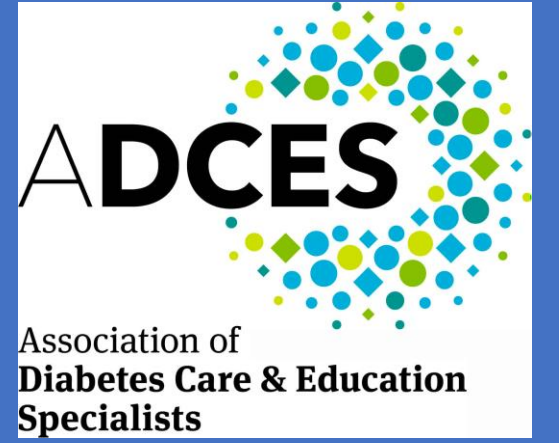


EMORY
JOHNS CREEK
HOSPITAL

The PGA Isn't Just in Augusta!

A CDCES-led Proactive Glucose Advice (PGA) Team Works to Decrease Inpatient Hyperglycemia

Anita O. Rich, DNP, RN, CHFN, CDCES
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INTRODUCTION

The **“COURSE”** is laid out by the **ADA Guidelines: 16. Diabetes Care in the Hospital**

“Consult with a specialized diabetes or glucose management team when possible.”

Unfortunately current **“PAR FOR THE COURSE”**:

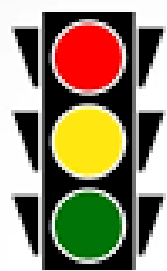
- 40% inpatients have DM or experience hyperglycemia
- Majority do not reach recommended BG targets
- Suboptimal glucose control is associated with increased
 - Mortality
 - Risk of Complications
 - Length of Stay
 - Readmissions

What's our current **“HANDICAP”**?

- No Inpatient Endocrine Service
- Different levels of expertise in inpatient DM care
- No daily specific focus on all hyperglycemic patients

OBJECTIVES

- Decrease inpatient hyperglycemia by PROACTIVELY reviewing and sharing “real-time” daily glucose results and other pertinent patient information and by providing actionable recommendations as early in the day as possible to ALL disciplines (MDs, Pharmacists, Registered Dietitians, RNs, and CDCESs) whose decisions and actions affect inpatient glycemic control.
- Highlight areas specifically addressed by ADA Guidelines – 16.1 A1c, 16.4 Insulin initiation, 16.6 Basal/Correctional, 16.7 Basal/Prandial/Correctional, and 16.8 Strongly discourage sliding scale only insulin regimen



METHODS

PGA TEAM MEMBERS and PROCESS:
DATA ANALYST

- built and generates DAILY HYPERGLYCEMIA REPORT which includes any inpatient with ≥ 2 BG ≥ 180 in prior 24 hours. (COVID patients are highlighted to alert of steroid use)

HOSPITAL BASED CDCES

- Reviews report and adds 1st am glucose
- Orders A1c if missing
- Highlights patients receiving “only correctional” insulin
- Highlights Diet orders
- Makes recommendations on insulin dosing
- Confirms CDCES and RD consults have been ordered for patients with current A1c > 9 and for patients newly diagnosed with diabetes
- Sends report to other PGA Team PRIOR to Structured Interdisciplinary Bedside Rounds (SIBR)
- Highlights hypoglycemia noted in report to also assess for decreasing insulin dosing in these patients

