

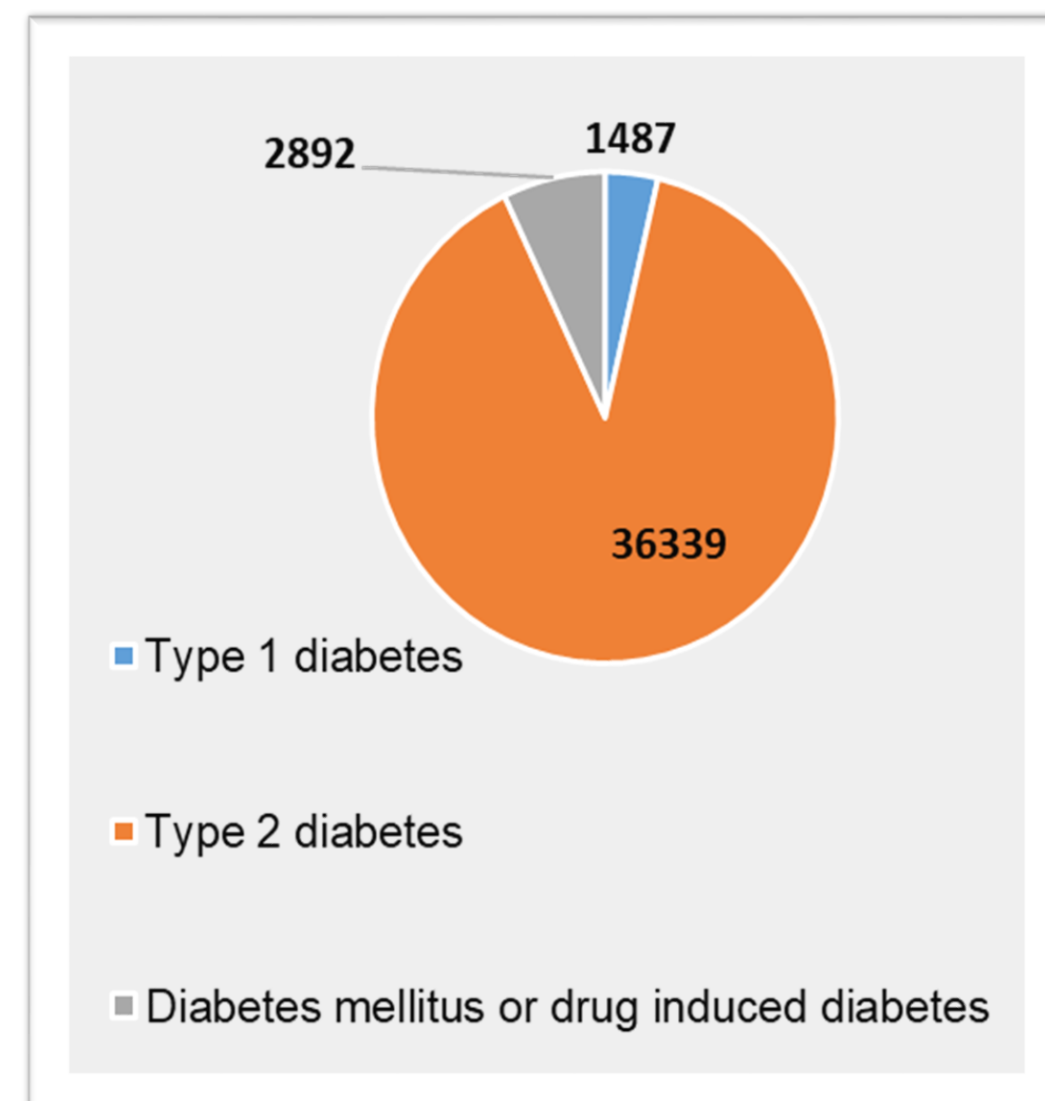
Standardizing Process for Managing High Risk Diabetes Mellitus Patients in Perioperative Setting

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Background

Approximately 10% of the United States population is affected by Type 2 diabetes. Over 35,000 oncology patients with diabetes mellitus were cared for at the organization from 2016 to 2020.

Inconsistencies were recognized in the ownership of care and/or process in managing these patients. Opportunities were identified to make improvements in the management and process in the perioperative setting.



