

Timely Insulin Coverage for Point of Care Glucose Testing.

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Image Credit: <https://www.niddk.nih.gov/health-information/diabetes/overview/insulin-medicines-treatments>

Significance

- As per LVHN Policy, diabetics require insulin coverage within 30 minutes of a point of care glucose testing (POCGT).
- If POCGT is not covered within 30 minutes, a recheck must be performed.
- Timely communication when obtaining POCGT is imperative in delivering accurate coverage with insulin.
- This can be implemented through increasing communication between Registered Nurses (RNs) and Technical Partners (TPs) as supported by means of the evidence.

Evidence

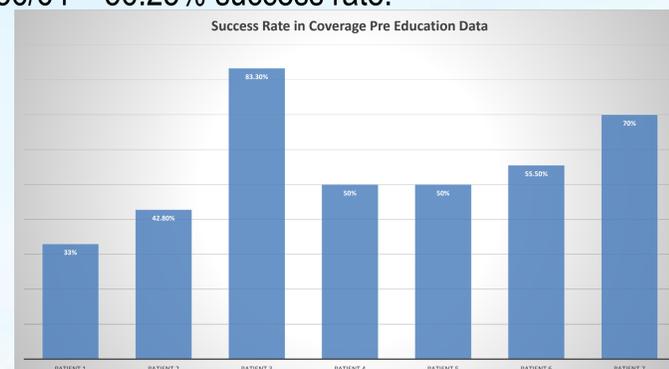
- Gilman (2001) gathered an interdisciplinary planning team to collect and review data from the Electronic Medical Record (EMR) on medical and surgical floors. Purpose of this was to improve nursing interventions that implement glycemic control.
- Gilman (2001) study found utilizing communication of meal time delivery and completion of POCT improved insulin delivery times by 83% on medical unit, 65% on cardiac, and 59% on surgical.
- Gravlin and Bittner (2010), measured reasons for missed nursing care and factors related to successful delegation. It was founded at 50% of both RN's and Nurse's Assistants (NAs) reported tension and communication breakdown as reasons for missed bedside glucose monitoring.
- Gravlin and Bittner (2010) founded that one intervention to increase communication was to provide check-in points during shift for "real-time" feedback.

PICO

- In RN's receiving blood glucose monitoring education, does improved communication result in timely coverage of POCGT compared to current practices?
- P: RNs receiving education.
- I: Providing education on timely communication between the registered nurse and staff obtaining POCGT blood glucose through use of phone calls or face to face communication as appropriate.
- C: Compared to current practices.
- O: result is improved adherence to LVHN protocol.

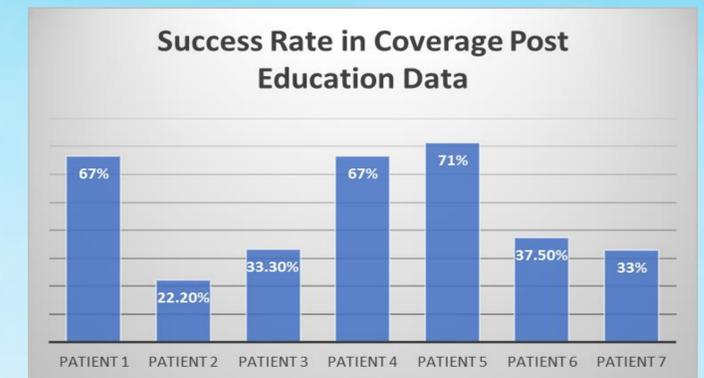
Implementation & Pre-Data

- Provide education to RNs and TPs through PowerPoint presentation during bi-monthly meetings on med-surg unit 4T to facilitate improved communication. Evaluation prior to presentation and after will be performed through surveys.
- Standardize the process of blood glucose monitoring and insulin delivery through real-time communication and notification (phone call, face-to-face).
- Data was collected from 7 audited EMR charts to evaluate the timeliness of POCGT coverage by RN's pre-study. Data was reviewed from a week's time beginning 1/8/2018-1/15/2018. Omitted were diabetics that refused insulin coverage and those controlled with diet.
- Findings reported that over a week's time, total for week: 36/64 = 56.25% success rate.



Outcomes Post Data

- Lack of communication between RN and TPs lead to a decrease in POCGT coverage through post-evaluation survey data.
- Findings reported that over a week's time, 2/5/2018-2/12/2018, total for week: 20/54 = 37.03% (p value for data comparison=0.934) success rate.



Future Considerations

- Continued communication between RNs and TPs is vital in delivering accurate coverage of insulin for diabetic patients.
- Implementation of education through different modalities may be necessary for different style learners to ensure understanding.
- A bigger sample size is necessary to evaluate effectiveness on a grander scale for higher significance.

REFERENCES

- Gilman, A. J. (2001). A Quality Improvement Project for Better Glycemic Control in Hospitalized Patients with Diabetes. *The Diabetes Educator*, 27(4), 541-546. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/014572170102700409?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Aacrossref.org&rft_dat=cr_pub%3Dpubmed&
- Gravlin, G., & Bittner, P. N. (2010). Nurses' and Nursing Assistants' Reports of Missed Care and Delegation. *The Journal of Nursing Administration*, 40(7/8). doi: 10.1097/NNA.0b013e3181e9395e
- Lehigh Valley Hospital. (2017). Medication administration. (Lehigh Valley Hospital Patient Care Services Policy ver 2). Lehigh Valley, PA.

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