## **Evaluation of Inpatient Insulin Pump Policy** Adherence and Patient Safety Outcomes Tyler Baumeister, PharmD, Christine Hamby, BS, PharmD, Taylor Rider, PharmD BCPS, Rochester General Hospital, Department of Pharmacy, Rochester NY

## Background

- Continuous subcutaneous insulin infusion continues to gain acceptance in diabetes care
- Although insulin pumps are used predominantly in the ambulatory setting, the American Diabetes Association advocates for usage in non-critically ill hospitalized patients who are able to self-manage their pump
- The purpose of the study was to assess policy adherence and patient outcomes

## Study Design

- Retrospective, single-center, chart review
- Patients at least 18 years of age who had an insulin pump order placed from July 1<sup>st</sup> 2018 to July 31<sup>st</sup> 2019 (N=47)

### Results

| Policy Adherence                        | Yes N (%) |
|---|-----------|
| CAM* score recorded every 8 hours       | 40 (85)   |
| Consent form scanned                    | 32 (68)   |
| Glucose log scanned                     | 27 (43)   |
| Pump location documentation             | 4 (9)     |
| Glucose check every hour during surgery | 0 (0)     |

\*Confusion Assessment Method



## **Types of Insulin and Glycemic Events**

**Documentation** and monitoring per hospital policy was infrequently recorded in the chart

**Glycemic events** were frequent reasons for pump interruption but escalation of care was rarely needed

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\*Glycemic event defined as BG <60 or >300mg/dL

| n for pump interruption | Patients N (%) |  |
|-------------------------|----------------|--|
| nic event*              | 8 (40)         |  |
| r / Other               | 4 (20)         |  |
| /Radiologic procedure   | 3 (15)         |  |
| preference              | 2 (10)         |  |
| mission                 | 1 (5)          |  |
| mental status           | 1 (5)          |  |
| t of supplies           | 1 (5)          |  |
|                         | 20             |  |

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| Adverse Event                                      | Hypoglycemia* | Hyperglycemia** |
|--|---------------|-----------------|
| Number of Patients N (%)                           | 16 (34)       | 15 (32)         |
| Number of Patient with<br>Recurrent Episodes N (%) | 8 (50)        | 7 (40)          |
| Total Episodes                                     | 35            | 34              |
| Escalation of Care                                 | 0             | 1               |

\*Hypoglycemia <60mg/dL \*\*Hyperglycemia >300mg/dL



## Discussion

- Adherence to documentation and monitoring required by insulin pump policy was low
- Missing paperwork may have been completed but not scanned into the chart
- The main reasons for pump interruption were
- hypoglycemia and hyperglycemia, but the majority of cases were mild and did not require escalation of care
- This study highlighted areas of potential improvement,
  - specifically nursing and surgical documentation

#### **Conflicts of interest**

The authors have no conflicts of interest to report