

Lessons Learned While Taking Care of Our Patients, Each Other, and Ourselves During COVID-19

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Background/Significance:

1. During COVID-19, three MHS inpatient diabetes educators had illness-related absences from their campuses for 1 to 3 months
2. Diabetes readmissions assessments identifies opportunities for improvement in hospitalized patients with diabetes
3. During COVID-19, steroid – induced hyperglycemia occurrences increased, but varied between units
4. February 2022, Joint Commission announces eCOMs for Severe Hyperglycemia & Severe Hypoglycemia

Conclusions:

- The Methodist Health System's Diabetes Council, a multidisciplinary team, overcame the challenges of COVID-19 by:
1. Designing a patient education book, "Living and Thriving with Diabetes" - staff can utilize when diabetes educators are unavailable
 2. Developing a "Diabetes Readmission Rate Reporting Tool" that captures diabetes patients with increased education needs
 3. Building a Glycemic Occurrences Dashboard – Data-driven education and order sets development
 4. Requesting an EPIC build – tool reports to CMS on eCOMs – Severe Hyperglycemia & Severe Hypoglycemia

MHS Diabetes Council:

1. Weekly work group meets via Zoom creating a supportive forum for diabetes educators since September 2021
2. "Living and Thriving with Diabetes" sent for publishing & printing May 2022
3. Bi-monthly MHS Diabetes Council meetings went LIVE with dinner May 4th, 2022
4. Readmissions for diabetes examined by Diabetes Educator and/or Registered Dietician
5. Diabetes Educator and/or Registered Dietitian performs rational patient deep dive/PRN telephone post discharge education
6. Diabetes Educator and/or Registered Dietitian meets with nursing leadership to develop improvement plans
7. Staff education opportunities with emphasis on hyperglycemia and hypoglycemia for all providers
8. MMMC provides 1.0 CEU education for "Subcutaneous Insulin Administration" for nursing all campuses via Zoom
9. Report out of Glycemic Occurrences per Glycemic Patient per units – unit focused data
10. Spread awareness regarding the CMS date of FY2025 – for predicted payment determination based on eCOMs
11. eCOMs Hospital Harm currently DKA & HHS - adding Severe Hyperglycemia and Severe Hypoglycemia measures

