# Exploring Strategies to Prevent Hypoglycemic Events in Hospitalized Patients

## Change Pathway
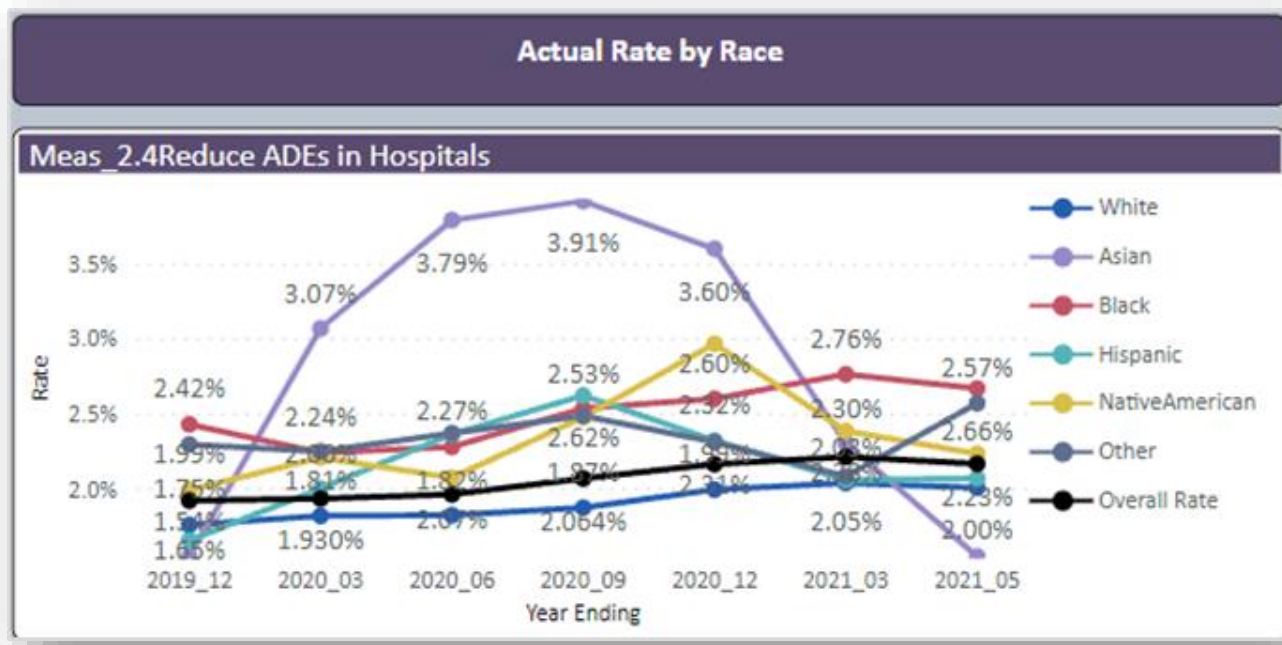
Thank you for registering for and/or attending the HQIC Webinar (Link)! Hospital leaders from across the country attended the event. Subject Matter expert, Dr. Steve Tremain, shared his perspective and a great resource. Furthermore, the small, rural, and critical access voice was amplified through sharing of barriers and best practices. **Now, it is time to act!**
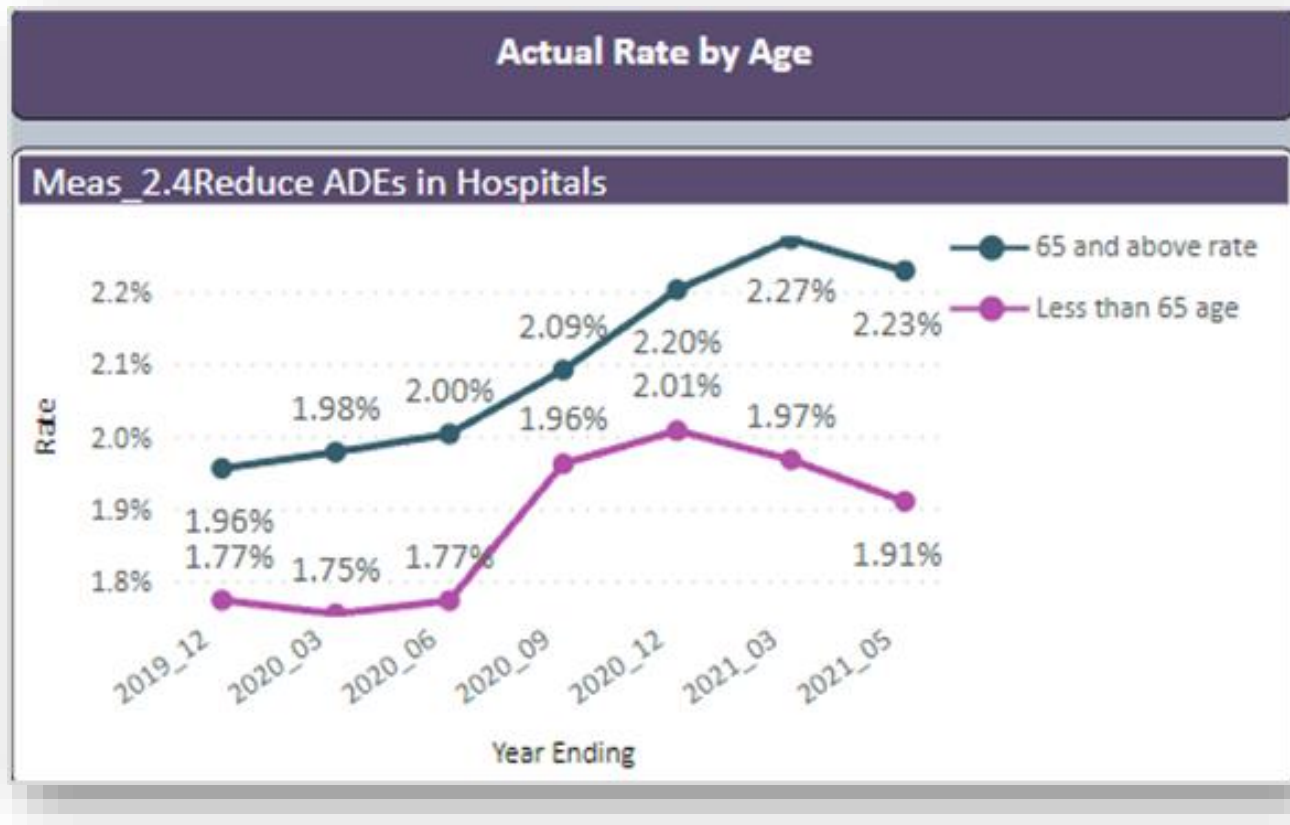
## Why Now

