**Background**

- It was discovered that the plan of care for patients with insulin pumps was inconsistent and differed for each patient.
- It was noted that there was an increase in the number of patients with subcutaneous insulin pumps in the surgical population.
- There was no standardized treatment guideline in place to manage practice. For these patients.

**Objectives of Project**

- Standardize the perioperative process of insulin pump management
- Create a clinical practice guideline specific for this population
- Systematically educate staff of new process and guideline
- Monitor compliance and sustainability
- Goal: 95% compliance of new plan of care for six months

**Methods**

- A multidisciplinary team was assembled
- Root cause analysis conducted and gaps identified
- Policy developed in conjunction with endocrinology hospitalists, nurses and pharmacists to standardize process from preadmission screening to post anesthesia care unit discharge.
- Pre-op recommendation sheet started in Pre-Admission Screening Unit
- Pre-op day of surgery orders in chart from endocrinologist
- All insulin pump patients made first case of day
- New electronic medical record (EMR) process created to record patients pump, basal rate and bolus amounts given.
- Staff education developed and distributed hospital wide
- Compliance monitored monthly then quarterly

**Sustainability**

This QI project targeted a clinical gap and created a team from nursing, medicine, pharmacy, nutrition, and informatics to standardize practice for a low volume, high risk process. This project ensures that patients with insulin pumps are identified in the pre-screening unit and are assessed for their independence in pump management. A plan is established for the patient before the morning of surgery, aiding in efficiency, communication and outcomes. The QI project leader continues to monitor compliance.

**Team Members**

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