



Uniting People, Process and Technology to Achieve Optimal Glycemic Management

Glytec Clinical Webinar

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Introduction

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Agenda

Review the Status Quo of glycemic management

How people, process and technology can improve patient outcomes

Introduction to Glucommander

Case Studies

IV

SubQ

Glytec®

The Status Quo of Glycemic Management



Hypoglycemia

Common, Costly, Largely Preventable

Common¹



7-22% patients in the hospital with <70 mg/dl

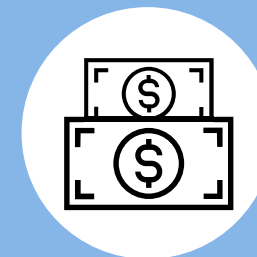
Preventable²



40% patients with hypoglycemia have a repeat event

Patients with hypoglycemia often don't have their medication regimen changed

Costly³



Severe hypoglycemia tied to excess costs up to **\$21K per episode**

38.9% higher costs for each <40 mg/dl

LOS increase 1-3 days for hypoglycemia events

Hypoglycemia Impact on Costs

\$21,444

Average excess cost per patient stay with <40 mg/dl



Cost of Not Preventing Severe Hypoglycemia⁴

\$33,560

Cost for 1 recurrent severe hypoglycemic event

Cost of Allowing Hypoglycemia to Recur⁵

\$2,934

Savings



Per Prevented Hypoglycemic Event⁶

Hyperglycemia

Common⁷



38% patients in the hospital with diabetes or hyperglycemia

Preventable⁸



Hyperglycemia often not treated

SSI alone commonly used

Often cited: "fear of hypoglycemia"²

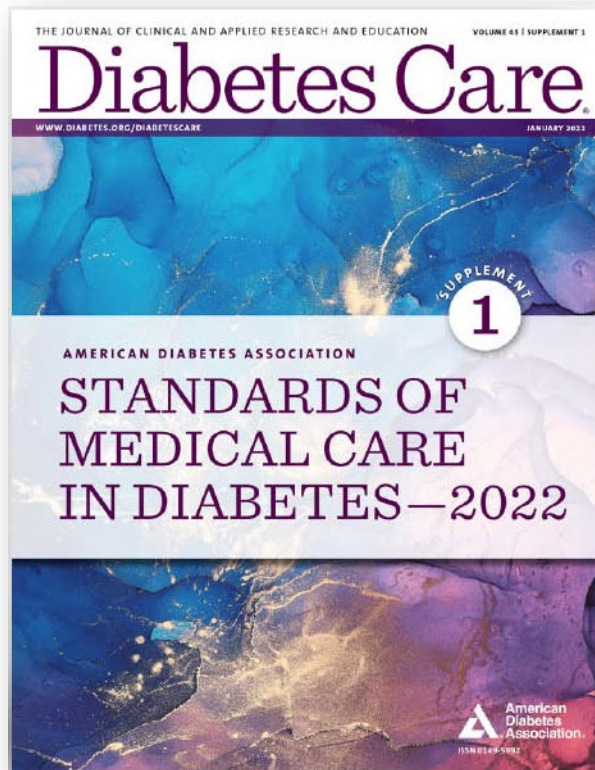
Costly⁷



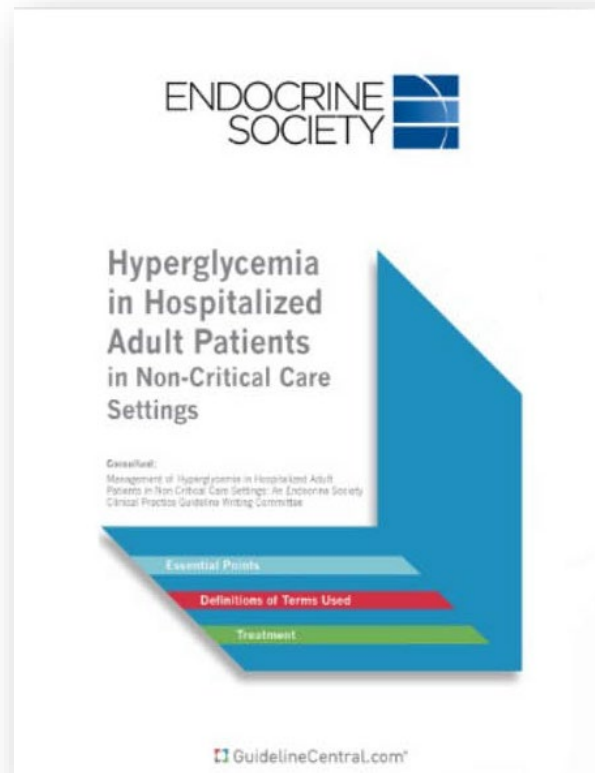
Hyperglycemia is associated with morbidity and mortality

Standards: We Know What Works

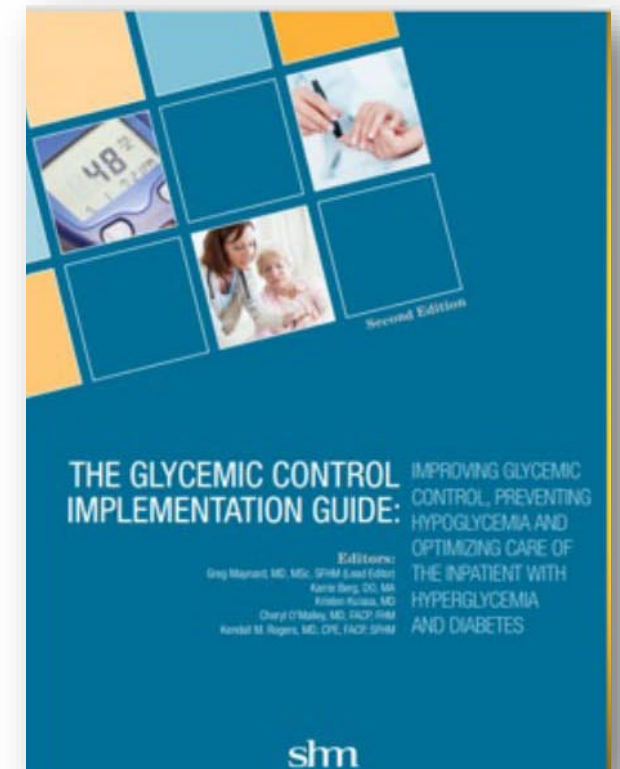
American Diabetes Association



Endocrine Society

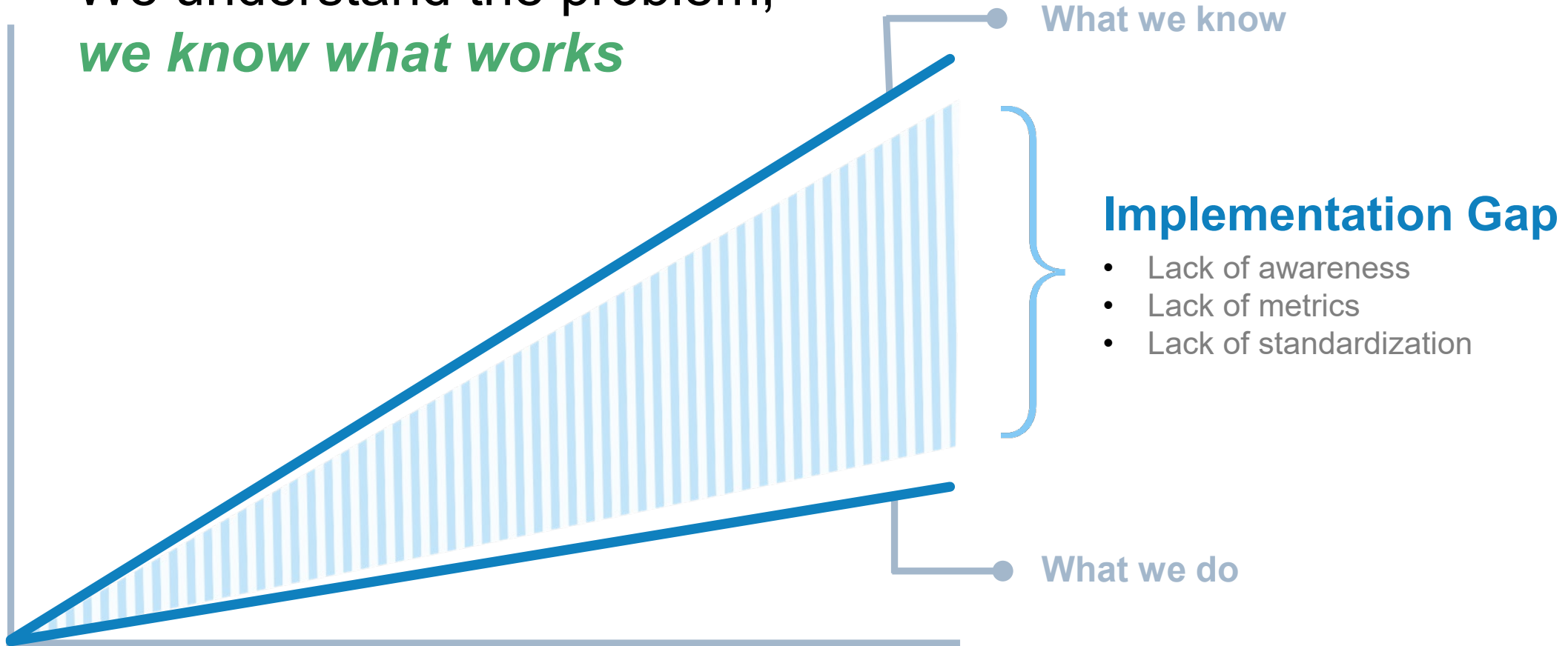


Implementation Guides (SHM)