Methodist Health System's Diabetes Readmission Rate

Readmission Rate Metric

Reporting Period: 1/20/2020 - 6/30/2022 **14.7%**

Diabetes Readmission Rate

Readmission Rate

391 of 2,653 admits

Readmission Window: 30 days

Location: All locations Patient Age Range (Years): 18 and older

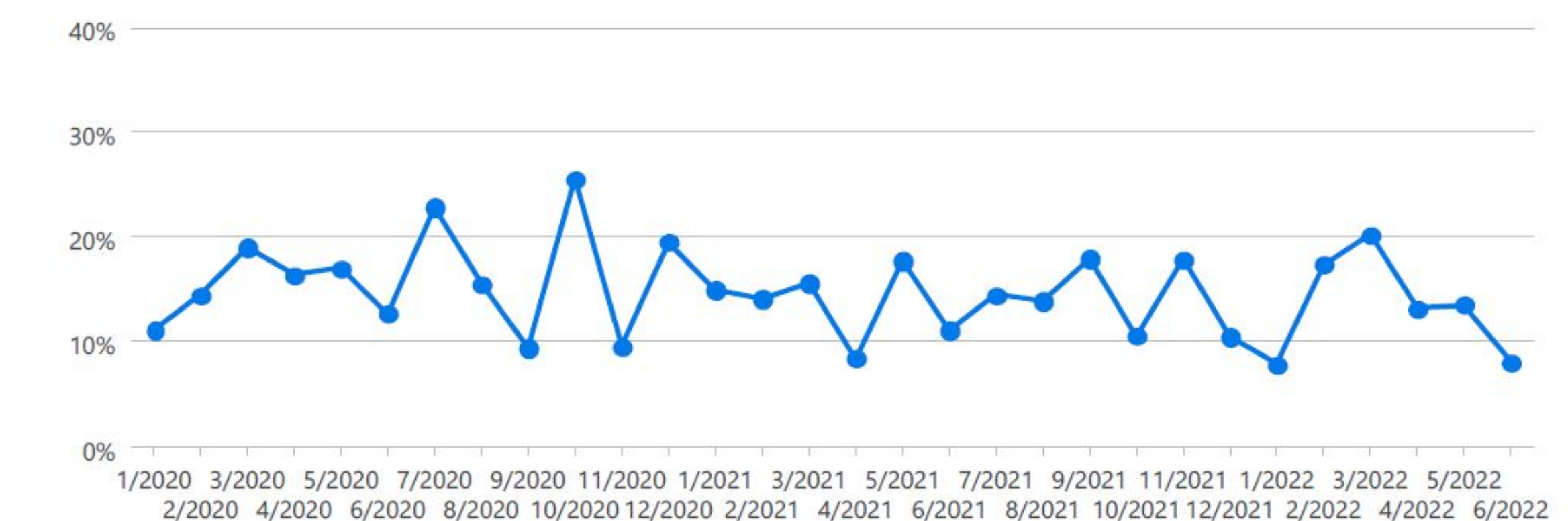
Department: All departments

Diagnosis: DSRIP DIABETES ICD10 Discharge Destination: All destinations

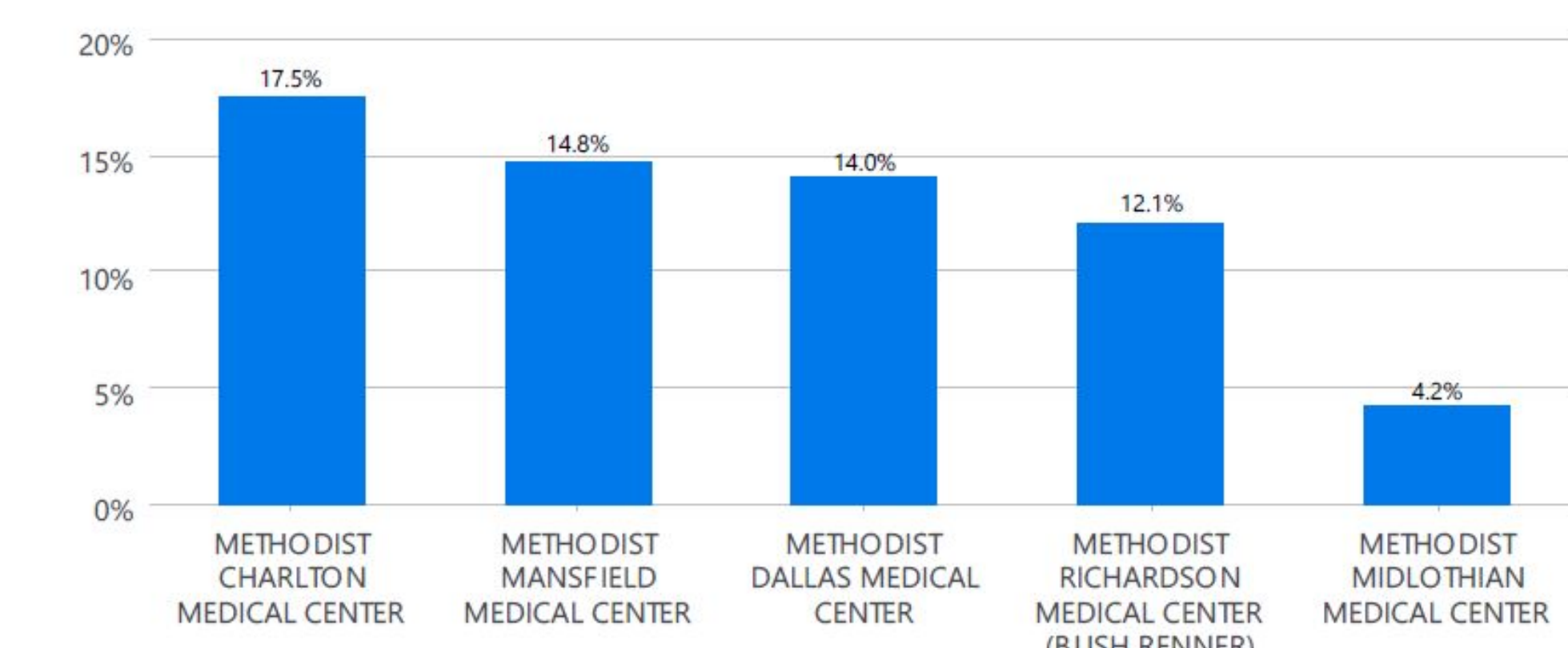