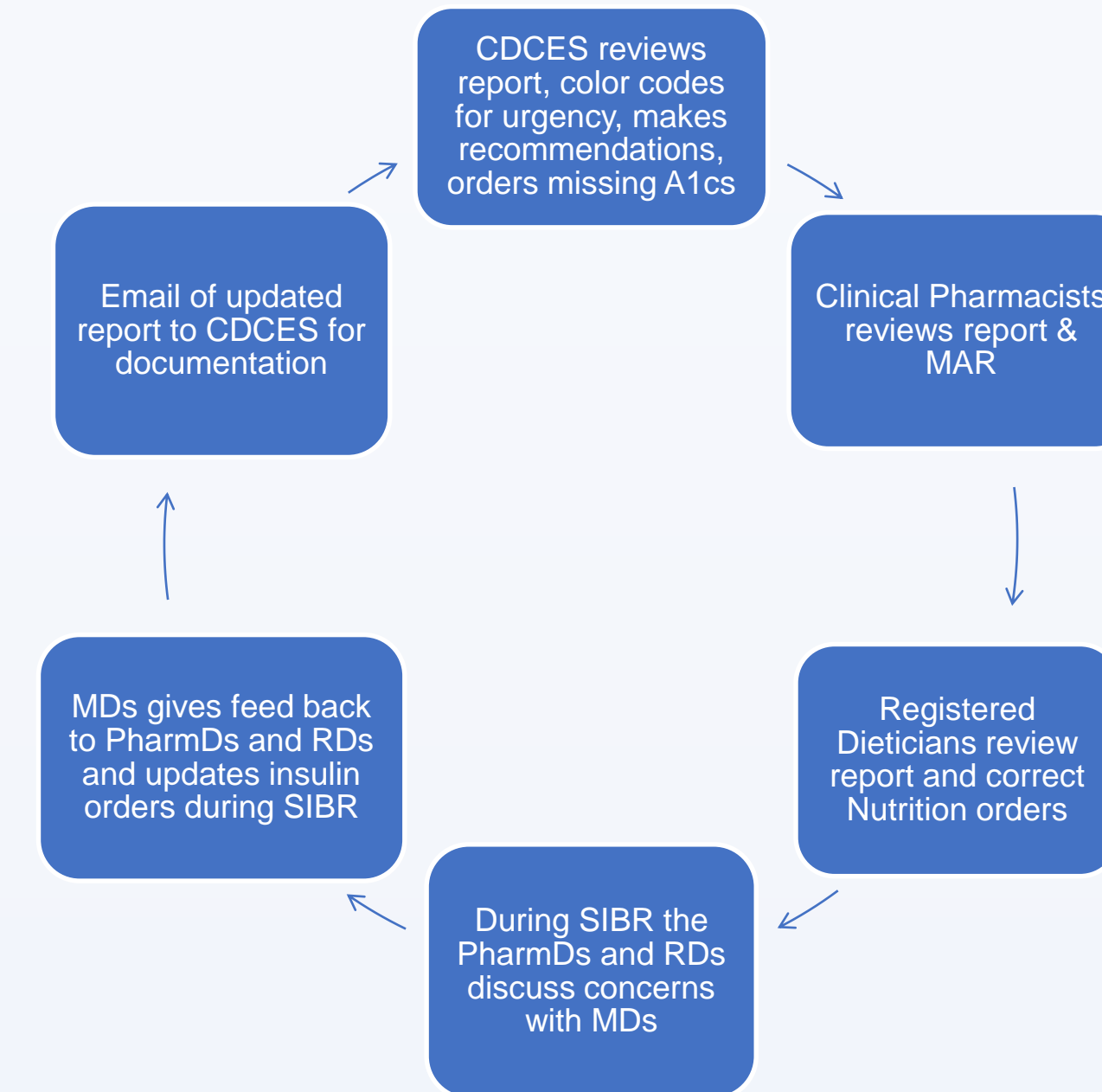
UNIT BASED CLINICAL PHARMACISTS

- Reviews report, concerns, insulin recommendations with MDs during SIBR
- Updates report to send back to CDCES to document

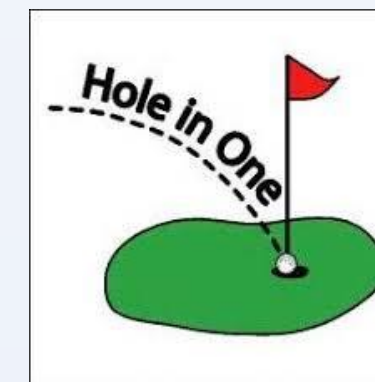
UNIT BASED REGISTERED DIETICIANS

- Reviews report and highlighted diet orders
- Discusses “yellow light” orders with HMS
- Corrects “red light” Nutrition orders for notes
- Confirms they are aware of RD Education consult

WHAT IS THE “GAME PLAN”?