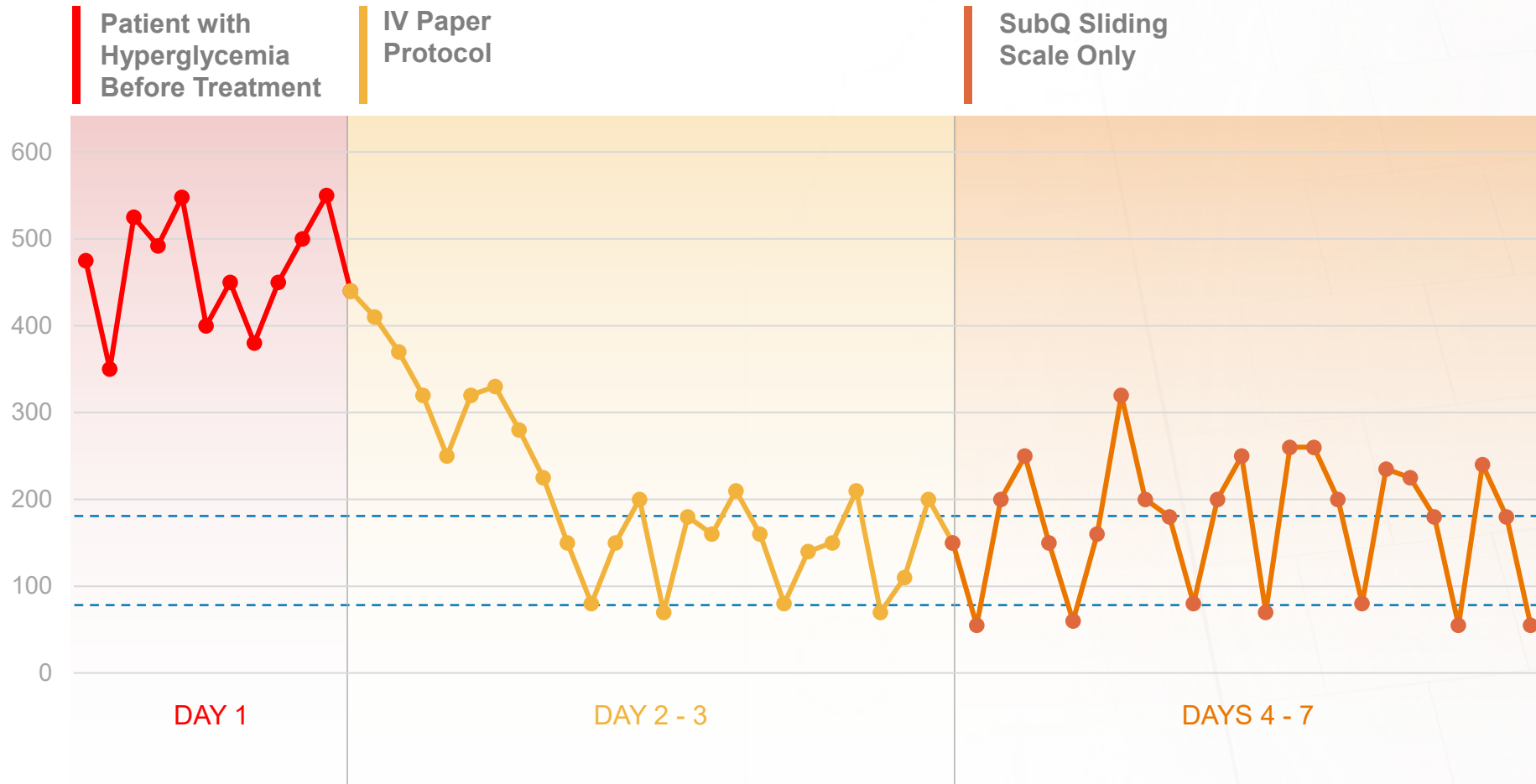


The Challenge

We understand the problem,
we know what works



What We Do

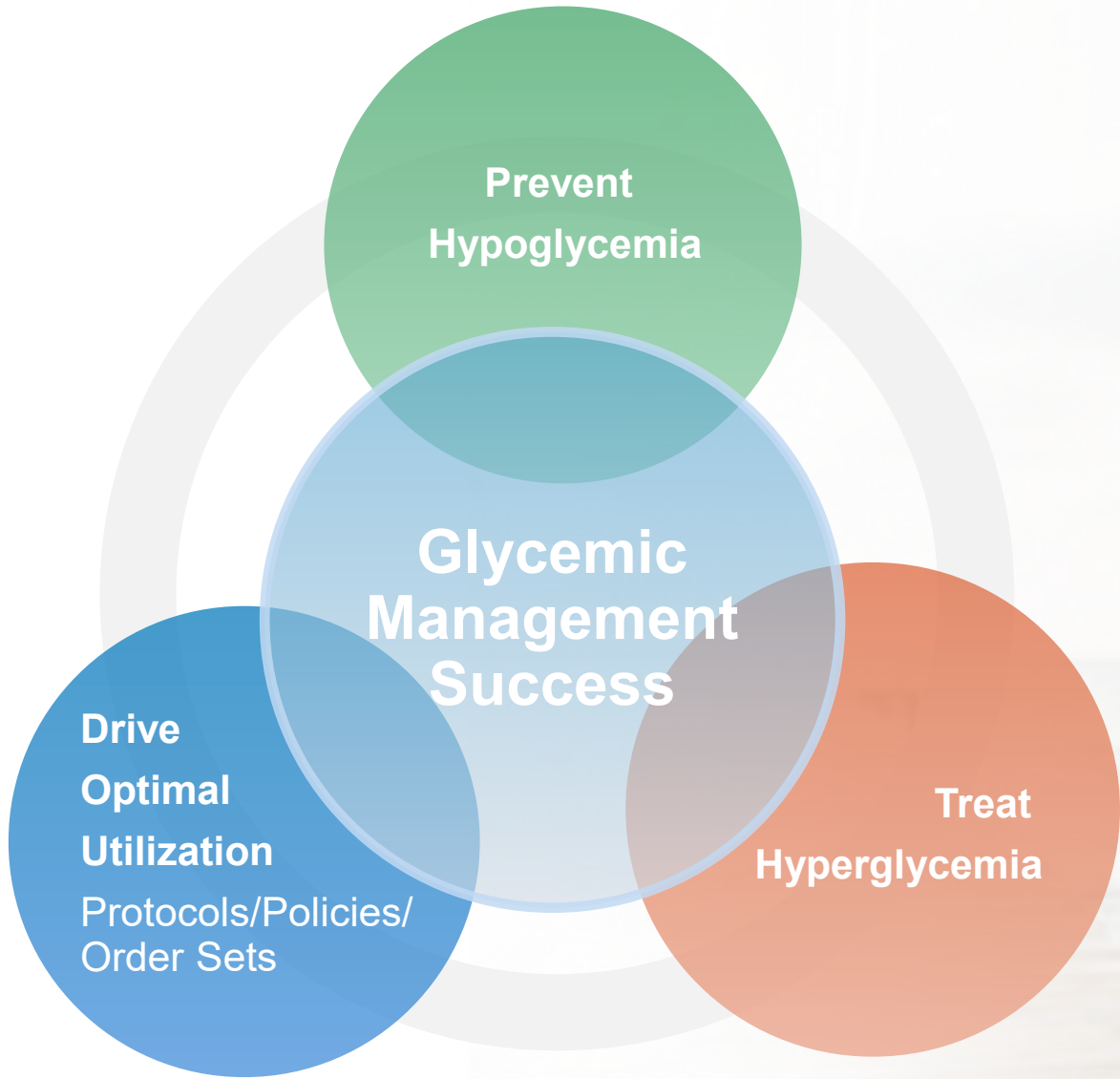


Patient Safety

1 in 3

Hospitals with no clear measurements
to track glycemic management⁸





How else do you overcome the implementation gap?



Quality Improvement Methodology

Lean Six Sigma


PDSA



Implementation Science

Readiness for Change

Stakeholders/Champions



Change Management Strategies

Intrinsic Motivators

Extrinsic Motivators

Every system is perfectly designed to get exactly the results it gets. -Batalden

Steps to Engage Physicians⁹

- Select quality issues that clinicians care about
- Emphasize patient-centered outcomes
- Intrinsic motivation as leader: mastery, autonomy, purpose
- Incentives applied at organizational level-
units/group/hospital
- Build capacity for transdisciplinary research



Optimal Glycemic Management: Not A Nice-to-Have, It's a Must Have

CMS Quality Reporting Measure: It's Here!

As part of the Hospital Inpatient Quality-Reporting (IQR) Program, hospitals that fail to meet all program requirements may be “subject to a one-fourth reduction in their Annual Payment Update under the IPPS.”

To avoid payment penalties, hospitals must report on 4 of 11 eCQM metrics.

Measure Announcement: August 2021

Hospitals will need to start collecting data on Jan 1, 2023

Two NEW eCQM Metrics:

Severe hypoglycemia:

% patient stays BG < 40 within 24 hours of administration of insulin/anti-hyperglycemic agent

Severe hyperglycemia:

% hospital days with one or more BG > 300, excluding the first 24-hour period after admission

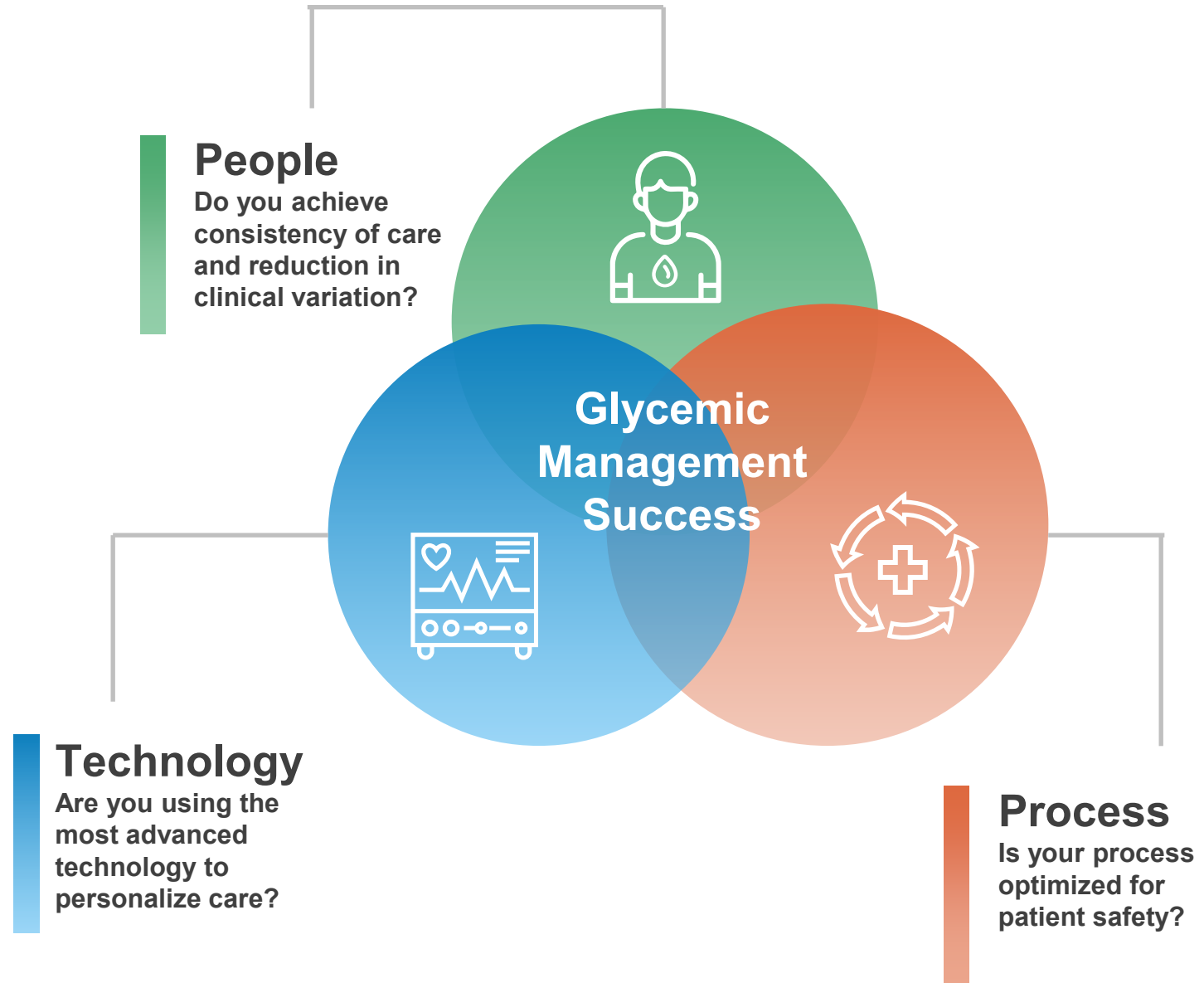
Glytec®

Elements of a Best-in-Class Glycemic Management Program



Best-in-Class Glycemic Management Programs

- “Best-in-Class Glycemic Management Programs” tend to have elements in common even if details differ
- Overcoming the challenges requires a holistic strategy that addresses:
 - *People*
 - *Process*
 - *Technology*



People:

Why is there a lack of consistency of care and reduction in clinical variation?