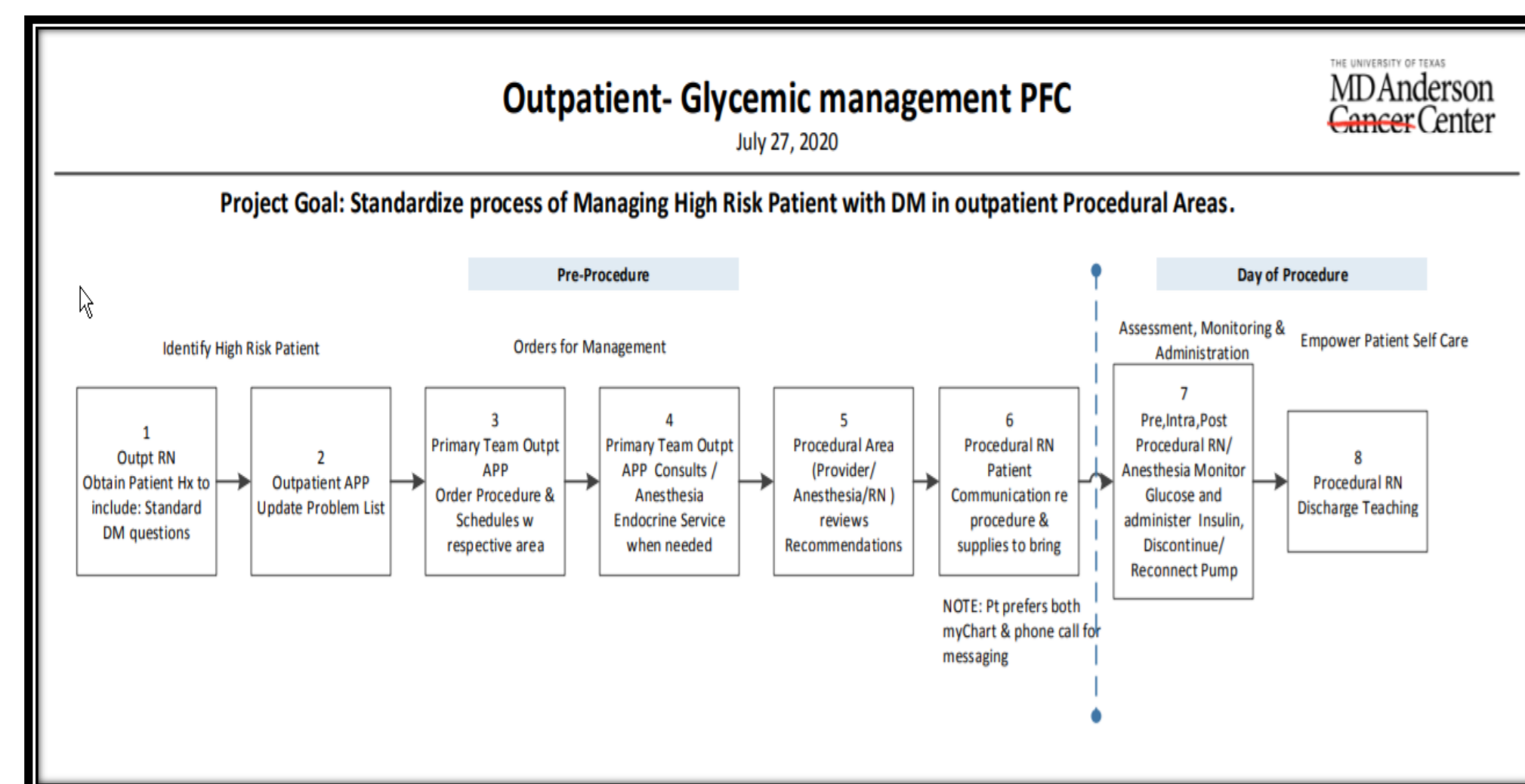
Objective

To standardize high-risk diabetes management in the Operating Room (OR) and out of OR procedure areas to reduce non-compliance of management by 50% within six months.

Implementation

A Process Flow Chart (PFC) was created to streamline glucose management for all Type 1 diabetic patients, with or without an insulin pump, and Type 2 diabetic patients with insulin pumps.