RESULTS



A **“HOLE IN ONE”** is complete communication circle of actionable information!

But **“KEEPING SCORE”** is complicated!

There are **“FAIRWAY BUNKERS”** (barriers) to Accurate Data Collection

- Delay of Data Warehouse report misses SIBR times
- Necessity of Clinical Pharmacists to cover another unit
- Patients move from included unit to excluded unit
- Patients are discharged
- SIBR and CDCES only Monday through Friday

CONCLUSION

An Interdisciplinary Proactive Glucose Advice (PGA) Team can

- **“REVIEW THE WHOLE COURSE”** daily by reviewing the BG results for the last 24 hours
- Provide important and relevant insights such as the highly respected PGA **“CADDY”** does
- Help avoid the **“SAND TRAP”** of clinical inertia
- Assist MDs in **“PLAYING FROM THE ROUGH”**
- **“WIN THE HIGH STAKES GAME”** of inpatient glycemic control
- **“IDENTIFY REAL PROBLEMS”** early and begin to ask the 5 WHYS to determine a solution more rapidly
- Assist in **“LINING UP THE SWING”** to getting their hospital's inpatient glycemic control to line up with the most current ADA Guidelines

ACKNOWLEDGEMENTS

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18-Jul	Admit Day	Service Day	Patient	MRN	Gender	Age	Admit Dx	DM Type	A1c	A1c Date	All BGs	Basal Insulin Orders	Prandial Insulin Orders	Correctional Insulin Orders	Correctional Insulin Held	Diet Orders	RD Nutrition Consult?	CDCES Consult?	NOTES FOR SIBR DISCUSSION
411	2022-07-08	2022-07-17			Female	80	Intracranial hemorrhage	No Hx	5.5	2022-07-07	00:09 = 190, 04:20 = 113, 12:17 = 238, 16:53 = 112, 21:18 = 186 NO LABS TODAY, NO POCT AS OF 9 AM			standard		Soft & Bite-Sized Food 6 Diet: EDT, Fat Controlled, Oral High Calorie, Ensure Enlive Choc, 2 containers			Is correctional only appropriate? No POCT yesterday am. Is diet order appropriate? Discussed during SIBR. Suggested MD to consider Lantus. MD responded since he just changed the diet, he would like to wait and see if BG improves.
24	2022-07-16	2022-07-17			Male	74	Femoral neck fracture	T2	10.6	2022-07-16	04:25 = 398, 08:34 = 354, 12:00 = 355, 17:01 = 339, 18:59 = 297, 21:03 = 269 this am 155	glargine - 12 U, BID	4 u	highly resistant	Not Given: Other, Not Given: Order changed, Not Given: Patient Refused	Diabetes Consistent Carb 60 grams Diet: EDT, Vegetarian Diet w/Milk, Eggs and Fish			Discusse during SIBR. BG improved significantly today. (193, 155). No change in Rx for now
27	2022-07-10	2022-07-17			Male	66	Myositis of thigh, Osteomyelitis of leg, COVID-19	T2	6.7	2022-07-12	04:46 = 114, 07:50 = 115, 11:58 = 112, 16:34 = 190, 21:34 = 205 this am 142	glargine - 15 U, qHS		standard		Pureed Food 4 Diet: EDT Oral Diabetic, Glucerna, Vanilla, 2 containers			Discusse during SIBR. BG improved significantly today. (148, 142). No change in Rx for now
429	2022-07-07	2022-07-17			Male	61	Knee effusion	T2	6.7	2022-07-06	04:56 = 170, 07:43 = 164, 11:07 = 175, 16:38 = 207, 21:06 = 288 this am 186	glargine dose increased to 35 units to start tonight	4 u	standard		Diabetes Consistent Carb 60 grams Diet: EDT, 2000 mg/2 gm Sodium, Oral Diabetic, Glucerna, Choc, 2 containers			Discussed during SIBR. MD already adjusted Lantus and prandial insulin Rx before SIBR.