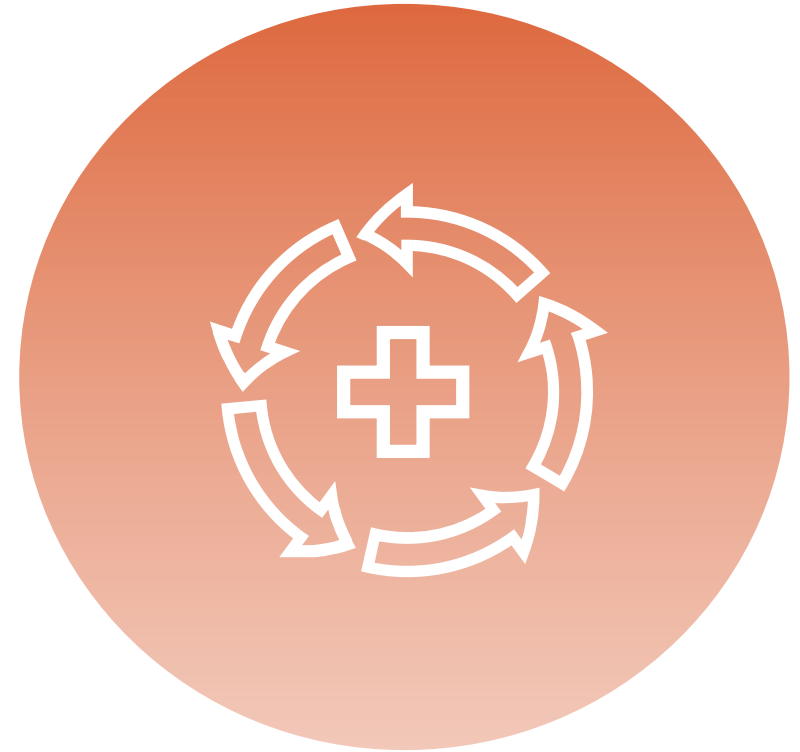
- Lack of administrative support
- No Glycemic Management Team: multidisciplinary
- Mismatch of staffing ratios
- Unable to overcome fear of hypoglycemia



Process:

Why aren't projects to improve successful?

- Lack of standardization¹⁰
- No hospital-wide/system-wide Diabetes Steering Committee
- Unclear policies/protocols
- Lack of metrics



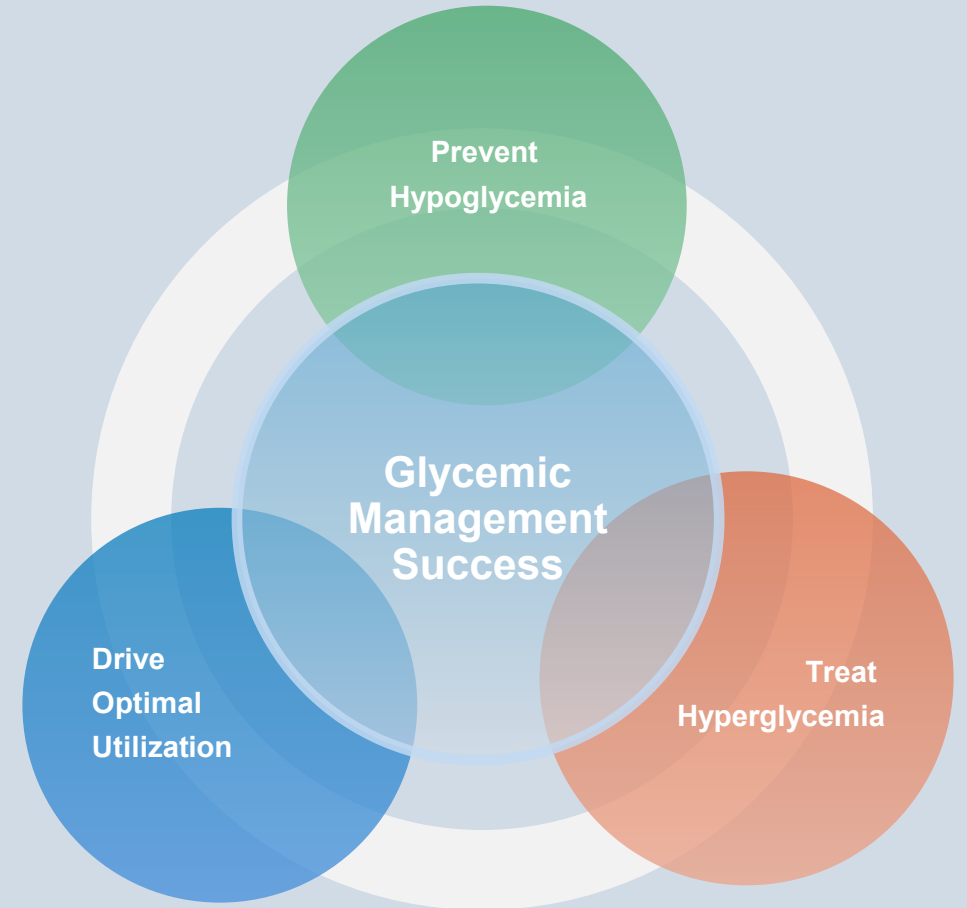
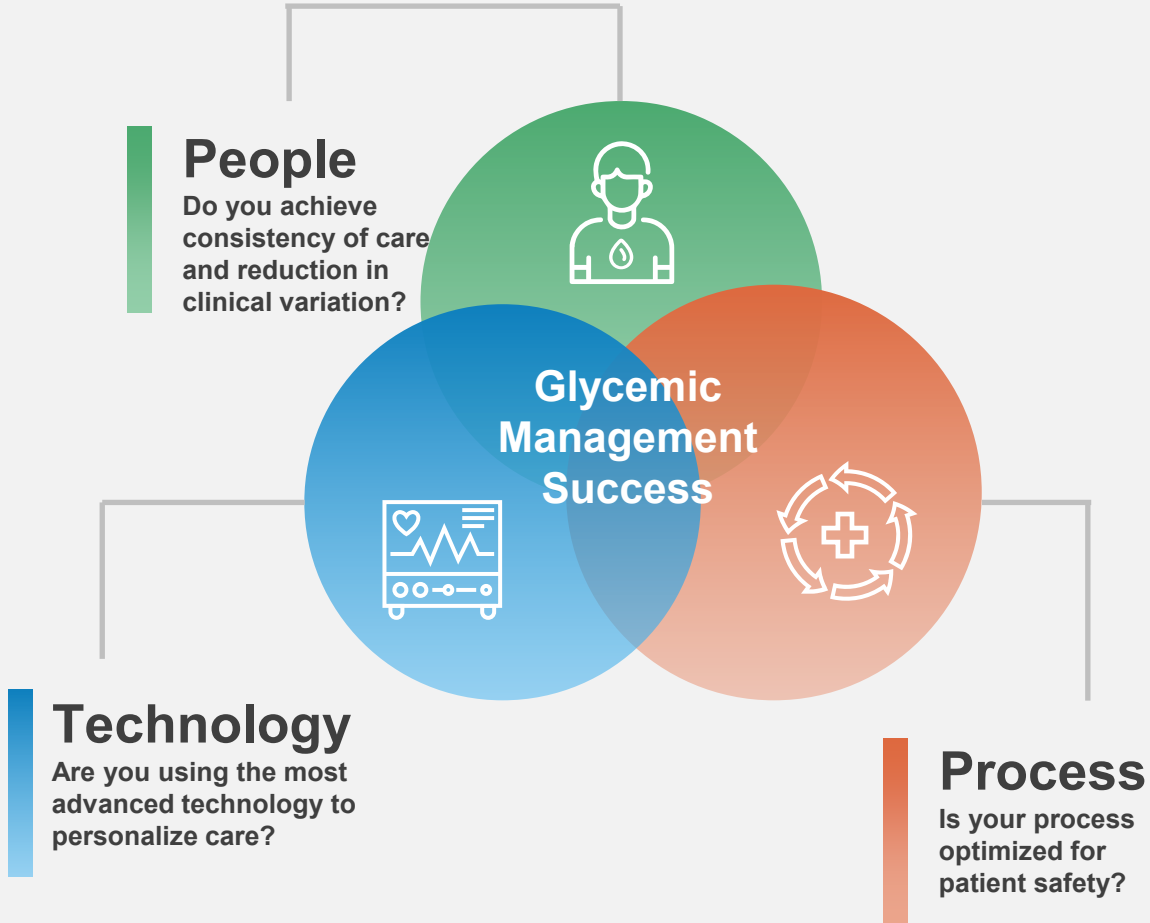
Technology:

Are you using the most advanced technology to personalize care?

- Technology is a tool NOT a strategy



Roadmap to Glycemic Management Success



Top 10 Quality Improvement Checklist

1 Support

2 Synergy

3 Structure

4 Smart Aims

5 Sensible

6 Stats

7 Segment

8 Standardize

9 Strategize

10 Swift

Top 10 Quality Improvement Checklist

1

Support: Institutional

2

Synergy: Multidisciplinary Team

3

Structure: Framework(ie PDSA)

4

Smart Aims: General to specific

5

Sensible: Process leads to outcomes

6

Stats: Meaningful data to drive change

7

Segment: Pilot/Test

8

Standardize: Glucommander, Process

9

Strategies: High Reliability

10

Swift: Rapid change, rapid data collection

Glytec®

eGMS®
with Glucommander™

**The Complete Solution
for Best-in-Class Glycemic Management**





Beginnings

The eGMS **PIONEER**

2006: First eGMS to receive FDA clearance for IV insulin titration



Track Record

The eGMS **EXPERT & LEADER**

Tried, Tested, Validated: Trusted

- *The most-studied and used solution*
- *The only end-to-end platform that empowers partner success across the continuum of care*



Vision & Roadmap

The Continuous **INNOVATOR**
Building the future of optimal glycemic management

Recent Recognition

- **Inc. 5000**
2021 Fastest-Growing Private Company Honoree
- **Gold, Medical Design Excellence Awards**
Digital Health Products & Mobile Medical Apps Category

The complete platform for best-in-class glycemic management



Glucommander™



- **Personalized insulin dosing decision support at the point of care**
- **Interface guides clinicians in best practice workflows**
- **FDA-cleared technology**

Glytec's complete eGMS platform supports your entire care team, including providers, nursing, diabetes educators, pharmacy, quality, IT and hospital leadership with:

- **Analytics & Reporting**
- **Surveillance** at-risk patient identification
- **Workflow alerts** for BG checks & patient monitoring

- **Integrates with your EHR**
Get more out of your investment
- **HITRUST Certified**
- **Cloud-based software**