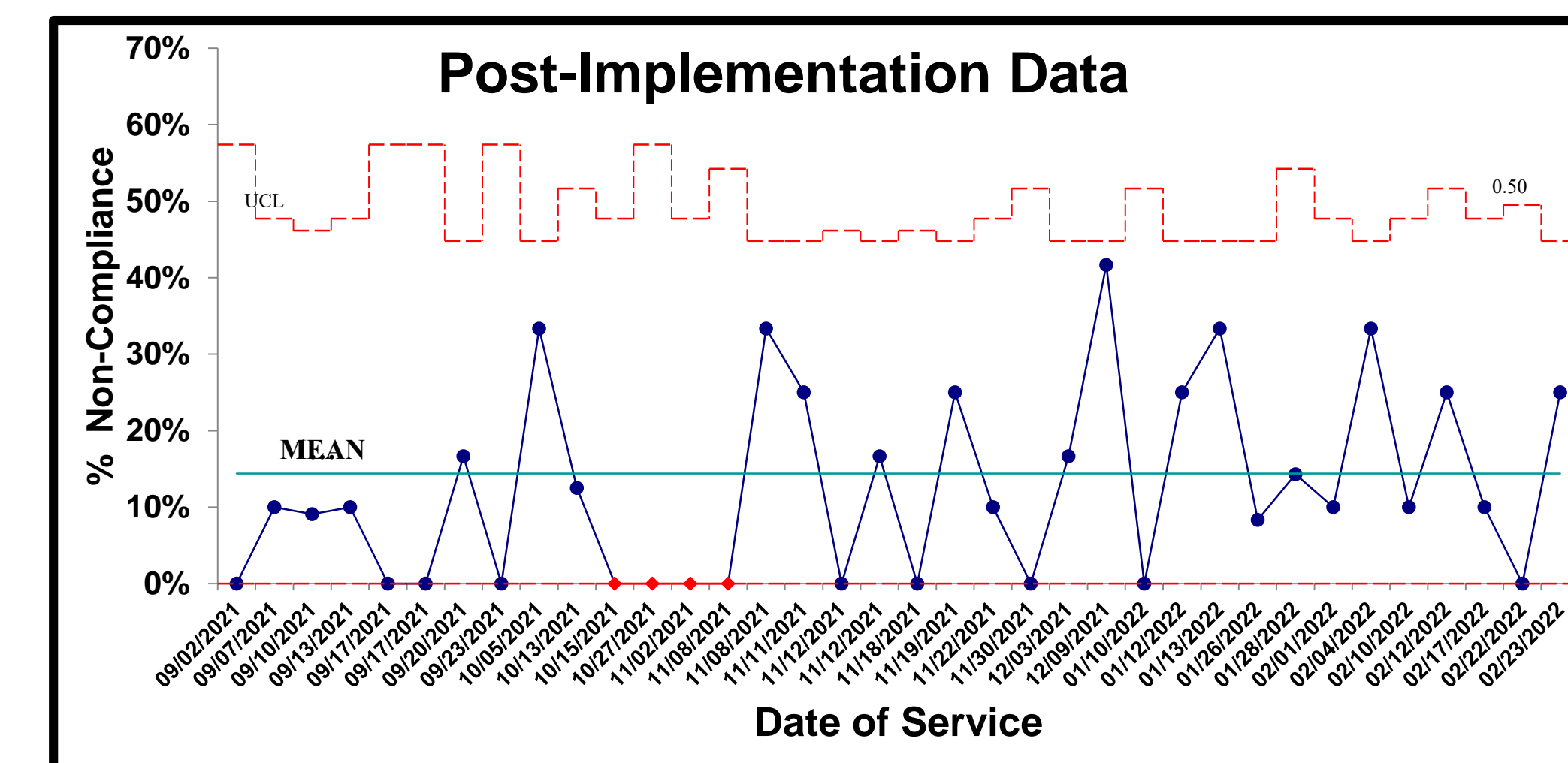
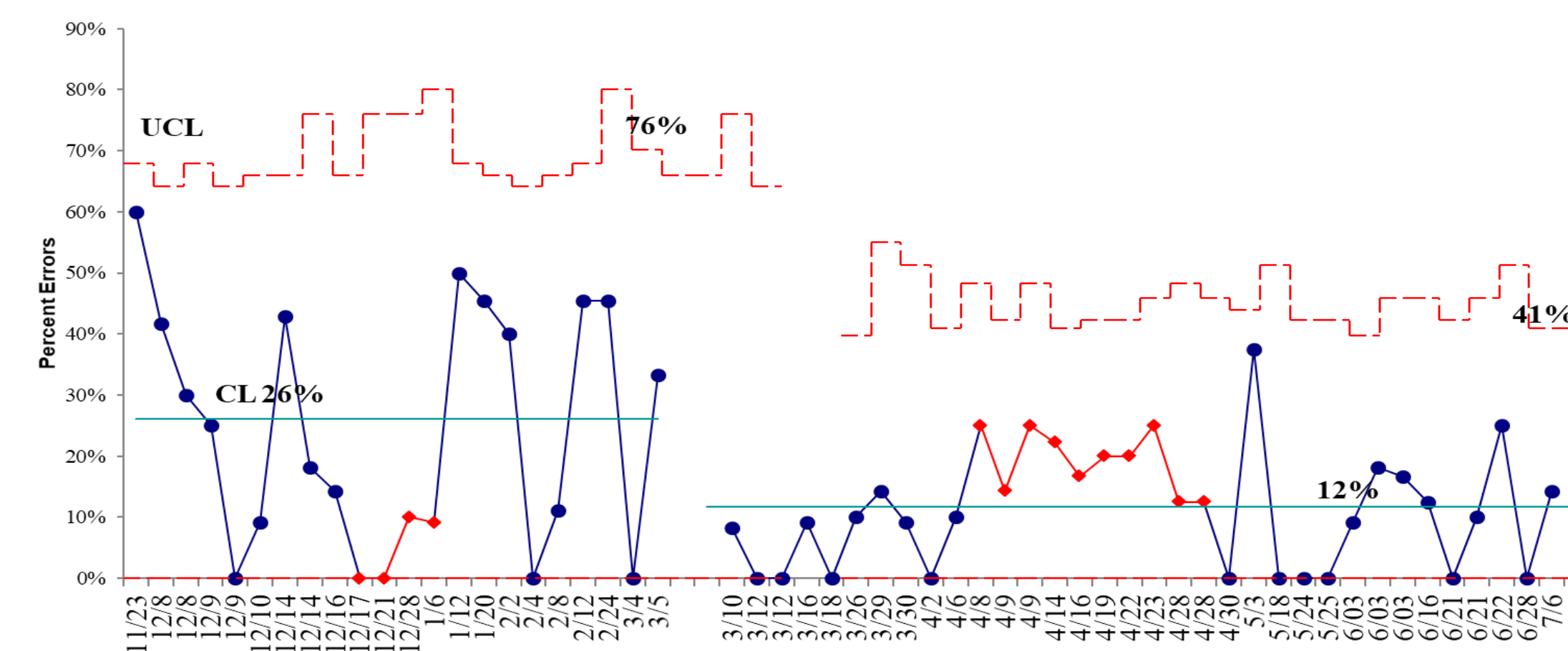
- ❑ The PFC included identifying high risk patients and developing a plan for appropriate interventions in the perioperative setting.
- ❑ An icon was created to identify diabetic patients on the status boards.
- ❑ Patients were contacted the day before surgery as reminder to bring their supplies to hospital.
- ❑ Smart phrases were developed for pre-op conversations, patient education, & discharge instructions.
- ❑ A High-Risk email group was created to notify upcoming high risk diabetic patients with recommendations of care from Endocrine.
- ❑ Staff education was initiated to improve awareness.
- ❑ Chart audits were created to assess compliance and noncompliance was addressed individually.



Statement of Successful Practice

The baseline data showed 62% non-compliance to the standard process for managing patients with high-risk diabetes in the pre and post operative area. The pilot study resulted in the reduction of non-compliance from 62% to 7%, exceeding the goal of 50%.

Creation of the diabetes icon in status boards and the group email increased early identification of high-risk patients. Endocrine recommendations and staff education improved awareness of the management of high-risk patients.



Procedure Date	DM Med Hx documented	Endocrine Consult	Glucose POC prior to procedure
Auditor	DM type	Review Endo rec	Pump disconnected
Patient MRN	Insulin Pump	Communication prior to procedure	Pump reconnected
Location	New patient Endo visit	Needed supplies present	D/C teaching

Audit Tool

Implications for Peri-anesthesia Nursing

Not having a standard process to identify and manage high-risk patients in perioperative settings can lead to postoperative hypo/ hyper glycemic crisis.

The workflow developed to improve identification and management of high-risk patients can be generalized to similar settings.

Acknowledgements

GlycAct Work Group
 Laura Kaufman
 Neetha Jawe
 Allison Starghill
 Nicole Simon
 Katie Owens
 Cecilia Levesque
 Marjorie Ortiz
 Alyssa Chow