

Armamentarium of QI Strategies

QI strategies	Specific ideas for glyceimic control
Provider education	<ul style="list-style-type: none"> ● Didactic sessions on insulin use (eg, noon conference, grand rounds, etc.) or, better yet, comprehensive educational programs with mandatory participation and performance (certification). ● Distributed educational materials (eg, pocket cards, handbooks, etc.). ● Intranet or Web-based educational programs.
Provider reminder systems	<ul style="list-style-type: none"> ● Prompts nested within paper admission/transfer/post-op order sets supported by guides for insulin ordering (insulin protocol). ● Prompts within CPOE to follow insulin protocol. ● Stickers on charts or posters in order-writing areas.
Facilitated relay of clinical data to providers	<ul style="list-style-type: none"> ● Alerts to physicians by means other than the medical record (eg, page, electronic alert, phone call, e-mail to provider about patients with poor glyceimic control or patients not on recommended therapies).
Audit and feedback on performance to providers	<ul style="list-style-type: none"> ● Feedback of glyceimic control or insulin usage performance to individual providers or groups of providers (with or without benchmarking top performers).
Patient education	<ul style="list-style-type: none"> ● Programs dedicated to assessing the learner, teaching “survival skills,” and other materials (eg, pamphlets, physician or nurse teaching patient or caregiver, closed-circuit TV program in patient rooms, etc.) .
Organizational or operational change	<ul style="list-style-type: none"> ● Administrative support personnel dedicated to ensuring constant stocking of insulin protocols and order set in needed areas. ● Clinical support personnel dedicated to collecting data and creating useful reports on glyceimic control (see Introducing Glucometrics). ● Hospital-wide (or unit- or service-specific) teams or individuals with regular responsibility to focus on glyceimic control (eg, physician, nurse, pharmacist, etc.), also known as the “glyceimic control hit squad”/glyceimic management team.
Incentives, regulation, and policy	<p>Provider directed:</p> <ul style="list-style-type: none"> ● Honor recognition of highest performers each month or quarter. ● Financial incentives based on achievement of glyceimic control performance goals. ● Punitive actions for failure to meet minimum performance or to cooperate with improvement efforts (suspension of privileges, stockade in town square, etc.) <p>Health system directed:</p> <ul style="list-style-type: none"> ● Enforced policy mandating use of insulin protocols (eg, “hard stops” in processing of a pre-op patient to make sure the patient is assessed for hyperglycemia and, if present, treated via the protocol).

Source: adapted from Shojania KG, McDonald KM, Wachter RM, Owens DK. Series Overview and Methodology. 2004. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies; vol 1. Available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/qualgap1/qualgap1.pdf>.