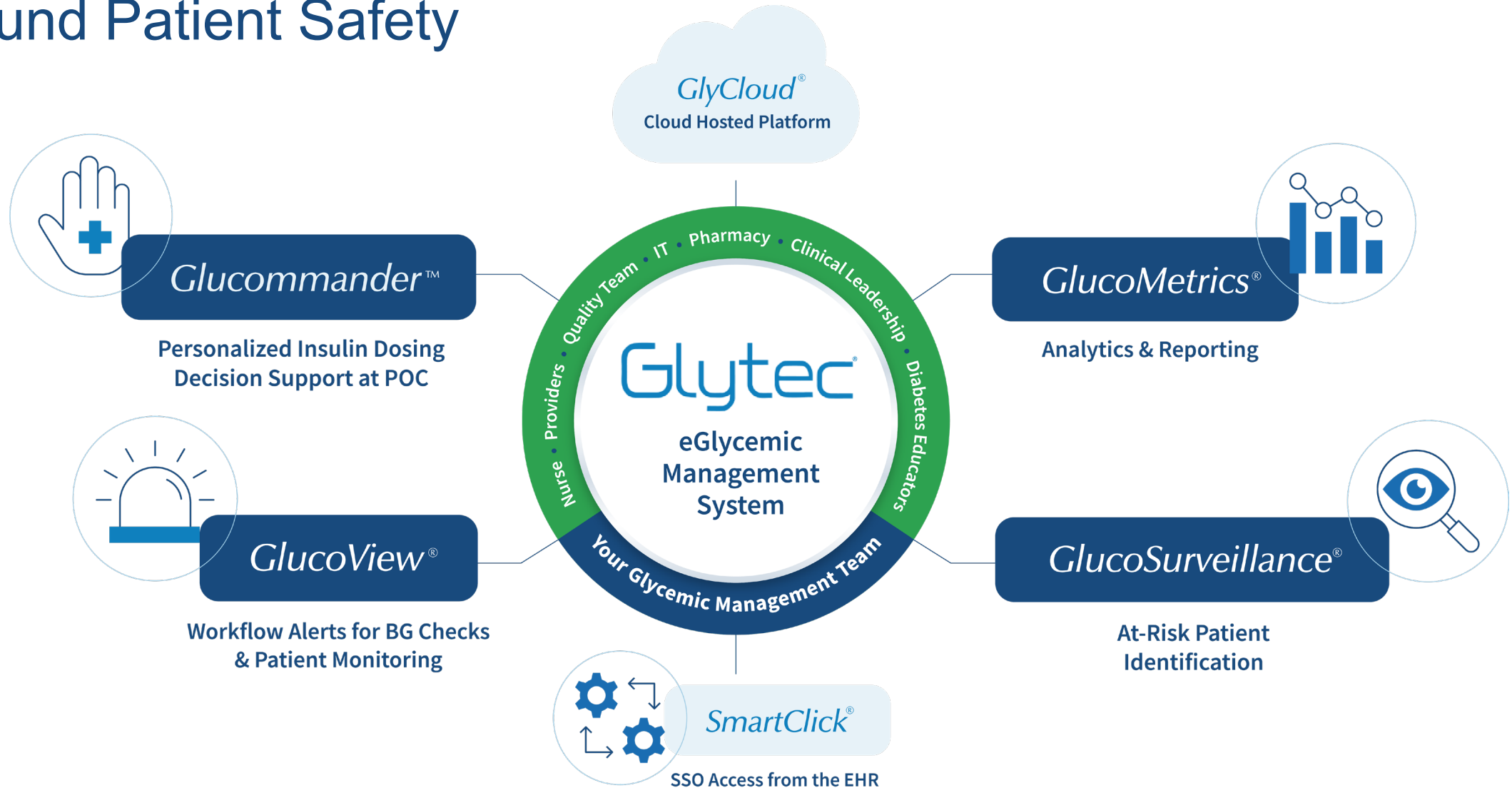
EHR-Integrated Software that Unites Glycemic Management Teams Around Patient Safety



Glucommander[™]

Personalized Insulin Dosing
Decision Support at POC

EHR-Integrated Software that Unites Glycemic Management Teams Around Patient Safety



Consistency Across the Continuum of Care for patients with and without diabetes



INPATIENT

OUTPATIENT

	Glucommander IV	Glucommander SubQ	Glucommander Outpatient
Treatment Module			
Example Treatment Settings	Emergency Room Intensive care Step Down Units Operating Room	Intensive Care Step Down Units Floor Units	Ambulatory Care Settings
Features	Supports Intravenous Insulin Regimens Transition to SubQ	Supports Basal/Bolus Regimens Hospital to Home: Discharge recommendations	Supports adaptive, long-term insulin dosing

Name: Moore, Roger DOB: 04/25/1945 Age: 77 years Dose Wt: 102 Kg Sex: Male MRN: 2106031021 Attending: Smith, John
Allergies: Latex Isolation: None Resuscitation Status: Full Code Encounter Type: Inpatient Location: ICU

- Menu
- Workflow
- Results Review
- Orders + Add
- Documentation + Add
- Allergies + Add
- Clinical Images + Add
- Problem List
- Form Browser
- MAR
- Patient Advisories
- Histories
- MAR Summary
- Medication List + Add
- Notes + Add
- Intake/Output + Add
- Visit Summary
- Lines/Tubes/Drains
- Glucommander**

Full Screen 2 min ago

MOORE, ROGER

Current User: Nurse, Training

Back Transition to IV Hosp to Home Discontinue SubQ Print Lock Screen

PATIENT DETAILS Edit

NAME: MOORE, ROGER ✓

ACCT NUMBER: 2205242029... DOB: 04/25/1945

HEIGHT: 180 cm WEIGHT: 102 kg

BMI: 31 A1C: 7.4

FACILITY: General Hospital

UNIT: Floor 2

INSULIN DOSES ✓ Given ✗ Not Given Edit Doses

Basal Dose: glargine (Lantus) Due Today

21:00 27 Units Confirm

Void Basal

MEAL BOLUS: 05/24/2022 lispro (Humalog)

Breakfast	✓ 13 Units
Lunch	✓ 11 Units
Dinner	11 Units

View Tomorrow

ORDER SET Edit

BASAL/BOLUS+CORRECTION

TARGET RANGE: 120 - 160 mg/dL

TDD: 64 CF: 27

Bedtime

Enter BG

Void BG

Trend All SubQ Refresh

Blood Glucose Trend

Glucommander™
uses technology to provide
personalized
recommendations that
**more safely, more
effectively manage
patients' blood glucose**

Step 1

**Nurse confirms
blood glucose
value**

The screenshot shows a mobile application interface titled "Enter Blood Glucose Value". At the top, it displays patient information: "MRN: M990000122..." and "NAME: CALLAHAN, DANIEL". Below this, the instruction "Verify current blood glucose value:" is shown. There is a text input field containing "250" followed by "mg/dl" and a blue "Edit BG" link. Below the input field, it says "BG Resulted: 02/21/2020 at 11:11". A circular confirmation icon with a checkmark is on the right. At the bottom, there are "Cancel" and "Continue" buttons.

Step 2

**Nurse enters
provider
prescribed
insulin
infusion rate**

The screenshot shows a mobile application interface titled "Confirm Recommendations". At the top, it displays patient information: "MRN: M990000122..." and "NAME: CALLAHAN, DANIEL". Below this, the instruction "Adjust Insulin Infusion Rate to:" is shown. The rate "3.8 units/hr" is displayed in large orange text. A circular confirmation icon with a checkmark is on the right. At the bottom, there are "Back", "Cancel", and "Continue" buttons.

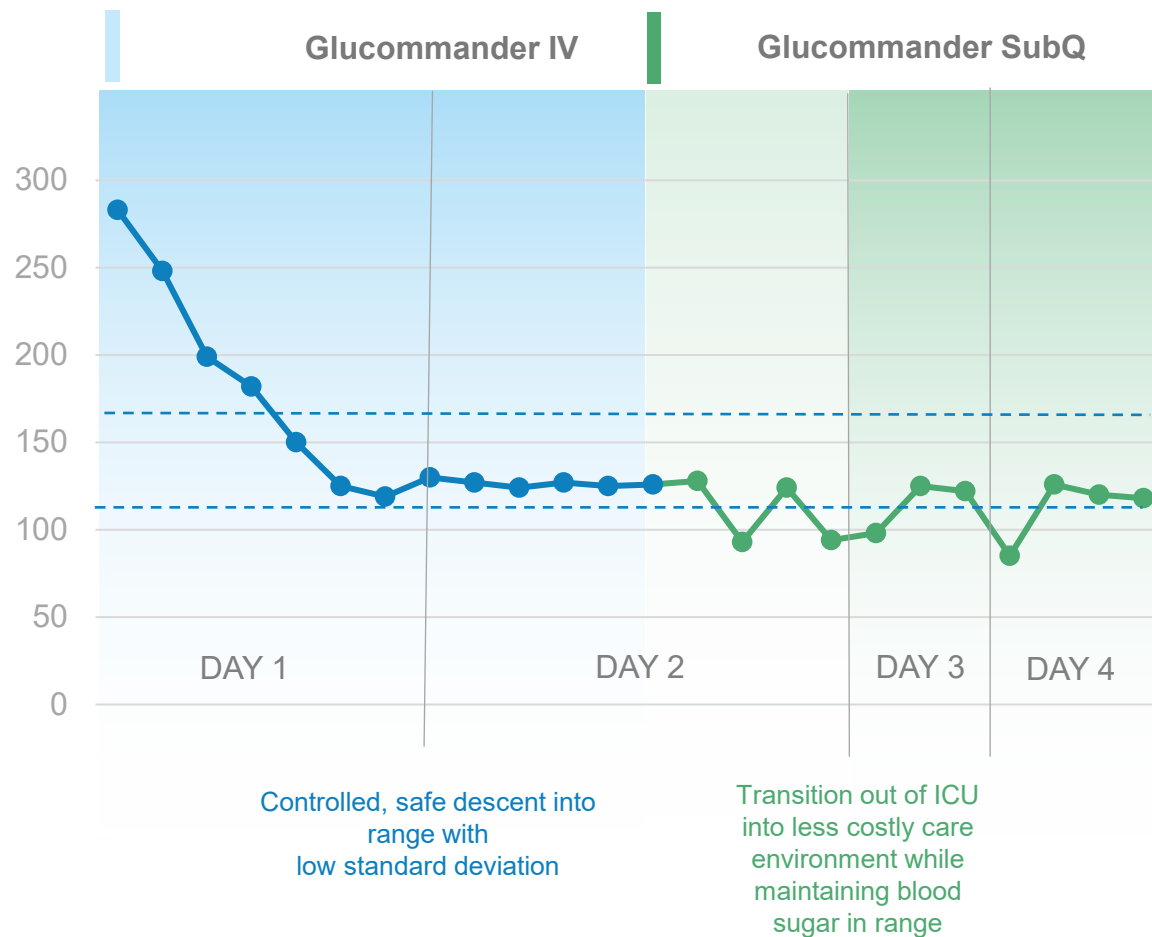
Glucommander's algorithm safely titrates the insulin recommendation to get patient blood glucose into range

Step 3

Nurse monitors countdown for BG recheck



Glucommander gets patients into target range faster and more safely, and reduces length of stay & cost of care



Time to Target Range:

5 hours median time to target BG¹¹



Patient Safety & Hypo Reduction:

99.8% reduction in severe hypoglycemia (IV)¹²



Length of Stay Reduction:

3.18 Days Reduction in LOS¹³



Cost of Care Reduction:

\$3,654 Reduction in overall cost of care per CABG patient¹⁴

Glytec®

Case Examples



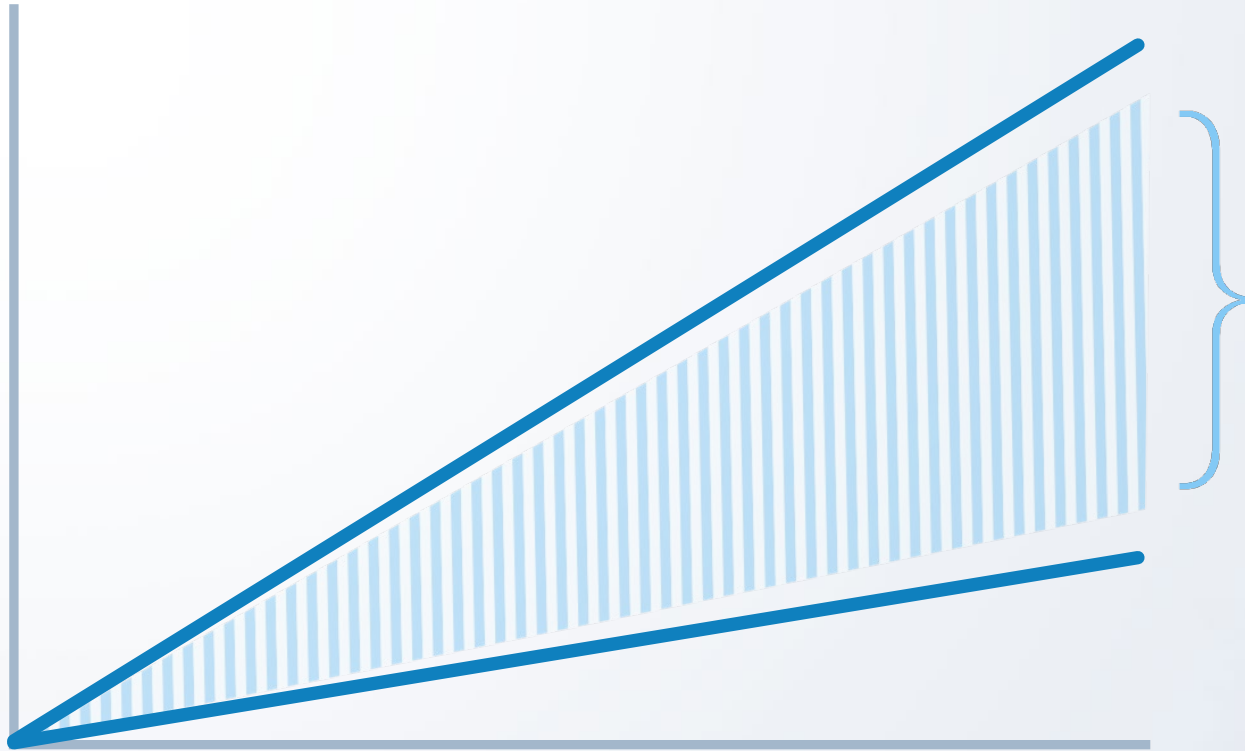
Critically ill patient with hyperglycemia

- 75yo M presents with acute SOB, cough, fever. COVID-19 test negative
- Diagnosed with sepsis due to severe pneumonia
- Started on IV antibiotics, pressors
- Monitored in the ICU, with BG 330 mg/dl



IV Insulin

What We Know & What We Do



**Implementation
Gap**



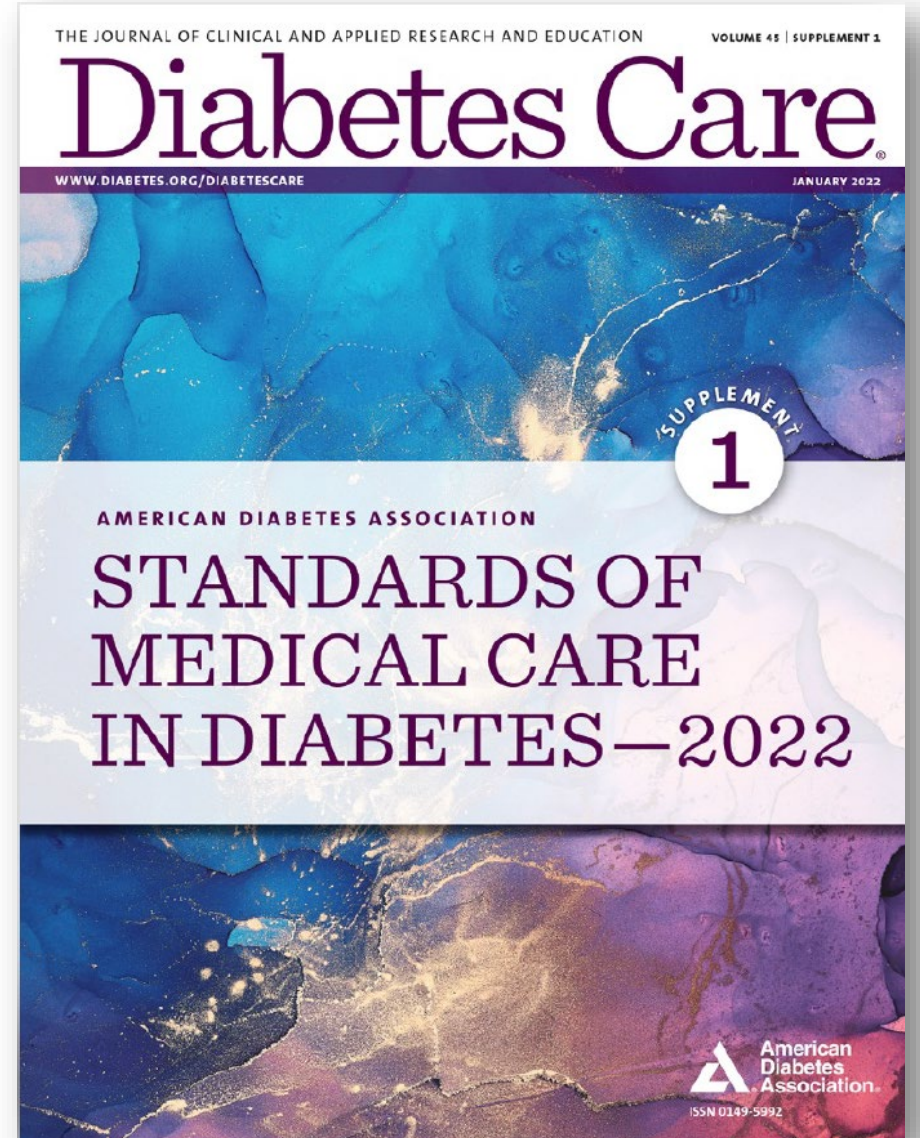
What We Know

Insulin Therapy

Critical Care Setting

In the critical care setting, **continuous intravenous insulin infusion** is the most effective method for achieving glycemic targets. Intravenous insulin infusions should be administered based on **validated written or computerized protocols** that allow for predefined adjustments in the infusion rate, accounting for glycemic fluctuations and insulin dose.

Insulin therapy should be initiated for treatment of persistent hyperglycemia starting at a threshold **≥ 180 mg/dL** (10.0 mmol/L). **A**



What are your institutional challenges with IV insulin management?

Top challenges for nursing that we hear

- Calculations
- Multiple Steps
- Unable to complete timely hourly checks, without alerts
- Various protocols
- Protocols drop glucose too fast
- Unable to cover meal carbohydrates while on IV insulin

Why do your nurses still have to do calculations?

With the challenges of turnover, staffing, retention, what are you doing to reduce the burdens and cognitive load of your staff?

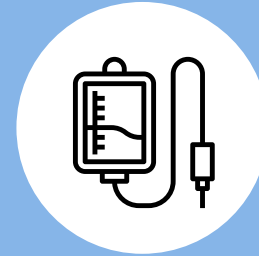
What We Do....Challenges of IV Insulin



Outdated protocols



Delays in start for
IV insulin



Patients started on
Basal Insulin instead
of IV insulin



Started on SSI
instead of IV Insulin

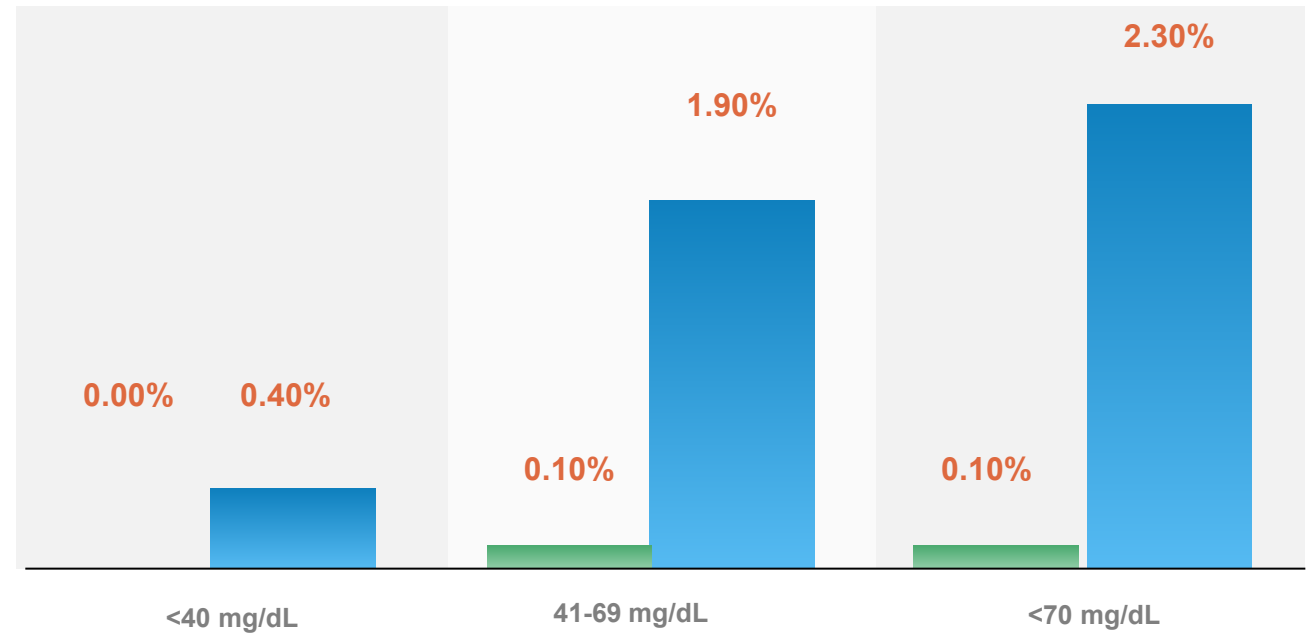
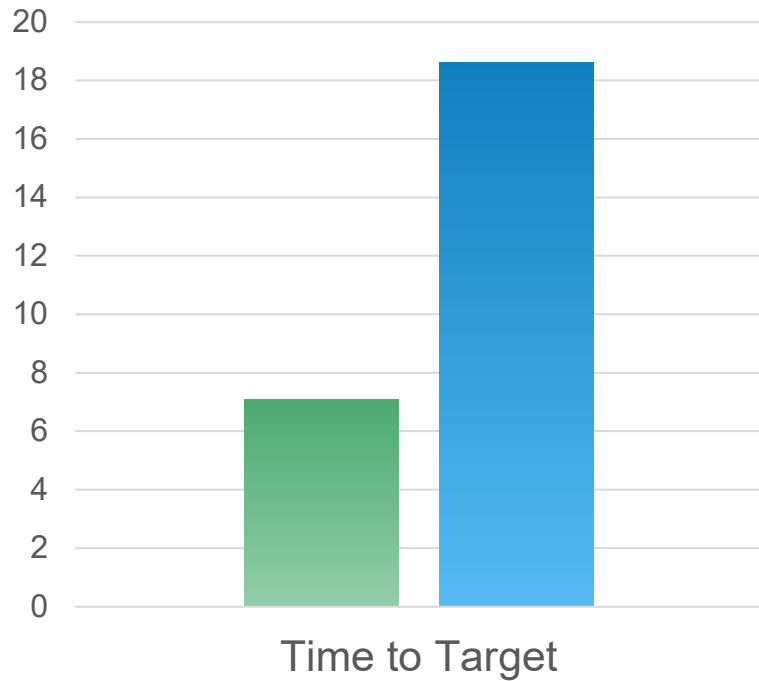
Grady: 2020 Study ICU: IV Glucommander vs. Basal Insulin

