Use of a Multidisciplinary Approach to Successfully Improve Inpatient Diabetes Self-Management Education and Diabetes Medication Reconciliation at Discharge for Persons with Diabetes and Stroke at a Major Academic Medical Center

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Disclosures

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American Diabetes Association

- ~30 million Americans have diabetes
- 2-fold greater risk of stroke
- 1 in 5 persons with diabetes die from stroke
- Structured, individualized discharge plan

American Heart Association

- 795,000 Americans with stroke/year
- 23% will have recurrent stroke
- Diabetes is a significant modifiable stroke risk factor

A multidisciplinary approach is an effective disease management strategy
• More than 40% of our persons with initial stroke also have diabetes
  – 11% received inpatient diabetes education (2016-2017)
  – 59% had diabetes medications listed on after visit summary (AVS) at discharge (2016-2017)
  – Majority had outpatient diabetes management by a Primary Care Provider (PCP) prior to stroke
  – Minimal diabetes education provided prior to discharge
• Lack of provider consensus
• Knowledge deficit regarding diabetes education
• Lack of inpatient diabetes education staff
• Competing responsibilities for nursing staff
• Transition of care to different venues
We thought we were doing the right things...

- Developed checklists for personalized stroke risk factor education
  - Ischemic versus hemorrhagic
  - Deletion of impertinent risk factors
- Added “Stroke Risk Factor Education” to the provider discharge template
- Initiated Stroke Coordinator discharge rounds with patient and significant others

But....this was not enough!
Collaboration works...
Collaboration
- Neurology/Endocrinology: A1c ≥7% triggers Endo Team consult
- DM education and DM medication reconciliation

Implementation
- DM care instructions now on AVS
- Stroke Coordinator follows up
- Stroke Boot Camp

Evaluation
- Daily review of A1c data on our inpatient stroke population
- Endo Team Consult completed?
- DM Meds reconciled on AVS at discharge
- Persons with stroke and diabetes need inpatient diabetes education in the form of survival skills
- Persons with stroke and diabetes are most confident in their ability to manage 2 chronic illnesses when education is consistent
- Refer to outpatient diabetes education
- Diabetes guidelines change—use your experts