

Washington University – Diabetes Center IMPROVAID

Kai Jones



Adult Center in St. Louis, Missouri

Providers:

1 PA, 1 NP, 17 MD providers (8 are fellows in training)

4 CDECES

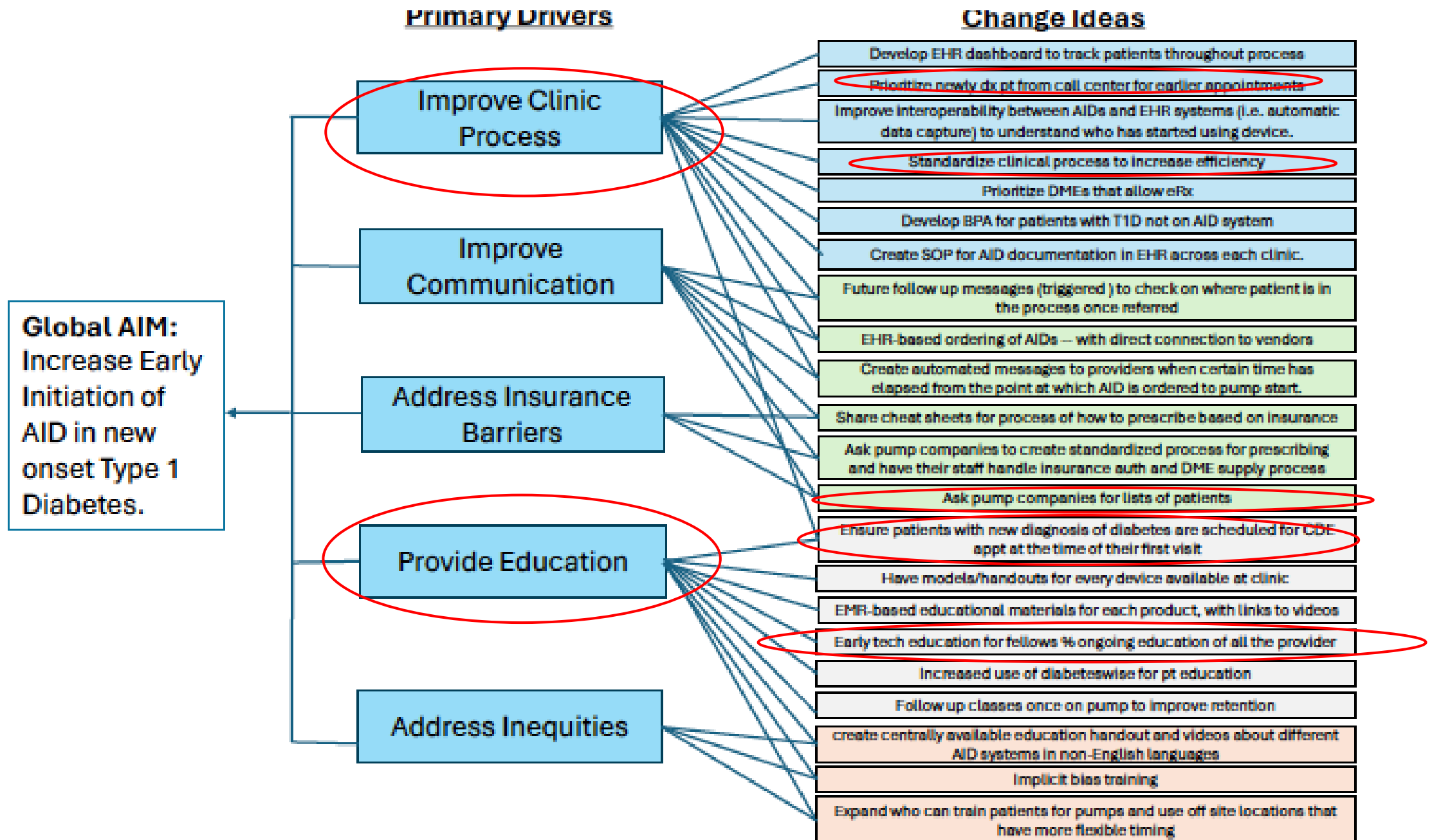
Foot Nurse

Front Office – MAs (rotating schedule)

Back Office – RNs and MAs

Approximately 750 patients with T1D

1300 patients on pumps



PICK Tool

- Expedited follow-up after DKA event.
- At WU, we have a unit that treats mild DKA using the SQUID protocol
- Inpatient Diabetes teams are consulted but often day of discharge
 - Complicates outpatient scheduling

