Problem/Background

- American Diabetes Association guidelines for inpatient management recommend blood glucose between 100-180 mg/dL for non-critically ill hospitalized patients.
- Adequate glycemic control is an important aspect of overall cancer treatment outcomes. Uncontrolled glucose levels in inpatients can cause adverse outcomes.
- The use of a sliding scale (SSI) only insulin regimen is one of the common reasons for hyperglycemia in the hospitals, but Basal bolus Insulin (BBI) therapy is found to be more effective.
- As per the baseline data more than 66 % of diabetes patients with blood glucose >200 mg/dL are being placed on the SSI regimen in the Hospital Medicine unit.
- Providers rely on SSI rather than BBI due to knowledge deficit, fear of causing hypoglycemia, lack of best practice protocols/guidelines, or structured order sets.

Preliminary Data

- The implementation of IDS tool, which is integrated in the Epic, can assist providers in placing appropriate BBI insulin orders.
- Increased use of BBI use can result in reduction in hyperglycemia and hypoglycemia which can enhance overall patient safety and outcomes.
- Expanding or standardizing the intervention to other areas can help change prescriber practice and better glycemic control.
- Provider involvement and interest is an important factor in the utilization of the IDS tool.

Looking Ahead

- Continue to identify barriers in using the IDS tool and provide education and support.
- Make necessary changes to the IDS tool based on provider feedback.
- Reanalyze data for a longer period to see the trend in the use of BBI.
- Expand the intervention to other primary care units at MD Anderson.
- Aim for further increase of BBI use to 70-80%.

Reference - Inpatient Hyperglycemia Algorithm

- The percentage of providers who used the IDS Tool.
- Percentage of Patients with Blood Glucose >200 started on Basal Bolus Insulin within 48 hours.
- Blood Glucose Levels Before and After the Use of Basal Bolus Insulin Decision Support Tool.