Hypoglycemia is common among inpatient diabetics, occurring in 3-10% of patients receiving insulin. A common misconception is that hypoglycemia in inpatients is relatively innocuous and that it is similar in severity and risk to that of outpatients. Often little is done other than to treat the episode; prevention of the next event is often not considered.

## Review the Data

### Alliant HQIC - Reduce Adverse Drug Events (ADEs*) in Hospitals by Race and Age



Asian patient population (purple) trended highest in prior year.

**Actual Rate by Age**

Meas_2.4 Reduce ADEs in Hospitals

Overall, age 65 and above trending upward (dark green line).
* ADEs include opioids, hypoglycemic and anticoagulants
Source: CMS Claims (Power BI)

## Consider Common Barriers

*Review common barriers identified during the webinar and brainstorm ways to mitigate challenges to implementation in your organization.*

+ Competing priorities for time/resources
+ Insufficient staff engagement and support
+ No identified hospital or unit champion
+ Missing nurse driven policies
+ Needing a pharmacist as part of the quality team

## Perform A Root-Cause Analysis

*Use the Cynosure Hypoglycemia Process Improvement Discovery Tool* (PDF).

## Identify Promising Practices

| Beginner | Intermediate | Expert |
|---|---|---|
| + **Utilize the _Cynosure Hypoglycemia Process Improvement Discovery Tool_ (PDF) to find out where you are, what the current processes are and if they are standardized.**<br>+ **Select 5 charts for review and spend no more than 20 minutes auditing each chart.**<br>+ **Stay focused on the task at hand by keeping a "parking lot" for other issued identified during the audit to circle back to later.** | + Prioritize improvement actions identified from the audit.<br>+ Go for the quick wins first!<br>+ Don't forget about health equity! Did the audit reveal any social determinates of health impacting your population? | + Review findings with administration and coordinate an action plan.<br>+ Implement identified changes (i.e., meal delivery).<br>+ Identify the resources available in your community to address SDOH affecting this population. If there are none then what collaboration opportunities might be available? |

## Health Equity Promising Practices

+ Review the Rural Health Information Hub's (Link) Evidence Based Toolkits
    + Diabetes Prevention and Management Toolkit (Link)
    + Food Access Toolkit (Link)

## Craft Your AIM Statement

*Identify your organization's goals related to prevention hypoglycemic adverse drug events. Fill in the blanks with your AIM.*

By (date), the team at (hospital) will implement (intervention) to improve (the problem) by (how much) to benefit (for whom).
*Example AIM*

*By February 15, 2022, the HQIC Hospital will implement a screening tool to be performed on all diabetic patients upon arrival to the ED to identify social determinates of health that place the patient at an increased risk for a hypoglycemic event.*

## Next Steps

*Not sure how to identify your organization's root cause? Need help getting started on implementing your selected intervention? Seeking feedback on your AIM statement?*

**Reach out to your HQIC clinical improvement consultant for assistance.**

## References

Exploring Strategies to Prevent Hypoglycemic Events in Hospitalized Patients – Slide Deck (PDF)