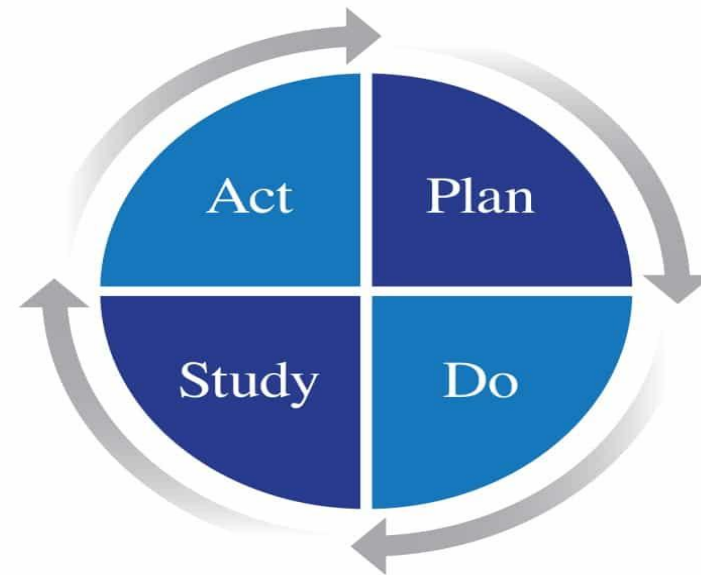
PICK Tool

- Many of these patients are scheduled for follow-up but the appointment is not finalized until they are discharged home
- No show rates in post hospital clinics are 50%
- NP in our diabetes center has spots for these patients

PDSA 1 Objective: To ensure that patients discharged after DKA event receive expedited follow-up care within 2-3 weeks to improve access to subspecialty care.

Act:.

Study: next slide



Plan: Expedite outpatient follow-up after DKA hospitalization to allow for earlier initiation of diabetes technologies for those recently diagnosed.

Do: Connect with hospitalists about early contact with endocrinology team to ensure scheduling team have adequate time to schedule appointments.

Scheduling team will reach out prior to discharge so that the appointment is printed and documented on discharge paperwork.

Consultants to verify that appointment is confirmed and that patient is aware

Feedback from scheduling team

Procedure:

1. As soon as possible the primary team or consulting teams enter an ambulatory referral order to the WashU Medicine ambulatory clinic through Discharge Navigator or Future OP Orders activity.
2. When referred to a WashU DOM division, new Epic logic will route the referral to a new DOM Business Office WQ. The DOMBO team will verify insurance coverage and identify contracted and non-contracted plans.
3. If the coverage is contracted, DOMBO will document a WashU IP to OP Encounter note like below. The referral will then route to the appropriate ambulatory unscheduled WQ.

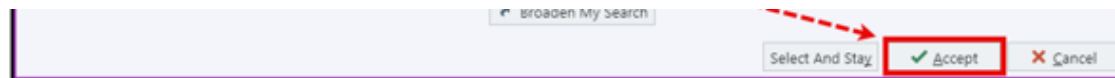
WashU Medicine Contracted –

*The below information was verified on ** (date) for coverage ** (current coverage)*

Inpatient to Outpatient verification complete. This patient's coverage has been verified as contracted and in network. This ambulatory referral order has been routed to the ambulatory division's unscheduled WQ and hub.

Department of Medicine Business Office

DOMBO Non-contracted Team email: domoonteam@wustl.edu



Study – New Diagnosis Presenting with DKA in last 30 days

Patient ID	Day of Consult	Confirmed T1D at Discharge	Discharged with Appt	Within 4 weeks	CDE?	Attended	Other
1	1	No	Yes	yes	No	Yes	Found to have T2D
2	2	Yes	Yes	yes	yes	pending	ICI related T1D
3	2	No	Yes	No	Yes	pending	Appt moved up

Study

For new patients

- Schedulers need to be reminded to utilize our NP for Post-Hospital Appts (earlier availability)

For other DKA admissions post-hospital scheduling issues

- Weekend/Quick Admissions
- Insurance Ineligibility Later Discovered (15%)
- Following with providers outside of our system
- Prolonged hospitalizations due to critical illness

PDSA 1 Objective: To ensure that patients discharged after DKA event receive expedited follow-up care within 2-3 weeks to improve access to subspecialty care.

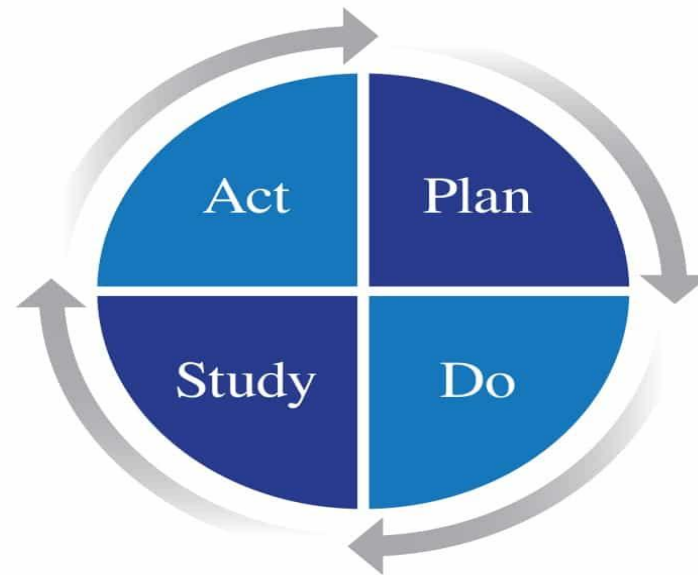
Act:

() Adjustments – Use the referral tool so insurance verification can occur without delay

() Adjustments – Review with scheduling hub that post hospital patients do not need to be seen by MD

() Adjustments – Earlier involvement (discussing process with ED leadership)

Study: previous slides



Plan: Expedite outpatient follow-up after DKA hospitalization to allow for earlier initiation of diabetes technologies for those recently diagnosed.