Basal Insulin not as effective as IV insulin¹⁵

■ Basal Insulin ■ IV Glucommander

Hypoglycemia (%BGs) Among Insulin-Requiring Patients in the ICU

p Value <0.05

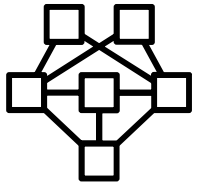


Glucommander IV



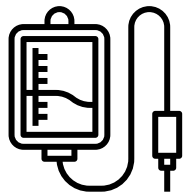
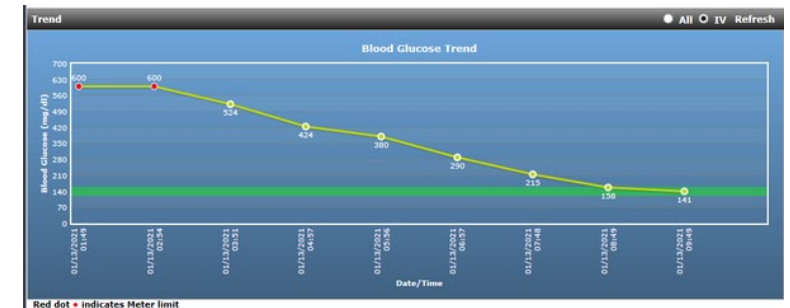
Glucosurveillance

- Monitor patients
- Proactively identify patients with hyperglycemia
- Identify and recommend treatment



Proven Algorithm

- Personalized Dosing
- No calculations



Carb Coverage

- Manage carbohydrate intake while on IV insulin

Glucommander IV



Glucosurveillance

Not on Glucommander, but would benefit from insulin management

Patients on Glucommander

Glucommander™ powered by Glytec

Current Patients Add Patient Learning Center Reports Admin Logout

CURRENT PATIENTS General Hospital All Units Search Patients

IV Insulin Infusion Patients (9) SubQ Insulin Injection Patients (3)

ALERT: Click to view patients that have experienced at least 2 BGs > 180 mg/dL over the past 24 hrs.

Name	Room	MRN	DOB	Last BG
FIFTY, DEE		MFYDE8	03/18/1949	446 mg/dL
MISSION, READ		MMNRD8	07/05/1941	329 mg/dL
SWEETIE, IMA		MSEIA8	06/27/1948	217 mg/dL

PATTERSON, JAMES MRN: MPnJs8 ED DOB: 10/29/1962 BG Due:

BASAL INSULIN: glargine (Lantus) **LAST BG:** 143 mg/dL ▲ (Messler, Jordan) **BASAL DOSE:** 17 Units (1 Dose Per Day)
INSULIN TYPE: aspart (Novolog) **BG TYPE:** q4hr-08:00 **NEXT MEAL DOSE:** N/A **q4hr 12:00**

BELLS, MIKE MRN: MBsMe8 ED DOB: 06/27/1952 BG Due:

BASAL INSULIN: glargine (Lantus) **LAST BG:** 147 mg/dL ▼ (Messler, Jordan) **BASAL DOSE:** 24 Units (1 Dose Per Day)
INSULIN TYPE: aspart (Novolog) **BG TYPE:** Breakfast **NEXT MEAL DOSE:** 9 units **Breakfast**

MOORE, ROGER MRN: MMERR8 ED DOB: 04/25/1945 BG Due:

BASAL INSULIN: glargine (Lantus) **LAST BG:** 118 mg/dL ▲ (Messler, Jordan) **BASAL DOSE:** 27 Units (1 Dose Per Day)
INSULIN TYPE: lispro (Humalog) **BG TYPE:** Breakfast **NEXT MEAL DOSE:** 13 units **Breakfast**

Quality Improvement: Measure-vention

A healthcare professional with blonde hair, wearing a white lab coat and a stethoscope, is shown from the side, looking at a tablet computer. The background is a blurred clinical setting with another person sitting at a desk.

- Active surveillance
- Ability to intervene in real time

Glucommander IV: Real time Dashboard



Dashboards: GlucoView

- Status indicators for all patients in a unit
- See next BG due for all patients at a glance
- Nurses can plan and prioritize care

Current User: Messler, Jordan Logout

GlucoView powered by Glytec

CURRENT PATIENTS

IV Insulin Infusion Patients (6)

PEDIATRIC	PATIENT NAME	ED	Next BG Due:
	POWERS, J LAST BG: 121 mg/dL ▲ (Messler, Jordan) LAST INSULIN RATE: 0.9 units/hr	ED	Next BG Due: 50:46 TARGET RANGE: 100-140 mg/dL NEXT BG DUE: 03/31/2022 at 12:54
	FITZGERALD, M LAST BG: 132 mg/dL ▲ (Messler, Jordan) LAST INSULIN RATE: 1.4 units/hr	ED	Next BG Due: 51:46 TARGET RANGE: 120-160 mg/dL NEXT BG DUE: 03/31/2022 at 12:55
	ENDIV, M LAST BG: 127 mg/dL ▲ (Messler, Jordan) LAST INSULIN RATE: 1.3 units/hr	ED	Next BG Due: 52:46 TARGET RANGE: 120-160 mg/dL NEXT BG DUE: 03/31/2022 at 12:56 <i>Converting to SubQ Insulin</i>
	ENDIVSQ, M LAST BG: 127 mg/dL ▲ (Messler, Jordan) LAST INSULIN RATE: 1.3 units/hr	ED	Next BG Due: 52:46 TARGET RANGE: 120-160 mg/dL NEXT BG DUE: 03/31/2022 at 12:56 <i>Converting to SubQ Insulin</i>
	BRADDIX, C LAST BG: 141 mg/dL ▼ (Messler, Jordan) LAST INSULIN RATE: 1.3 units/hr	ED	Next BG Due: 53:46 TARGET RANGE: 120-160 mg/dL NEXT BG DUE: 03/31/2022 at 12:57
	WATSON, M LAST BG: 120 mg/dL ▼ (Messler, Jordan) LAST INSULIN RATE: 1.9 units/hr	ED	Next BG Due: 1:43:46 TARGET RANGE: 100-140 mg/dL NEXT BG DUE: 03/31/2022 at 13:47

Glucommander IV: Alerts



Anion Gap Warning

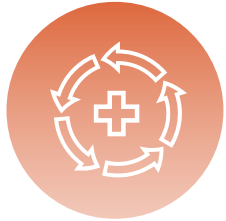
- Alerts nurses to high anion gaps
- Prevents premature discontinuation of treatment before resolution of DKA

ALLEN, LISA Back Transition to SubQ Discontinue IV Print Lock Screen

PATIENT DETAILS Edit	DOSING INFORMATION		ORDER SET Edit
NAME: Allen, Lisa ✓	CURRENT INSULIN 6.2 units/hr	LAST BG 379 mg/dL	BG DUE! Enter BG Start Meal Void BG
ACCOUNT NUMBER: 1000678 DOB: 08/06/1987	TARGET RANGE 120-160 mg/dL	ANION GAP 15.0 mEq/L	
HEIGHT: 63 in. WEIGHT: 58.06 kg	MULTIPLIER Initial Last 0.01 0.01954		
BMI: 23 A1C: 7.2			
FACILITY: Default Facility			
UNIT: Default Hospital Uni...			

Quality Improvement (QI) Solutions

Process



- Real time identification of patients
- Improve ordering
 - *Simple*
 - *One click*
 - *Embed in order sets*
- Share metrics

People



- Engage stakeholders
- Create accountability structure
- Consider nurse or pharmacy driven processes



Reflect Back on the Case....

- Identified on GlucoSurveillance
- Nurse driven process to start IV insulin
- Low rates of hypoglycemia shared with team regularly, celebrating wins



Glytec®

SubQ Management



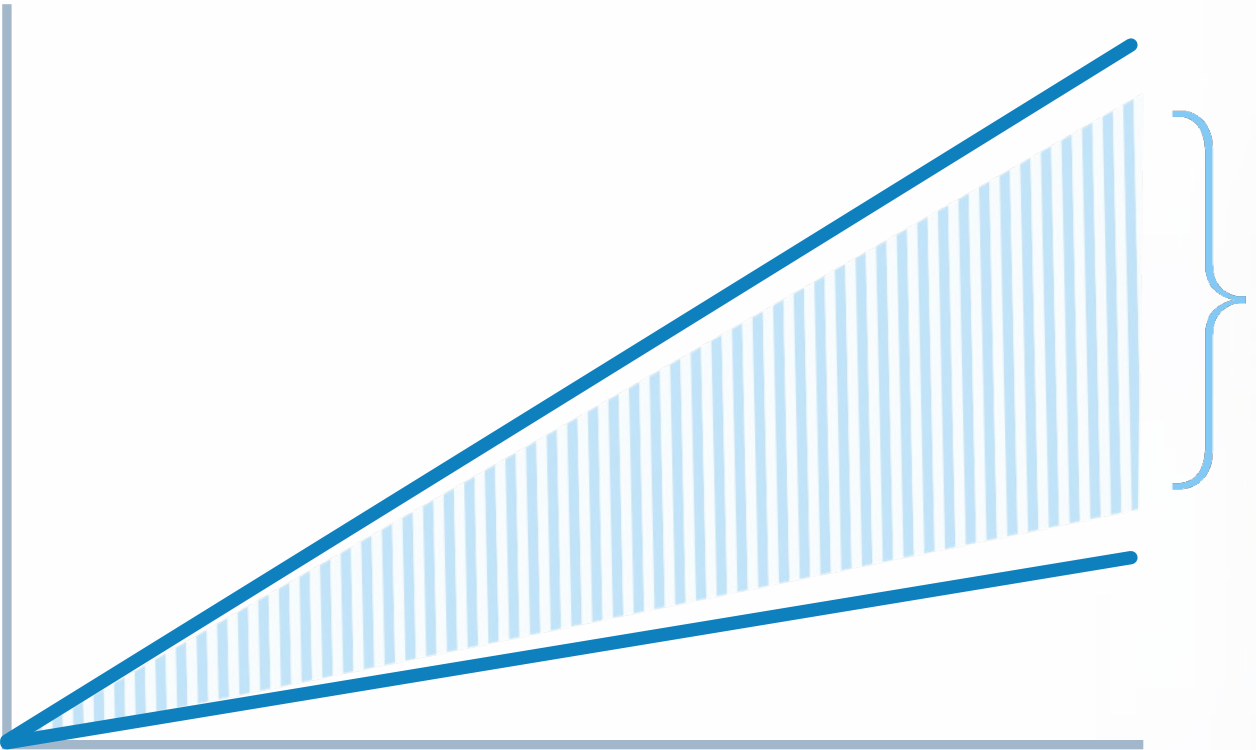
SubQ Case

- Admitted a 62yo M with T2D, presents with cellulitis, BG 220 mg/dl.
- At your institution, will the insulin be:
 - Basal/bolus?
 - Oral agents?
 - Basal only?
 - Sliding scale insulin only?
- Will the insulin doses be changed daily based on the response?



