



CASE STUDY:

Proactive Outreach After Emergency Department Visit to Educate a Patient with Poorly Controlled Diabetes

An 81-year-old patient



Dx

An 81-year-old patient has a past medical history that includes insulin dependent diabetes mellitus, hypertension, chronic pain, pulmonary embolism, obesity, and chronic obstructive pulmonary disease (COPD). The patient is also being followed by pain management. She was scheduled to have an outpatient procedure performed and was found to have a blood sugar of 45 mg/dl. The procedure was cancelled and the patient sent to the emergency room. In the emergency room, the patient reported she had not eaten anything since dinner the previous evening, but took her normal dose of insulin, despite being instructed by her primary care provider not to.



Intervention

During the care coordination follow-up call for post-emergency room visit, the patient stated her blood sugar was 185. The patient stated she did not take her insulin. She reported informing her primary care physician of the blood sugar as well. The population health nurse reviewed the prescribed insulin dose with patient and explained that she needs to take her scheduled insulin as instructed, check blood sugar daily, and eat routine meals. The population health nurse also reviewed diabetic education with the patient's daughter. The population health nurse discussed the option of incorporating home health care as the patient would benefit from face-to-face instruction of the disease process. The patient agreed. The referral to home care was made and the primary care provider was updated and aware.



Results

This was an excellent example of our post-Emergency Department outreach initiative that proactively seeks to identify clinical issues that, if unaddressed, may lead to inappropriate resource utilization. The patient has been linked with appropriate care to provide needed diabetes education.