

6-10-2016

Appropriate Utilization of Diabetic Diets for Inpatients

Neha Agarwal, MD

Thomas Jefferson University Hospital, neha.agarwal@jefferson.edu

Tasha Kouvatso, MD

*Thomas Jefferson University Hospital, tasha.kouvatso@jefferson.edu*Follow this and additional works at: <http://jdc.jefferson.edu/patientsafetyposters>Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Agarwal, MD, Neha and Kouvatso, MD, Tasha, "Appropriate Utilization of Diabetic Diets for Inpatients" (2016). *House Staff Quality Improvement and Patient Safety Posters*. Poster 12.<http://jdc.jefferson.edu/patientsafetyposters/12>

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Appropriate Utilization of Diabetic Diets for Inpatients

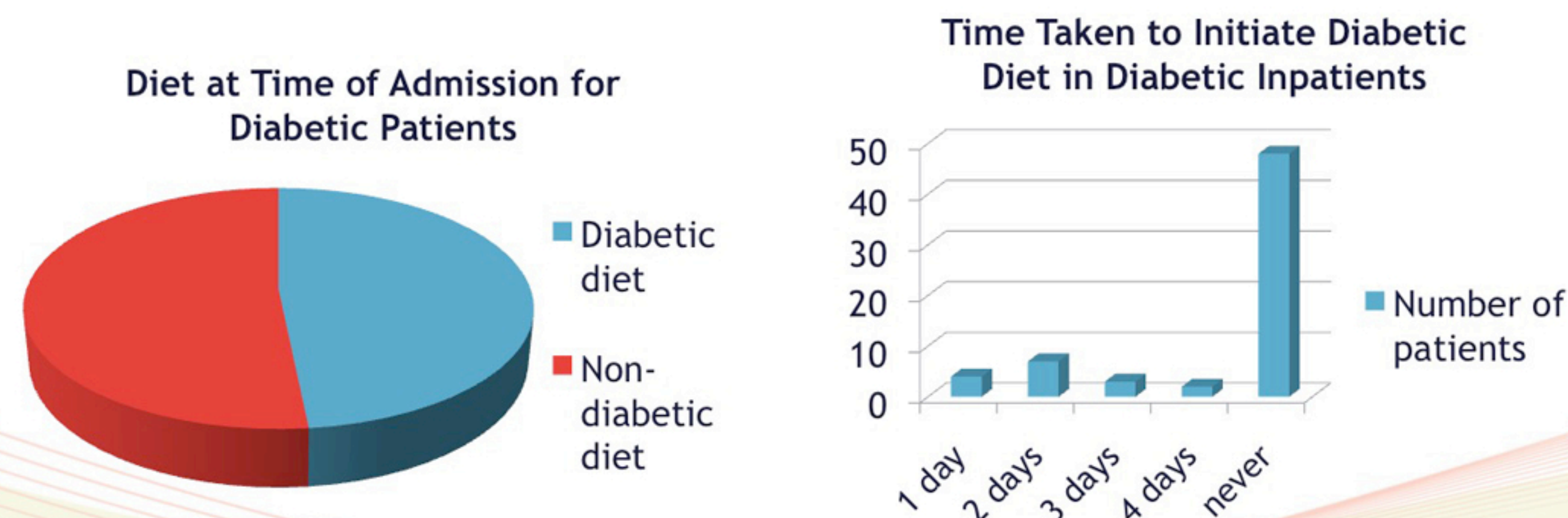
Team Members: *Neha Agarwal, MD*
Faculty Mentor: *Tasha Kouvatso, MD*

BACKGROUND

While diabetic diets are a basic, but important component of a diabetic patient's hospital stay, this detail is often overlooked during hospitalization. This is evident from reviewing any number of inpatient diets for the diabetic patient population at TJUH. Maintaining these patients on an appropriate diet can contribute to optimal blood glucose control, thereby decreasing the usage of correctional dose insulin (CDI) as well as development of complications, such as secondary infections.

CURRENT PERFORMANCE

We reviewed orders from Jeffchart to determine how many diabetic patients admitted to the 7th floor (Med-Surg) during the time period of 1/1/2014-12/31/2014 were placed on the appropriate diet at admission.



AIM

TO increase the number of diabetic patients that are ordered a diabetic diet at time of admission

SO THAT blood sugars may be better controlled throughout admission with decreased usage of CDI

PROPOSED INTERVENTION

We will discuss implementing a change in the structure of admission orders in the EMR with the IT team . Specifically, it may be beneficial to link any orders for insulin (CDI or others) to a diabetic diet order, just as there is a "Hypoglycemia Management" set linked to insulin orders. Similarly, if patient's blood sugars are greater than 200, a prompt requesting a provider diet check may be useful. An additional measure would be to meet with the nutrition/dietary team to discuss periodic inpatient diet checks, although this may be limited by staff availability.

IMPLEMENTATION PLAN

Team members: Jeffchart IT, nutrition/dietary team

Measuring success: Following our intervention, it would be helpful to again survey diet orders of diabetic patients admitted on the 7th floor over a time period of 6-12 months, and gather data regarding the number of patients on the appropriate diet at time of admission. The goal is for this repeat survey to show an overall increased percentage of diabetic patients on the appropriate diet.

DISCUSSION

Challenges/barriers to implementation:

Patient factors

- may have undiagnosed diabetes
- develop secondary diabetes during admission (ex. secondary to steroids)
- may have diet controlled DM2, not on meds at admission so less of a trigger to start diabetic diet (this was the case for 11 out of 48 patients never placed on a diabetic diet in our baseline data)
- may be on dysphagia or clears or NPO on and off during admission, creating multiple opportunities to enter wrong solid diet

Team factors

- surgical services vs. medical services have different priorities
- house staff may not be aware of the existence of diabetic diet order, especially incoming interns (ex. may order "no concentrated sweets" or "low fat diet" instead).