SubQ Management

What We Know & What We Do



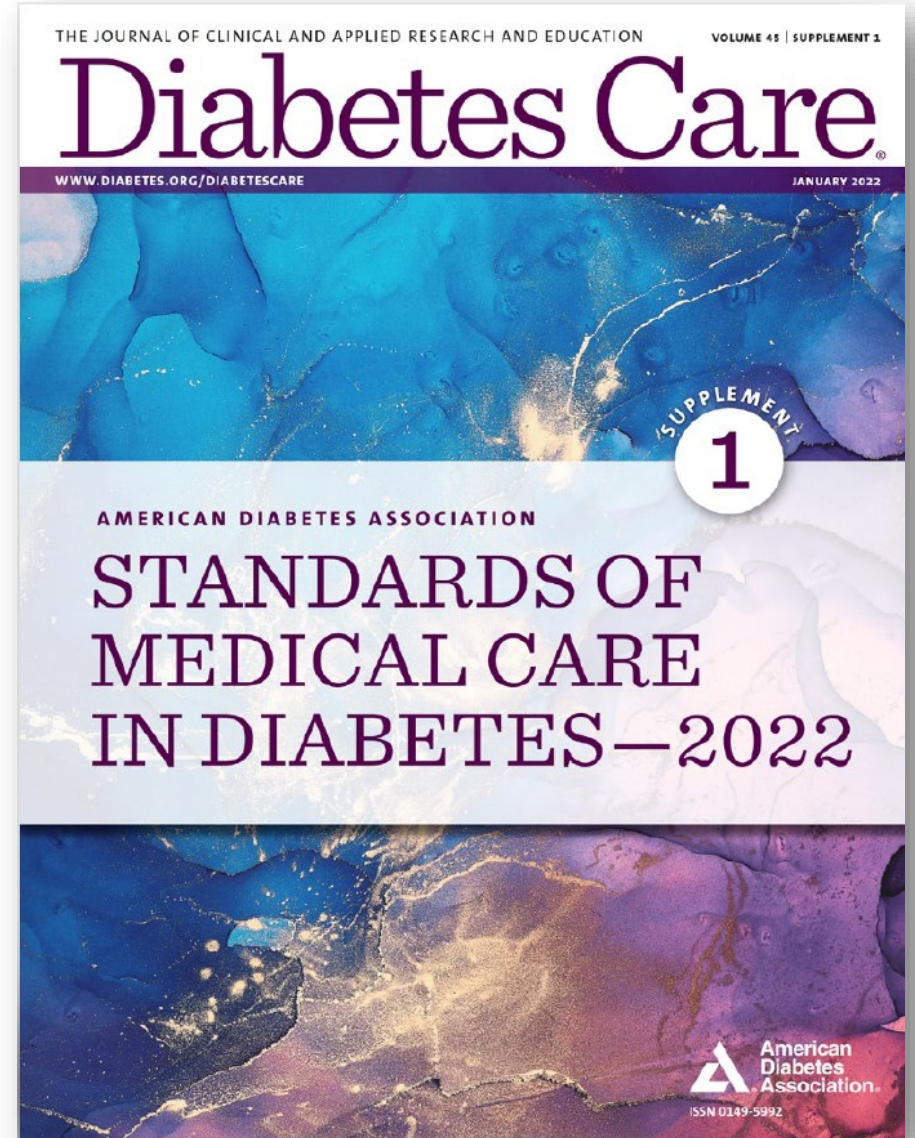
Implementation Gap



What We Know

16.4 Insulin therapy should be initiated for treatment of persistent hyperglycemia starting at a **threshold ≥ 180 mg/dL** (10.0 mmol/L) (checked on two occasions). Once insulin therapy is started, a target glucose range of **140–180 mg/dL** (7.8–10.0 mmol/L) is recommended for the majority of critically ill and noncritically ill patients. **A**

16.5 More stringent goals, such as **110–140 mg/dL** (6.1–7.8 mmol/L), may be appropriate for selected patients if they can be achieved without significant hypoglycemia. **C**

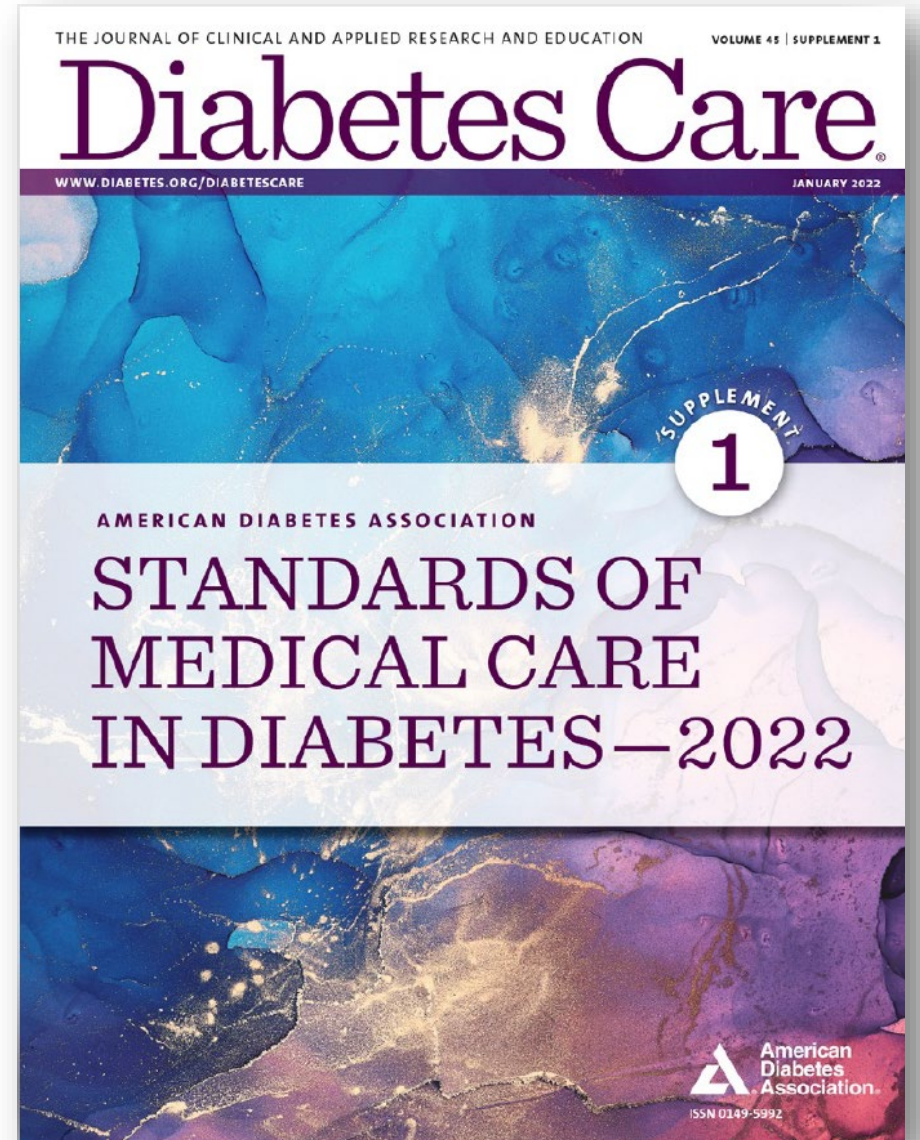


What We Know

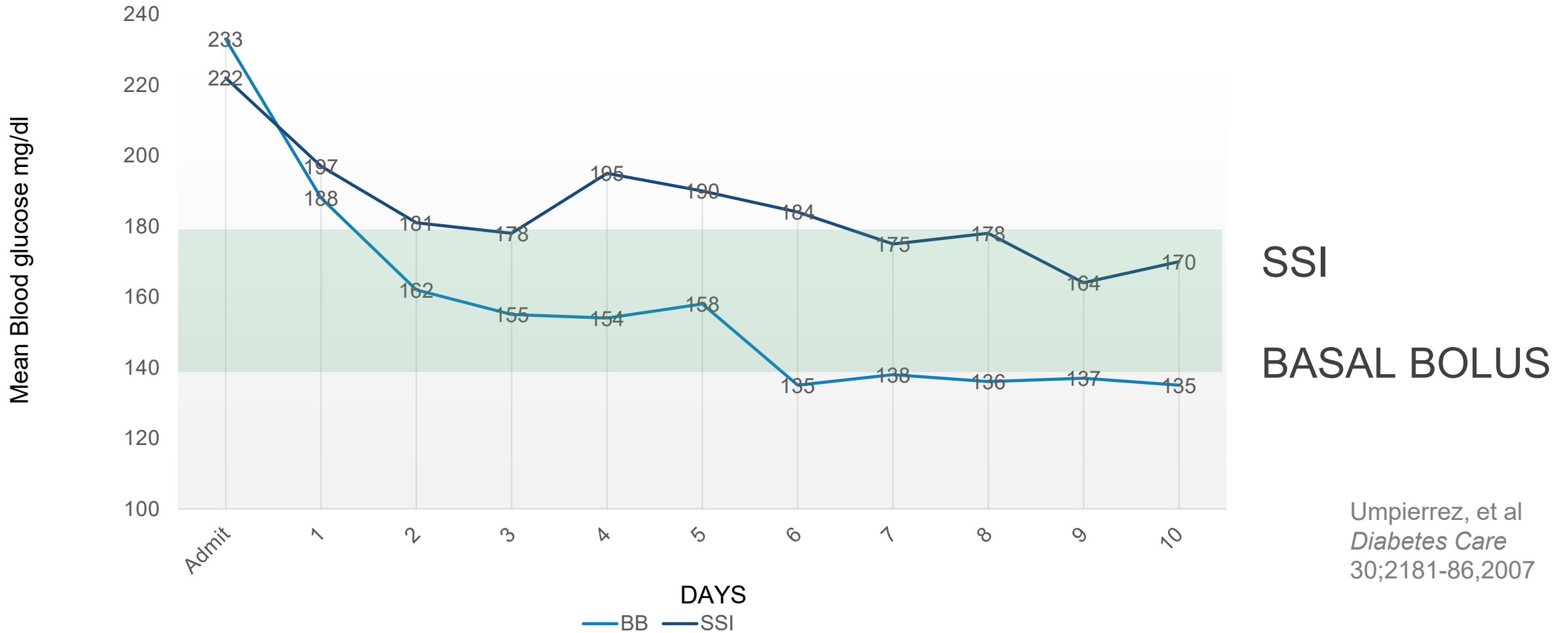
16.6 Basal insulin or a basal plus bolus correction insulin regimen is the preferred treatment for non–critically ill hospitalized patients with **poor oral intake or those who are taking nothing by mouth. A**

16.7 An insulin regimen with **basal, prandial, and correction** components is the preferred treatment for non–critically ill hospitalized patients with good nutritional intake. **A**

16.8 Use of only a **sliding scale insulin regimen** in the inpatient hospital setting is **strongly discouraged. A**



RABBIT 2 Trial



Umpierrez, et al
Diabetes Care
30;2181-86,2007

Home Regimen?

YES
Custom Dose

NO
Weight Based Dose
0.3 -0.7 u/kg/day

Total Daily Dose

50% Basal

50% Bolus

Breakfast

Lunch

Dinner

This is what we know...but what do we do?

