

Redeploying eGMS® for success: Sentara Virginia Beach General Hospital enhances glycemic care by gaining system-wide buy-in and mandating education



Introduction

Fear of change is a powerful beast.

Susan M. De Abate, RN, MSN/ED, CDCES saw first-hand how resistance to change was impacting glycemic management at Sentara Virginia Beach General Hospital (SVBGH).

As the SVBGH Diabetes Program Team Coordinator and the Diabetes Prevention Program Coordinator for Sentara Hampton Roads, De Abate recognized that although SVBGH had been an early adopter of Glytec's eGlycemic Management System® (eGMS) and Glucommander™ (the insulin dosing decision support module of eGMS), the hospital wasn't leveraging the technology to its full potential.

Adoption was optional, a gap in education and resistance to change led clinicians to stick to the paper protocols they knew.

Improving adoption could improve patient outcomes, but De Abate was up against fear of change, clinical inertia and the challenges of training. How would she move glycemic care to the forefront of inpatient care?

By focusing on system-wide buy-in and creating eGMS champions, De Abate successfully redeployed Glucommander SubQ and brought SVBGH's glycemic management to exceptional heights.

HOSPITAL:

Sentara Virginia Beach General Hospital

FACILITY TYPE:

Short-term acute care

FACILITIES:

1

BEDS:

273

LOCATION:

Virginia

SYNOPSIS

SVBGH saw strong results that support their switch to eGMS

- **Reduced incidence of hypoglycemia <40 mg/dL by 47%**
- **Reduced incidence of hypoglycemia <70 mg/dL by 37%**
- **Reduced incidence of hyperglycemia >300 mg/dL by 28%**

Short-term acute care facility Sentara Virginia Beach General Hospital (SVBGH) has a long history of commitment to the city, offering specialized tertiary services. An early adopter of Glytec's eGMS and Glucommander, the hospital was focused on bettering glycemic management for patients, but wasn't fully leveraging the technology. Use of eGMS was optional, and physicians and nurses often chose other methods.

De Abate identified that using non-personalized dosing was leading to suboptimal results, and that a redeployment of Glucommander SubQ could improve patient outcomes. But this time, eGMS education would be mandatory, which meant getting buy-in would be crucial.

By gaining support from top to bottom and identifying eGMS champions across the hospital, De Abate was able to get more staff trained on eGMS, demonstrate the impact it could make on a patient's care and reduce incidences of hyper- and hypoglycemia across the board — ultimately elevating SVBGH's status as a leader in exceptional glycemic care.

The Problem

Patients of SVBGH were being triaged and treated with traditional glycemic care protocols. De Abate realized that in order to provide a better treatment option for patients, she'd need to find ways to educate the SVBGH community on the available technology at hand.

There were a few key obstacles in the way:

1. **Education was optional.** If there were 700 nurses, only 20 would show up for optional eGMS education. Nurses favored paper protocols and weren't using Glucommander routinely, leading to unfamiliarity with the technology. If a Glucommander order came up, they wouldn't use it because they didn't remember how, which influenced physicians' decisions.
2. **Physicians preferred to risk hyperglycemia over hypoglycemia.** When patients came in for events like car accidents or surgery, glycemic control took a backseat. Fearing hypoglycemia, physicians frequently decided to forego insulin therapy for these patients.
3. **There was no standard practice for glycemic control.** Staff was used to doing things their own way, and there would be concern and resistance toward a new practice.

The Solution

If SVBGH wanted to lead in glycemic care, the staff had to fully leverage the technology already in place. But De Abate needed system-wide buy-in for the redeployment of Glucommander SubQ, which would include mandatory education and use.

A large part of earning buy-in was showing physicians the "why." Having solid glucometrics data from their own experiences enabled De Abate and her team to demonstrate the positive impact of using eGMS.

Next up was making nurse education on Glucommander mandatory. All nurses are now automatically required to go through comprehensive Glucommander training, which includes Onelink Learning during an orientation process, as well as CBT from Glytec and ongoing hands-on training.

SVBGH also integrated Glucommander SubQ with Epic as part of the redeployment. This way, nurses and providers can find all of the info they need in one place instead of accessing different systems.

Getting nurses more comfortable with Glucommander resulted in super users, which meant that even if the diabetes educator team wasn't available, there was still someone with Glucommander expertise that nurses could turn to within their own units.



The Outcomes

From leadership to bedside nurses, hospital staff now understands why Glucommander adoption was so important. It created unity throughout the facility, eased workflows and established standardized best practices, while also improving patient care and glycemic outcomes.

Outcomes from the Glucommander SubQ redeployment included:

- Every nurse now has a strong foundation in Glucommander usage and can assist others.
- SVBGH's Vice President of Medical Affairs supported mandated use of Glucommander SubQ unless there were clear exceptions that met established criteria.
- New physicians get nudges from other staff that patients meet criteria for Glucommander SubQ.
- Incidence of hypoglycemia <40 mg/dL went down 47%, from 0.17% to 0.09%.
- Incidence of hypoglycemia <70 mg/dL went down 37%, from 2.93% to 1.85%.
- Incidence of hyperglycemia >300 mg/dL went down 28%, from 6.48% to 4.65%.

“The Glucommander usage and the results are in the numbers ... the data speaks for itself.”

Susan M. De Abate, RN, MSN/ED, CDCES
Diabetes Prevention Program Coordinator, Sentara Hampton Roads
Team Coordinator for Diabetes Program, SVBGH

In Conclusion

New rules and practices can be daunting, but De Abate proved that resistance to change can be overcome by focusing on the “why.” By creating education practices that stuck, she empowered nurses and physicians to deliver improved patient care, and hospital leadership to put a renewed focus on glycemic management.

**Get the full story from
Susan M. De Abate**

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The eGlycemic Management System® is a modularized solution for glycemic management across the care continuum that includes Glucommander™. Glucommander™ is a prescription-only software medical device for glycemic management intended to evaluate current as well as cumulative patient blood glucose values coupled with patient information including age, weight and height, and, based on the aggregate of these measurement parameters, whether one or many, recommend an IV dosage of insulin, glucose or saline or a subcutaneous basal and bolus insulin dosing recommendation to adjust and maintain the blood glucose level towards a configurable physician- determined target range. Glucommander™ is indicated for use in adult and pediatric (ages 2-17 years) patients. The measurements and calculations generated are intended to be used by qualified and trained medical personnel in evaluating patient conditions in conjunction with clinical history, symptoms, and other diagnostic measurements, as well as the medical professional's clinical judgment. No medical decision should be based solely on the recommended guidance provided by this software program.

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