ICU Diabetic Nurse Champion Team
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BACKGROUND
- Glycemic management of the intensive care unit (ICU) patient is a challenge due to the complexity and severity of critical illness
- Hyperglycemia is common in critically ill patients in the ICU, affecting both diabetic and nondiabetic patients
- Hypoglycemia can also occur in ICU patients and have detrimental effects
- In critically ill patients glycemic control improves clinical outcomes, such as decreased mortality and length of stay

PURPOSE
- The purpose of this quality improvement project was to develop and implement an ICU Diabetic Nurse Champion team to improve glycemic management in the critical care patient

METHODS
- “The Iowa Model of Evidence-based Practice to Promote Quality Care” was chosen as the theoretical framework for implementing the ICU Diabetic Nurse Champion team
- Development of a team, which included two staff nurses from each shift to become champions
- Gathering and developing the evidence
- Developing evidence-based guidelines
- Piloting the change which included:
  - Staff education
  - Medical record auditing
  - Staff feedback
  - Multidisciplinary collaboration
  - Decision support tool
  - Evaluation

OUTCOME INDICATOR
Achieve greater than 77% compliance with the Dignity Health target of blood glucose results within 71-179 mg/dL

RECOMMENDATIONS
- Education of ICU nursing staff to include a resource binder, a poster board, and a mandatory class on glycemic management
- Auditing and posting of weekly and monthly glucometric results
- Inclusion of each patient’s blood glucose results in daily multidisciplinary rounds
- Charge nurse to print out daily hypoglycemia and hyperglycemia reports and discuss them with the multidisciplinary team
- Primary nurse to inform physician of any blood glucose < 71 or > 179 mg/dL
- Use of intravenous insulin infusions for critically ill patients when blood glucose > 180 mg/dL for two consecutive readings

CONCLUSION
- Diabetic Nurse Champion teams can help meet the standard of care for optimal glycemic management in ICU by changing practice resulting in improved patient outcomes

REFERENCES