To cover all the required content and provide flexibility to institutions to match their perceived gaps and learning needs, the curriculum incorporated 4 separate modules. Institutions could request to host 1, 2, 3 or all 4 modules.

- **Module A:** The Importance of Addressing Hyperglycemia in the Inpatient Setting: The Why’s and How’s
- **Module B:** Multidisciplinary Approach in Developing and Implementing Insulin Protocols in the Inpatient Setting
- **Module C:** Optimizing Care of the Inpatient with Hyperglycemia and Diabetes: Case Studies in Action
- **Pharmacy Module:** Safe and Effective Use of Insulin in the Inpatient Setting, Role of the Pharmacist

**Outcomes Protocol**

**Design:**
- A post-activity outcomes assessment tool was developed, which incorporated both Likert-type and open-ended questions.
- A follow-up survey was developed for administration to learners to reassess the impact of the activity.
- A pre- and post- activity institutional survey tool was administered to host sites to learn about site-specific practice gaps, and whether those gaps were closed by the education, and whether operational data reflected those changes.

**Execution:**
- Prior to hosting an activity, the requesting institution was required to complete the pre-activity institutional survey tool, providing local information about gaps, barriers and their expectations in advance of the activity.
- At the conclusion of the activity, learners completed an outcomes assessment tool providing Moore Level 1 through 4 data.
- All learners were contacted approximately 60 days after completing the learning experience to assess actual change in practice (Moore Level 5).
- Host sites which opted in were asked to complete the post-activity assessment tool, linked with the learning experience to assess actual change in practice (Moore Level 5).
- A full 38% of learners claiming credit said they intended to make a change in their practice (n=2,129, p<.0001).

**Analysis:**
- Data analytics and sophisticated methods are being used to measure impact at time of learning and after learners returned to their respective roles.
- Demographic information such as profession, institutional size, and location is integrated with the data analysis to look for patterns and analyze the analysis (Moore Level 4).
- Analysis uses parallel information at the learner level and the institutional level to measure impact, find areas for improvement in the learning project, and understand more about inpatient treatment of hyperglycemia. Although the data from this program are still being analyzed, top line data show:
  - 66 modules were conducted at 32 hospitals/health systems nationwide; all institutions completed the pre-activity institutional survey; 12 completed the post-activity institutional survey.

**Results:**
- In response to the post-activity institutional survey, 9 out of 11 host institutions reported seeing the practice changes they expected following the activity(ies). Additional, 9 institutional respondents reported seeing additional practice changes.

**60-day Post-Activity Changes in Practice**

- A full 38% of learners claiming credit said they intended to make a change in their practice (n=2,129, p<.0001).

**Goal:**
- It has been shown that programs to improve the management of inpatient hyperglycemia can favorably influence glycemic management practices and improve glycemic control, but ongoing intervention is necessary for maintenance of these practices.1 2
- The goal of this program is to improve the care of inpatients with hyperglycemia by educating the interdisciplinary healthcare team (ie, physicians, nurses, nurse practitioners, pharmacists) involved in their care. Based on information obtained from previous evaluations and detailed gap analysis, a need was identified, especially in smaller or more rural hospitals/institutions, to provide education since many institutions did not have endocrinologists or inpatient hyperglycemia “champions”.

**Educational Design:**
- Recognizing the role of the entire inpatient healthcare team, this national grand rounds initiative was developed as an interprofessional educational curriculum. The grand rounds format has a long history in the education of healthcare professionals. Practitioners have historically responded to surveys that they prefer to attend live meetings, and educational round tables (such as grand rounds activities) have been shown to contribute to practice improvement. The contribution of the live learning format is critical to the success of efforts to produce change and improve health outcomes.3 4
- In addition, healthcare professionals have been shown to value the input of experts who presented at live events.

**Diabetes and Hyperglycemia**

- 5.6 hospitalized patients have hyperglycemia as primary or secondary diagnosis

**Mean length of stay for hyperglycemic patients is 5.3 days compared to 4.4 days baseline**

- Linked with poor patient outcomes in many major areas

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**Evaluations**

- 2,457 learners participated; 1,253 (who reported caring for 533,550 inpatients with diabetes/hyperglycemia per year) claimed CME, CNE or CPE credit and completed the post-activity assessment tool; of this number, 113 completed the 60-day followup survey

- When asked whether the initiative improved the competence, performance, or patient outcomes, 78% of those claiming credit (n=2,129, p<.0001) reported seeing additional practice changes.

- 66 modules were conducted at 32 hospitals/health systems nationwide; all institutions completed the pre-activity institutional survey; 12 completed the post-activity institutional survey.

- A full 38% of learners claiming credit said they intended to make a change in their practice (n=2,129, p<.0001). Many of those named specific changes, such as discouraging the use of sliding scales and being more proactive. Approximately 23% of learners intended to seek additional information (n=2,129, p<.0001).

- The 60-day followup survey showed numerous changes were reported in practice, such as educating colleagues about managing hyperglycemia (46%; n=113, p<.0001), or developing discharge plans to ensure appropriate outpatient follow-up (14%; n=113, p<.0001).

- In response to the post-activity institutional survey, 9 out of 11 host institutions reported seeing the practice changes they expected following the activity(ies). Additionally, 9 institutional respondents reported seeing additional practice changes.

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