Do: Provide flyers and email hospitalists about early contact with endocrinology team to ensure scheduling team have adequate time to schedule appointments.

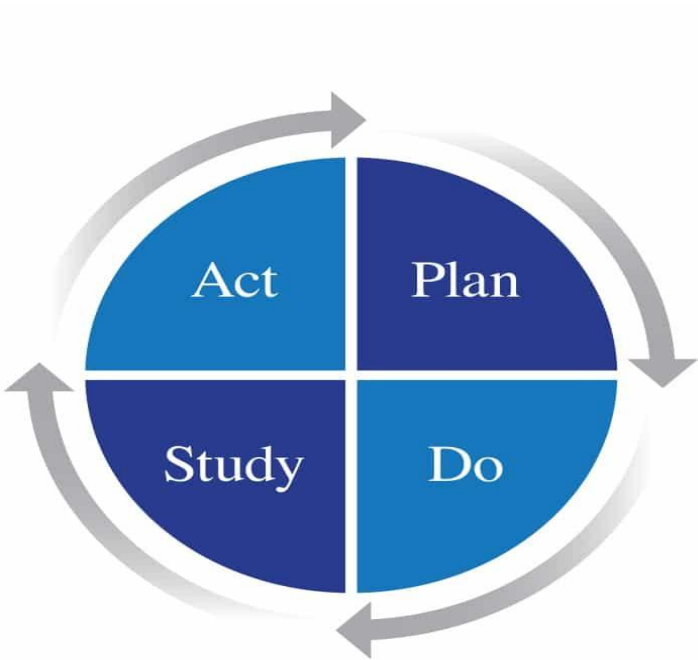
Scheduling team will reach out prior to discharge so that the appointment is printed and documented on discharge paperwork.

Consultants to verify that appointment is confirmed and that patient is aware

PDSA 2 Objective: Increase knowledge of available insulin pump technologies for fellows through lecture series on CGM and pumps.

Act:.

Plan: Improve the technology education for our fellows.



Study:

Do:
(x) Survey fellows about current education

Survey

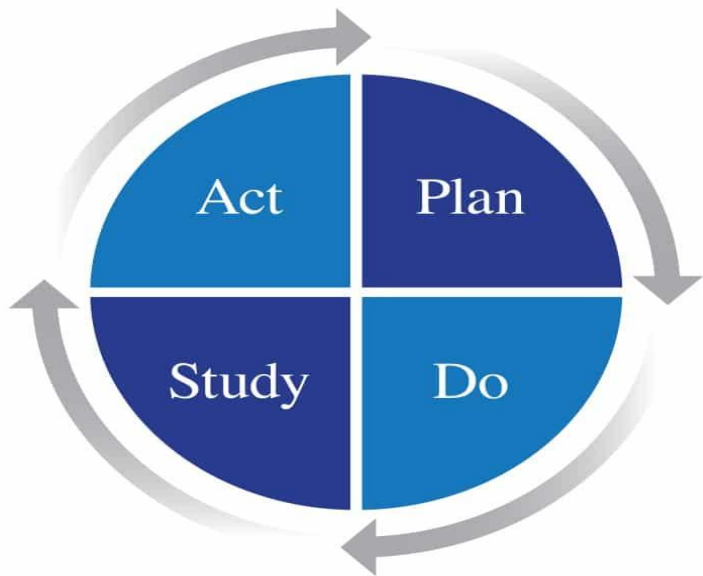
- Current structure:
 - Intro lecture as a part of our grand rounds
 - Pump companies provide evening seminars on each device
- Four of the Six fellows agreed/strongly agreed that wanted more insulin pump exposure early in training
- Narrative Feedback
 - Highlighted that they wanted fellows only lectures
 - Did not find pump companies lectures helpful

PDSA 2 Objective: Increase knowledge of available insulin pump technologies for fellows through lecture series on CGM and pumps.

Act:.

Plan: Improve the technology education for our fellows.

Study:



- Do:**
- (x) Survey fellows about current education
 - (x) Create pre- and post- survey for the lectures for better tracking
 - (--) Create fellow specific teaching
 - () CDE lecture in lieu of pump companies
 - () Pump start shadowing in orientation