Brief synopsis: Glycemic Safety in the VHA 2024

As part of the oversight of clinical care, the VA has a large number of metrics which are collected. Some of these metrics are patient safety related. One example is the hypo and hyper glycemia event rate (mild and severe) at sites across the VA (approximately 170 separate facilities). This is ongoing for years.

In 2018, after ISMP released their document on using insulin safely, the VA National Center for Patient Safety determined that assessing glycemic safety structures and processes would be a good safety assessment VA wide.

2019 the VA NCPS issued the glycemic safety Patient Safety Assessment Tool (PSAT) which is similar to an ISMP Medication Safety Self-Assessment except that it is a home built application used for hundreds of safety assessments. It tracks actions and it is viewable locally, at the regional level and nationally at the patient safety center. The survey was optional but the facilities that did the assessment would have that assessment count toward their application for a Cornerstone award (gold, silver and bronze levels). It is essentially an achievement program to demonstrate their commitment to patient safety.

102 sites in VA did the Glycemic PSAT. One thing that happened, was that several sites called the author of the PSAT to discuss that despite having oversight committees for anticoagulation and for opiate use and other clinical programs, their glycemic safety team was astounded that there was nothing structured to protect patients from glycemic events.

Two sites with this revelation wound up turning things around at their facilities and they presented their excellent work to the Medication Safety Program Managers in 2023. The Louisville VAMC wound up publishing their experience with glycemic safety and they presented on the MSOS call September 2024.

In parallel, the patient safety center gives grants to sites that want to work on applied research topics. This bridges the gap between research and application of safety strategies. In 2021, the Palo Alto VA received grant funding to study inpatient medication safety. The focus that they chose was glycemic safety. They spent the next 3 years studying the factors that drive down the rate of dysglycemia. The sites that had participated in the glycemic PSAT also had a more dramatic decrease in glycemic related events. Later they collected hospital protocols for glycemic event prevention, and they also hosted glycemic safety office hours for other sites that were interested in improving the safety of glycemic drug management. (publication is in the works – Dr. Paul Heidenreich would be the primary author).

The journey is not over but VA is now working on improving the use of CGM nationally with the launch of a high tech diabetes device management conference call in VISN 22 (open to all VA). VA is also simultaneously centralizing the software and updates for meters and CGM devices to improve the use of these devices and lessen the strain of all of these maintenance tasks on each individual health system.

The VA conversion to Cerner EHRM has resulted in the development of documented and standardized workflows for insulin pump management. The workflows are completed and VA is now filling in the elements of a national SOP. We will be designing the process to reduce the likelihood of events that we pulled from our national reporting system by using the details of various failures to design better systems.. The national SOP will also be an aim for non-Cerner sites to align to, so that the Cerner transition will be easier for the bedside management of diabetes. The SOP has to fit current and future state.