

Video Technology Enables Face-Face Diabetes Self-Management Education and Support for inpatients at remote sites



Robyn Williams MSN RN CDCES, Michelle Stancil MS RN CDCES, Casey Fiocchi RD LD CDCES, Serena Blanken BSN RN DCES, Janet Mathavich RD CDCES

Background

An institution may not have dedicated inpatient Diabetes Care and Education Specialist (DCES) on site. When caring for hospitalized people with diabetes, a consult with a specialized diabetes or glucose management team, when possible, is recommended¹

A DCES may meet this challenge with a remote option. Our Diabetes Self-Management Education and Support (DSMES) team worked with our facility's IT department for a solution. A remote video platform was the result.

Hospital nursing units were already using tablets for language interpretation; the tablets would now be used for remote video inpatient diabetes care and education consults.

Purpose

Determine if the availability of a remote DCES will improve inpatient diabetes education and team-based care along with transition to outpatient resources.

Primary Outcome

Access to DCES via remote inpatient video consults.

Methods

Inclusion criteria

- Hospitals oriented to remote DCES process
- Pharmacy collaboration for insulin administration education
- Inpatients of all ages with diabetes (pediatric, pregnancy, adult); alert, oriented

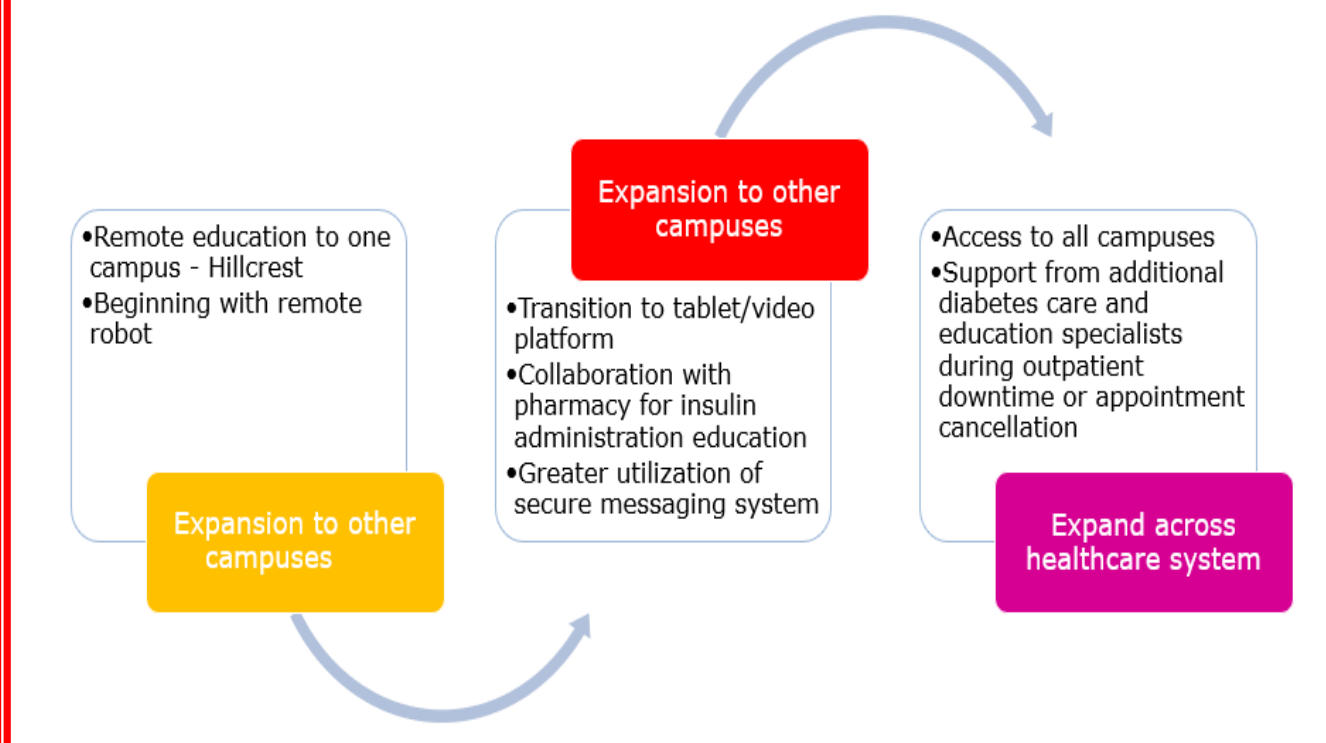
Intervention

Scheduling	Hospital Nursing Unit	Diabetes Care and Education Specialist
<ul style="list-style-type: none"> • Order placed for DCES in electronic medical record (EMR) • DCES receives order and contacts unit to schedule and print education documents • DCES coordinates visit with nursing 	<ul style="list-style-type: none"> • Prior to appt, RN brings tablet to patient room • Launch video connect; login and join education room • RN introduces the DCES to patient. 	<ul style="list-style-type: none"> • Launch video connect, enter virtual education room • DCES completes education session and consult note

