vijay Joshi, MD; Joseph Scaniffe, MD

Background: Evidence-Based research supports optimal glycemic control and patient education in improving compliance and wound healing, and in decreasing the incidence of post-operative complications. Evaluation of Quality Improvement data at a small community hospital revealed a lack of standardization in glucose control practices, including education, for patients undergoing outpatient surgical procedures.

Objectives: To provide an Evidence-Based guideline for outpatient diabetic patients towards improving perioperative glycemic control.
To improve patient education regarding medication management through pre-operative interviews and discharge protocols.

Implementation: Nurses in the perioperative departments recognized a need for diabetic parameter guidelines to improve current practice and created a multi-disciplinary task force to identify key areas of need. They reviewed the current inpatient policy, standards of care, Evidence-Based Practice literature, and queried local hospitals for their established practices, revealing a gap in addressing outpatient surgical diabetic needs.

The resulting guideline created protocols coordinating assessment, intervention and education for identified Type 1 and 2 diabetic patients using an assessment tool, a pre-operative instruction sheet and a discharge instruction sheet.

Outcomes: Evaluation has demonstrated:
- Improved pre-operative Accu-chek screenings from 69% to 93% for the total diabetic population
- Decreased need for perioperative intervention for insulin-dependent diabetics from 30% to 16.6%
- Positive association between pre-operative instruction, admission Accu-chek and decreased need for perioperative intervention

Implications: A nurse-driven, multi-disciplinary approach has improved glycemic control for perioperative diabetic outpatients and has improved patient and staff nurse education regarding preoperative and postoperative protocols.