Procedure: All procedures

Discharge Disposition: All dispositions

Readmission Rate by Month



Discharge Locations with Highest Readmission Rates

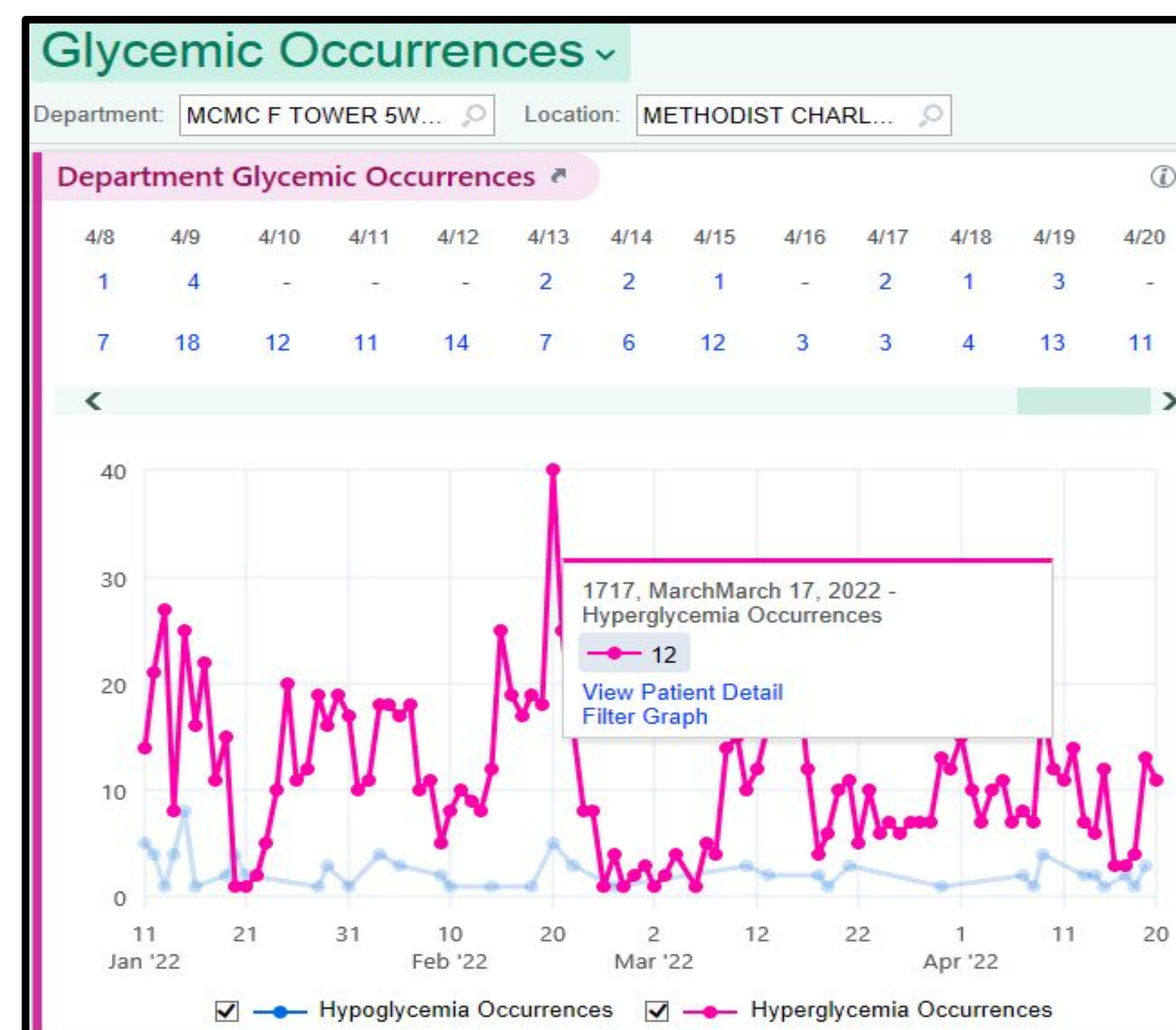
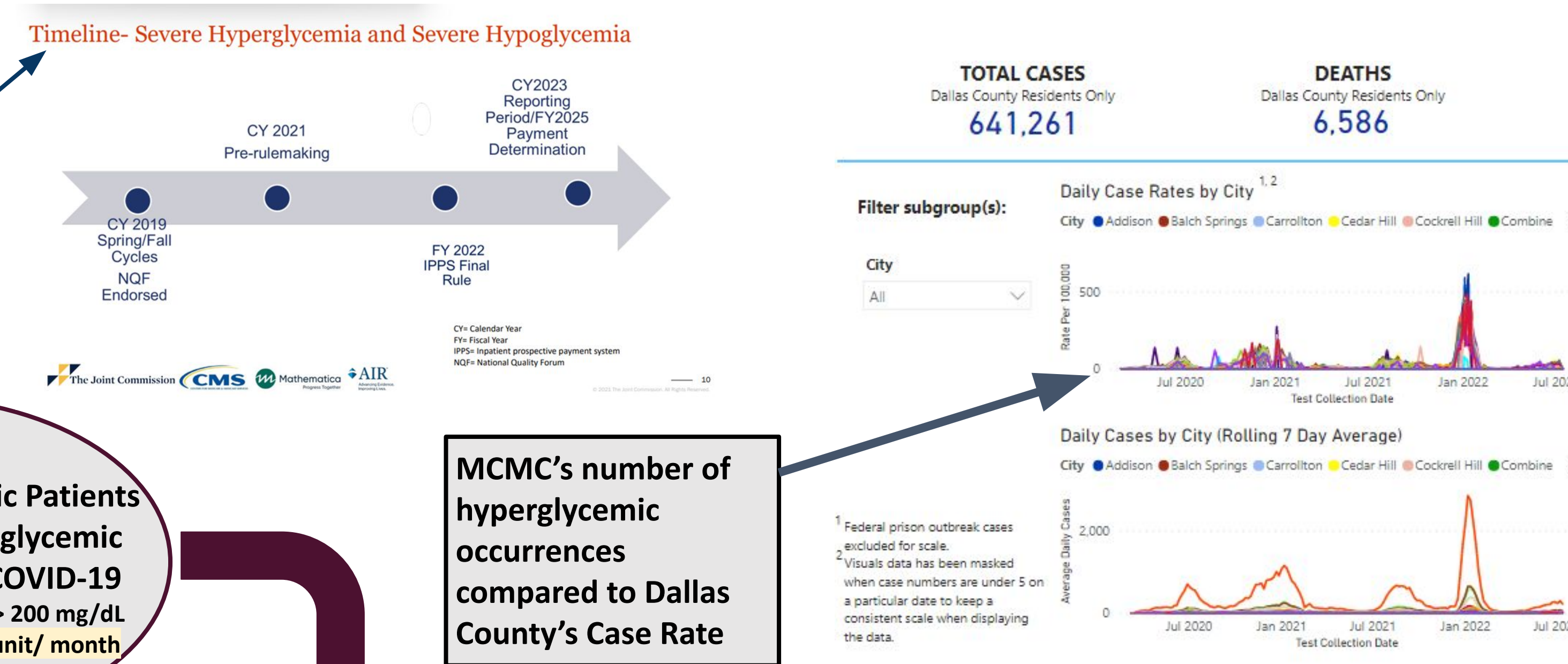


