

Independent Double Check (IDC) Removal for Subcutaneous Insulin Administration

Faith Regional Health Services (FRHS) Norfolk, NE



Background

- FRHS is a rural 133 bed regional referral center.
- Front-line nurses asked the tough question: Why do we do IDC for insulin administration?
- Research revealed that ISMP recommendations support strategically placed IDC's to reduce risk.
- Current safety guards were already in place, FRHS boasted low dextrose to insulin administrations, average low doses of insulin, and low incidents related to insulin administrations.

Aims

- Enhance nursing workflow without jeopardizing patient safety.
- Utilize ideas from the front-lines to enhance efficiency in the organization.
- Increase patient and employee satisfaction.
- Remove IDCs for short and long-acting subcutaneous insulin.
- Maintain the same Hospital Harm-Severe Hypoglycemia eCQM metrics pre-and post-intervention.

Plan

- Collect and review baseline data for insulin administration practices and identify opportunities for improvement.
- Update employee checklists to include skills validation for insulin administration for all new nurses within FHRS.
- Monitor dextrose to insulin administration occurrences, medication variances related to insulin administration, and Hospital Harm-Severe Hypoglycemia eCQM metrics for 6 months post intervention for no increased patient harm.

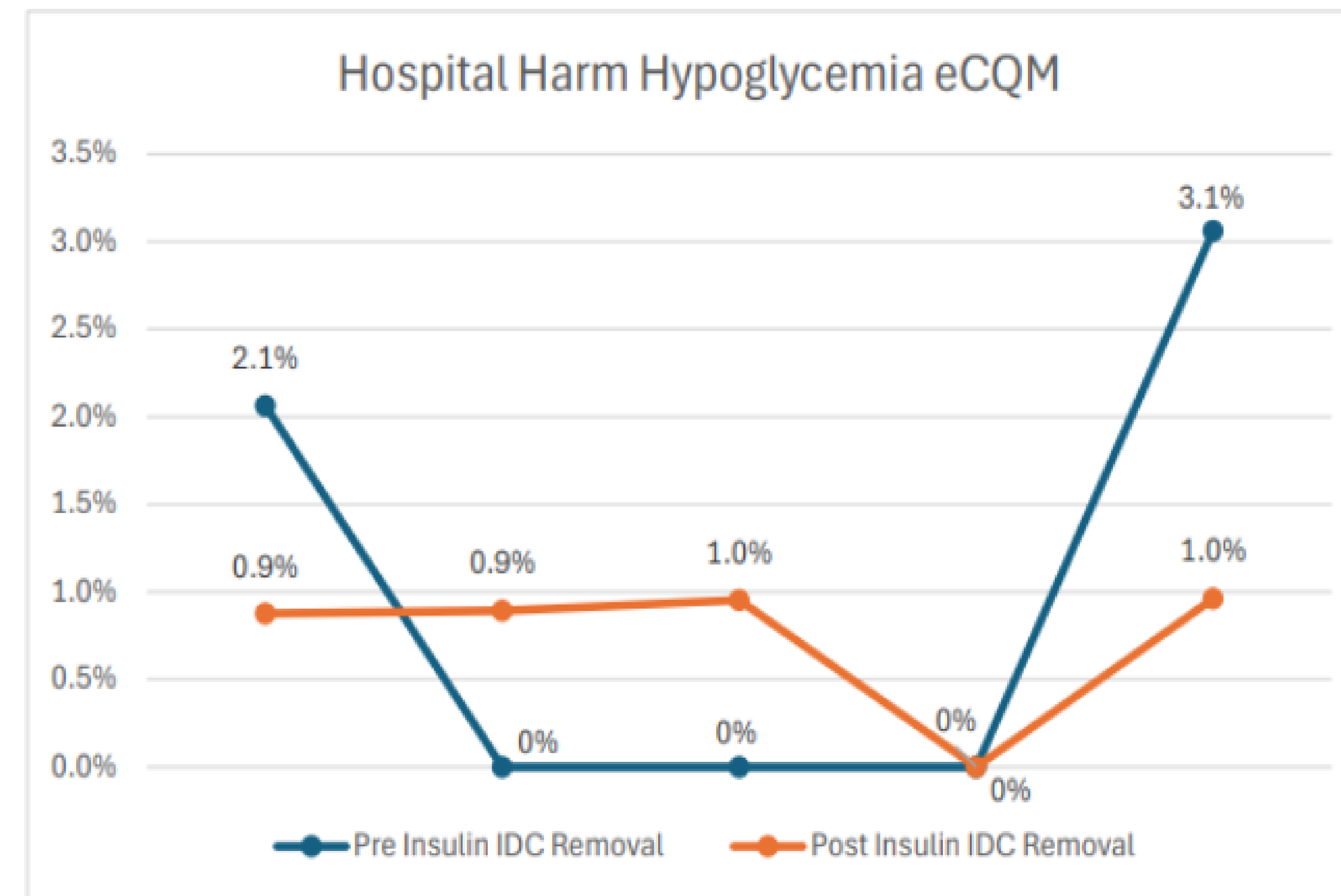
Measure

Hospital Harm-Severe Hypoglycemia eCQM metrics pre- and post-intervention.

Hospital Harm Hypoglycemia eCQM

Pre Insulin IDC Removal							
	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Total
Hypoglycemic Event following Hypoglycemic Admin	0	2	0	0	0	3	5
Patients >18 yrs with hypoglycemic admin	83	97	83	94	80	98	535
	0%	2.1%	0%	0%	0%	3.1%	0.9%

Post Insulin IDC Removal							
	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Total
Hypoglycemic Event following Hypoglycemic Admin	2	1	1	1	0	1	6
Patients >18 yrs with hypoglycemic admin	109	114	112	105	104	104	648
	1.8%	0.9%	0.9%	1.0%	0%	1.0%	0.9%



Results

- No significant change in dextrose to insulin administration occurrences pre- or post-intervention.
- Similar number of medication variances pre- and post-intervention.
- Hospital Harm-Severe Hypoglycemia eCQM metrics pre-and post-intervention had no change.

Next Steps

- Continue data collection 1-year post interventions for dextrose to insulin administration occurrences for patients receiving insulin within 24 hours of dextrose administration.
- Report medication variances relating to insulin administration to the Medication Safety Committee.
- Continue to monitor Hospital Harm-Severe Hypoglycemia eCQM metric in real time.
- Continue to educate and require validation of insulin administration practices of new frontline staff upon hire.
- Evaluate the need for education opportunities in Behavioral Health Nurses and other departments.

Team

- Morgan Matteo, ICU/IMCU Manager
- Brenda Wells, ICU/IMCU Director
- Connie Rupp, CNO
- Sarah Rittscher, Pharmacy Clinical Coordinator
- Emily Hughes, Risk Management Coordinator
- Michelle Classen, Quality Outcomes Manager
- Frontline staff from ICU/IMCU