RN/Telepresenter Etiquette

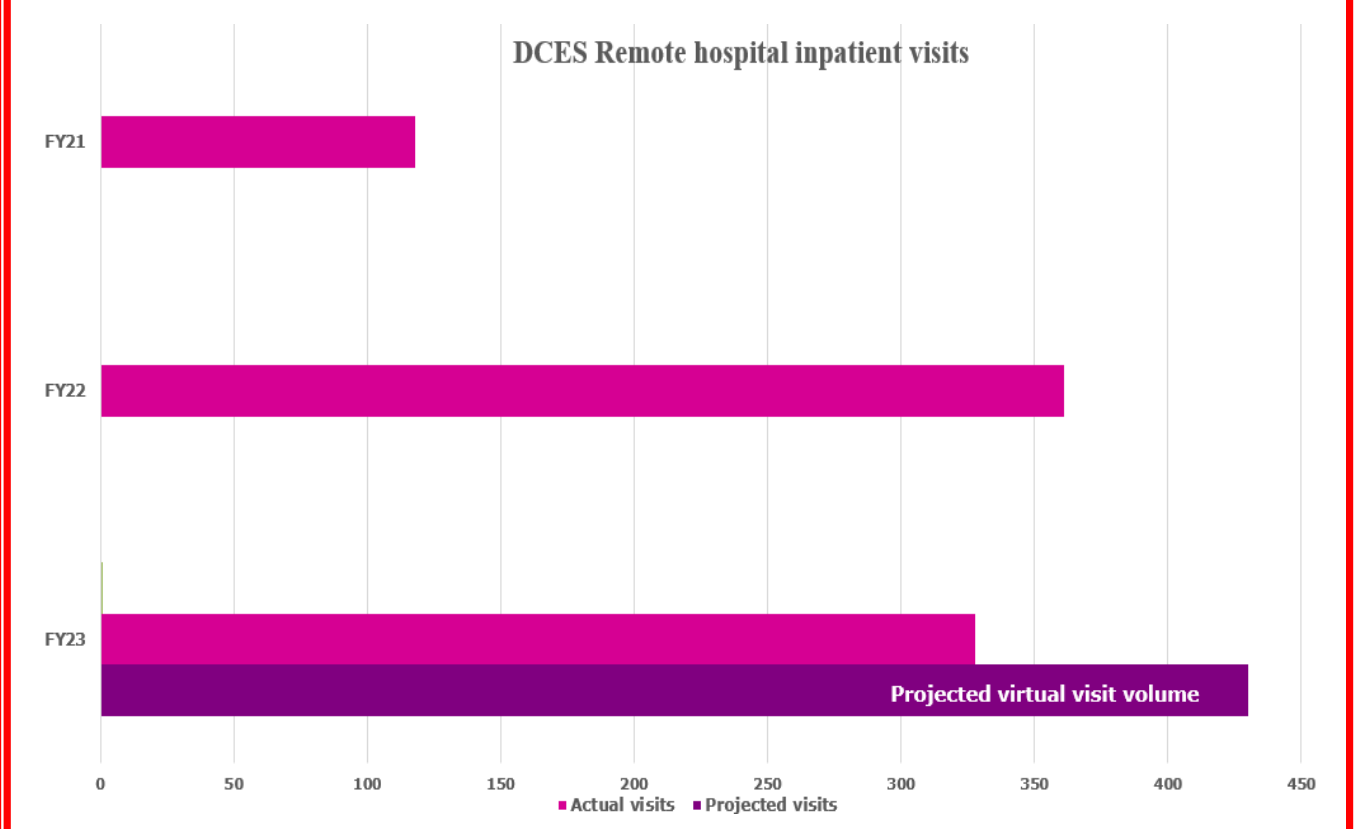
- Before the visit**
- Ensure tablet charged
 - Explain service to patient
 - Patient eye-level with DCES
 - Adjust volume is on
 - Turn the TV off
 - Silence all cell phones
 - Ensure the room is adequately lit
 - Close blinds as daylight may interfere
- During the visit**
- Treat virtual visit as an in-person visit
 - Complete introductions
 - Maintain eye contact with the camera
 - Reminder, always viewable to the DCES

Results



Outcomes

- FY21 1 campus -> expansion to 3 campuses**
- FY22 Availability to all 8 campuses**
- FY23 Current and projected remote visits**



Results (continued)

- 100% buy in by providers and administration at each facility
- Access to DCES to populations that otherwise would not have been seen
- Patient connection to outside resources after discharge:
 - Outpatient Diabetes Self-Management Education and Support services
 - Access Health
 - PASOS
 - Dispensary of Hope
 - Vocational Rehabilitation

Conclusion

The implementation of inpatient remote access to a DCES was successful in meeting both the education needs of inpatient populations not previously served, but also contributed to staff and provider care, education and resource awareness.

References

1. ElSayed NA, Aleppo G, Aroda VR, et al., American Diabetes Association. 16. Diabetes care in the hospital: *Standards of Care in Diabetes – 2023*. *Diabetes Care* 2023;46(Suppl. 1):S267-S278