Taking Care of Our Patients - Glycemic Occurrences Dashboard

1. Comparing number of Glycemic Patients with Glycemic Occurrences over time
2. Leadership made aware of any reductions or increases; added as a quality measure
3. Tool for measuring staff education assessed; does data accurately reflect decreasing occurrences?

Taking Care of Ourselves - Fun events and Education Opportunities

1. September 2021 - MHS Diabetes Council met for pizza, wings, and education on CGMs
2. May 2022 - MHS Diabetes Council met for Mexican food and education on 2022 ADA Standards for Older Adults



Glycemic Occurrences Dashboard Example- MCMC F Tower SW, a Step-down Unit

MCMC's Hyperglycemic Patients had numerous Hyperglycemic Occurrences during COVID-19
*Hyperglycemia defined as > 200 mg/dL
** for > 1000 Occurrences/unit/ month

MCMC's number of hyperglycemic occurrences compared to Dallas County's Case Rate

Data from MCMC	JULY 2020	JANUARY 2021	JULY 2021	JANUARY 2022	JUNE 2022 (CURRENT STATE)
Neuro Unit	70 Patients had 506 Occurrences	90 Patients had 897 Occurrences	88 Patients had 618 Occurrences	89 Patients had 917 Occurrences	70 Patients had 412 Occurrences
Ortho Unit	56 Patients had 426 Occurrences	73 Patients had 791 Occurrences	51 Patients had 428 Occurrences	81 Patients had 1064 Occurrences	63 Patients had 542 Occurrences
Observation Unit	100 Patients had 962 Occurrences	141 Patients had 1731 Occurrences	107 Patients had 645 Occurrences	115 Patients had 1200 Occurrences	66 Patients had 567 Occurrences
Stepdown Unit	88 Patients had 886 Occurrences	104 Patients had 1250 Occurrences	107 Patients had 1210 Occurrences	105 Patients had 1012 Occurrences	102 Patients had 845 Occurrences
Renal Unit	76 Patients had 664 Occurrences	105 Patients had 1087 Occurrences	89 Patients had 841 Occurrences	109 Patients for 1285 Occurrences	43 Patients had 645 Occurrences
Intensive Care Unit	113 Patients had 1546 Occurrences	136 Patients had 1936 Occurrences	100 Patients had 1307 Occurrences	97 Patients for 1279 Occurrences	85 Patients had 692 Occurrences
Cardiac & Pulmonary Unit	87 Patients had 728 Occurrences	108 Patients had 1140 Occurrences	85 Patients had 955 Occurrences	81 Patients for 850 Occurrences	70 Patients had 573 Occurrences

Taking Care of Each Other - Weekly Working Meetings via Zoom

1. Sharing patient experiences weekly proves valuable to all
 - a. newer team members are better with electronic media and data interpretation
 - b. senior team members demonstrate knowledge on diabetes education experience
2. Sharing of information, tools, affordability resources, food bank lists, and educational opportunities
3. Collaborating to create and design better patient education tools such as the MHS Diabetes Book
4. Mansfield offered a 1 hour CE education on "Subcutaneous Insulin Administration" for providers
5. Charlton has plans for a 1.5 CE education on "Diabetes Care in the Hospital - Update on ADA's Standards of Medical Care in Diabetes—2022 "
6. Sharing personal and work-related challenges - emotional support and solutions

WHAT'S NEXT...

1. MHS Diabetes Book - provide education, distribute, and evaluate data
2. Continue to evaluate data from Diabetes Readmission Rate report
3. Order set revision opportunities utilizing the ADA Standards of Care
4. Plan continuous education for the MHS Diabetes Council (coming soon...LIVE meetings)