- SSI only for hyperglycemia
- No changes to doses after hypoglycemia
- Lack of daily changes to doses
- Insulin stacking risks
- No changes of prandial (bolus) dosing for higher/lower meal intake



Glucommander SubQ



GlucoSurveillance

The screenshot shows the Glucommander SubQ interface. At the top, there are navigation tabs: Current Patients, Add Patient, Learning Center, Reports, Admin, and Logout. Below this is a search bar for 'CURRENT PATIENTS' with a dropdown for 'General Hospital' and a search button. The main content area is divided into two sections: 'IV Insulin Infusion Patients (0)' and 'SubQ Insulin Injection Patients (2)'. An alert banner indicates: 'ALERT: Click to view patients that have experienced at least 2 BGs > 180 mg/dL over the past 24 hrs.' Below the alert is a table of patients:

Name	Room	MRN	DOB	Last BG
FIFTY, DEE		MFYDE8	03/18/1949	446 mg/dL
MISSION, READ		MMNRD8	07/05/1941	329 mg/dL
SWEETIE, IMA		MSEIAB	06/27/1948	217 mg/dL

Below the table, three patient profiles are shown with their insulin regimens:

- PATTERSON, JAMES** (MRN: MPrj8, ED, DOB: 10/29/1962, BG Due: q4hr 12:00)
Basal Insulin: glargine (Lantus) LAST BG: 143 mg/dL (Messler, Jordan) BASAL DOSE: 17 Units (1 Dose Per Day)
Insulin Type: aspart (Novolog) BG TYPE: q4hr-08:00 NEXT MEAL DOSE: N/A
- BELLS, MIKE** (MRN: MBsMe8, ED, DOB: 06/27/1952, BG Due: Breakfast)
Basal Insulin: glargine (Lantus) LAST BG: 147 mg/dL (Messler, Jordan) BASAL DOSE: 24 Units (1 Dose Per Day)
Insulin Type: aspart (Novolog) BG TYPE: Breakfast NEXT MEAL DOSE: 9 units
- MOORE, ROGER** (MRN: MMERR8, ED, DOB: 04/25/1945, BG Due: Breakfast)
Basal Insulin: glargine (Lantus) LAST BG: 118 mg/dL (Messler, Jordan) BASAL DOSE: 27 Units (1 Dose Per Day)
Insulin Type: lispro (Humalog) BG TYPE: Breakfast NEXT MEAL DOSE: 13 units



Overcoming Clinical Inertia

Changes to basal and bolus insulin doses based on how patient responding



Personalize Care

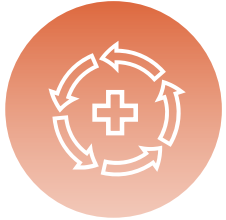
Guided starting regimens

Prandial insulin doses based on carbohydrates consumed (I:C)

Correction insulin

Quality Improvement Solutions

Process



- Clear aim statements
- Order set guidance and measure utilization
- Mealtime Triad workflow
- GlucoMetrics, Insulinometrics
- Feedback

People



- Develop Champions
- Involve stakeholders
- Create diabetes SWAT teams
- Nurse driven processes



Reflect Back on the Case

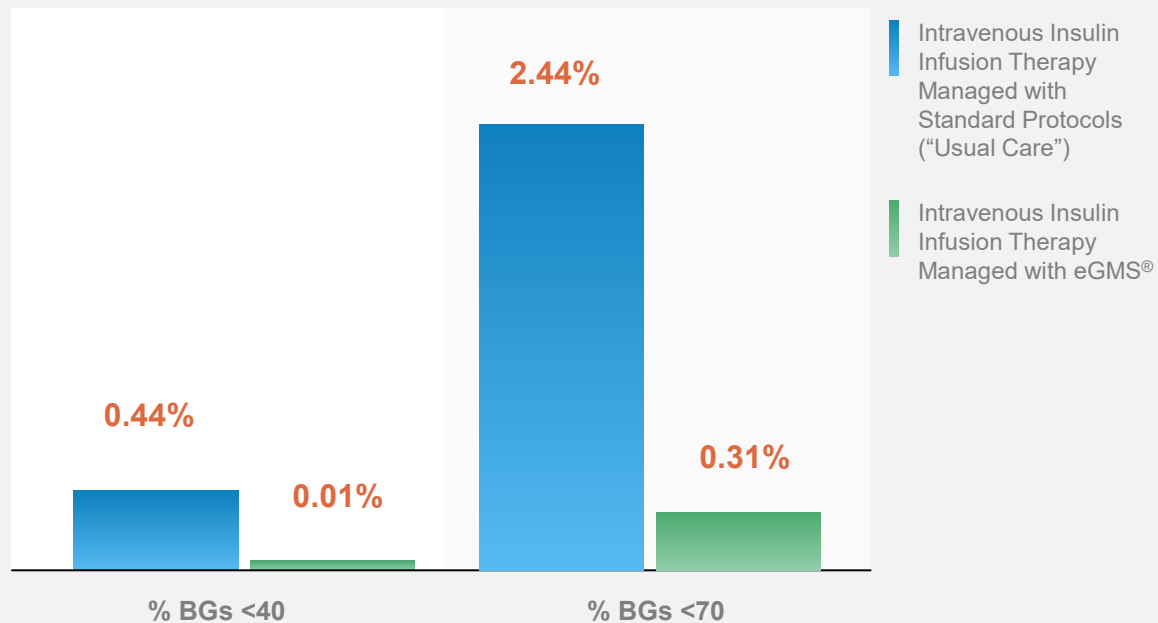
- Started on basal/bolus, with Glucommander SubQ
- Adjustments made daily to both basal bolus insulin
- Received personalized mealtime and correction doses



Glucommander IV; Long-Term Success – 3 Years of Data¹⁷

Hypoglycemia Reduction

Incidence of Hypoglycemia (%BGs) Over 3 Years eGMS® Use Data Review:
October 2016-December 2019



Practice Change Benefits noted at a Glucommander Site

- eGMS obviates the major limiting factor of IV insulin
 - *Addresses fear of hypoglycemia*
 - *Zero Sentinel Events with Glucommander IV*
 - *Focuses clinicians on best practice care*
- Confidence in Expansion
 - *Emergency Department: now LIVE!*
 - *Operating Room & PACU*
 - *Anesthesia managing IV*
 - *Critical Care OB*
 - *4 new stepdown areas*

Cost Savings Case Study



Clinical results of switching to Glucommander IV and SubQ **translate to cost savings**



71% Reduction in **hypoglycemic** patients during stay



33% Reduction in **hyperglycemic** patients during stay



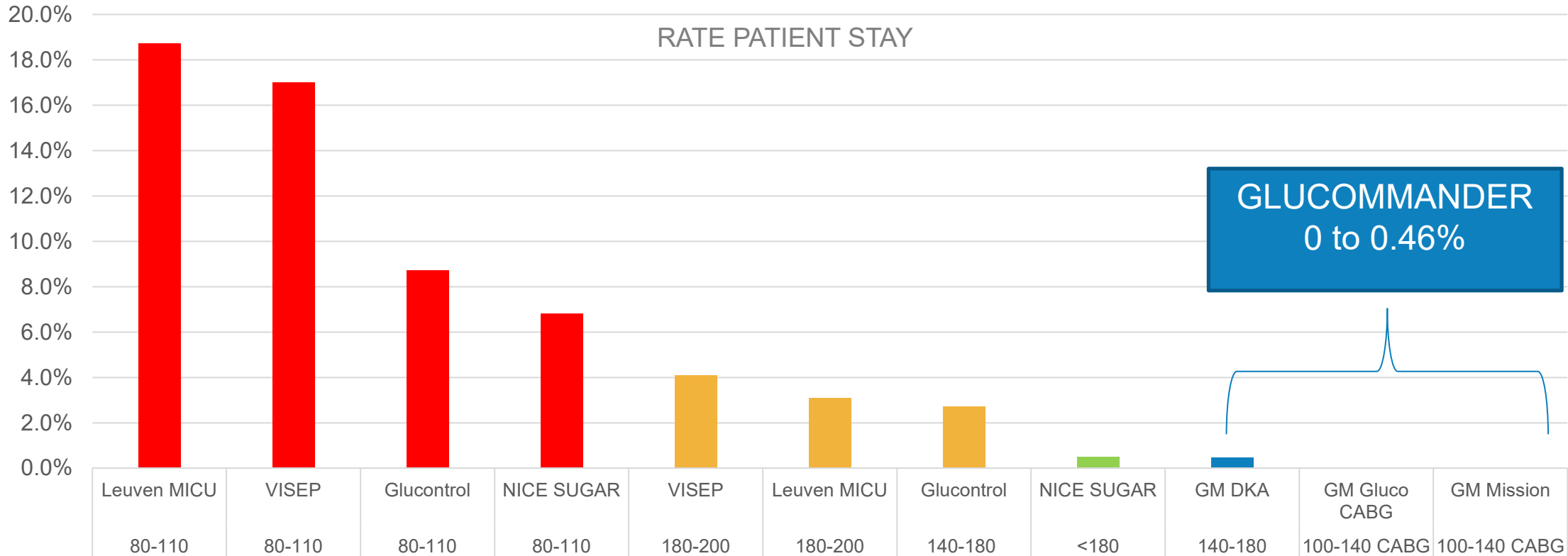
24% Reduction in average **length of stay**

\$9M

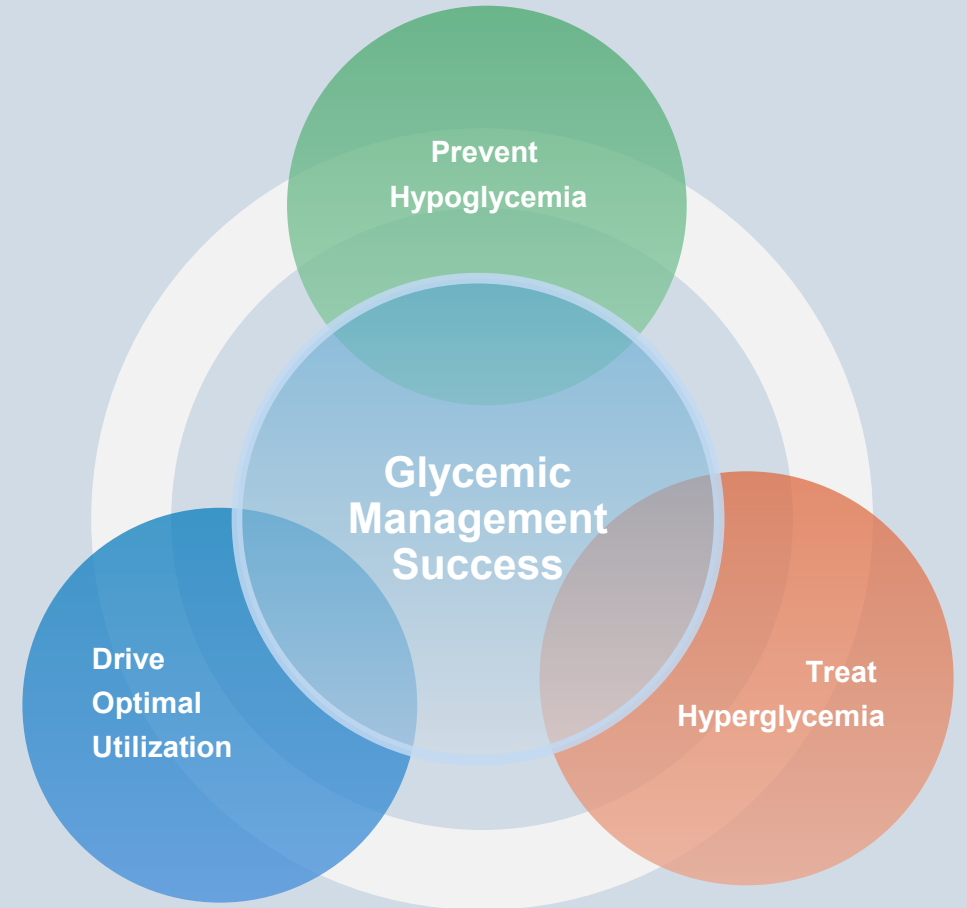
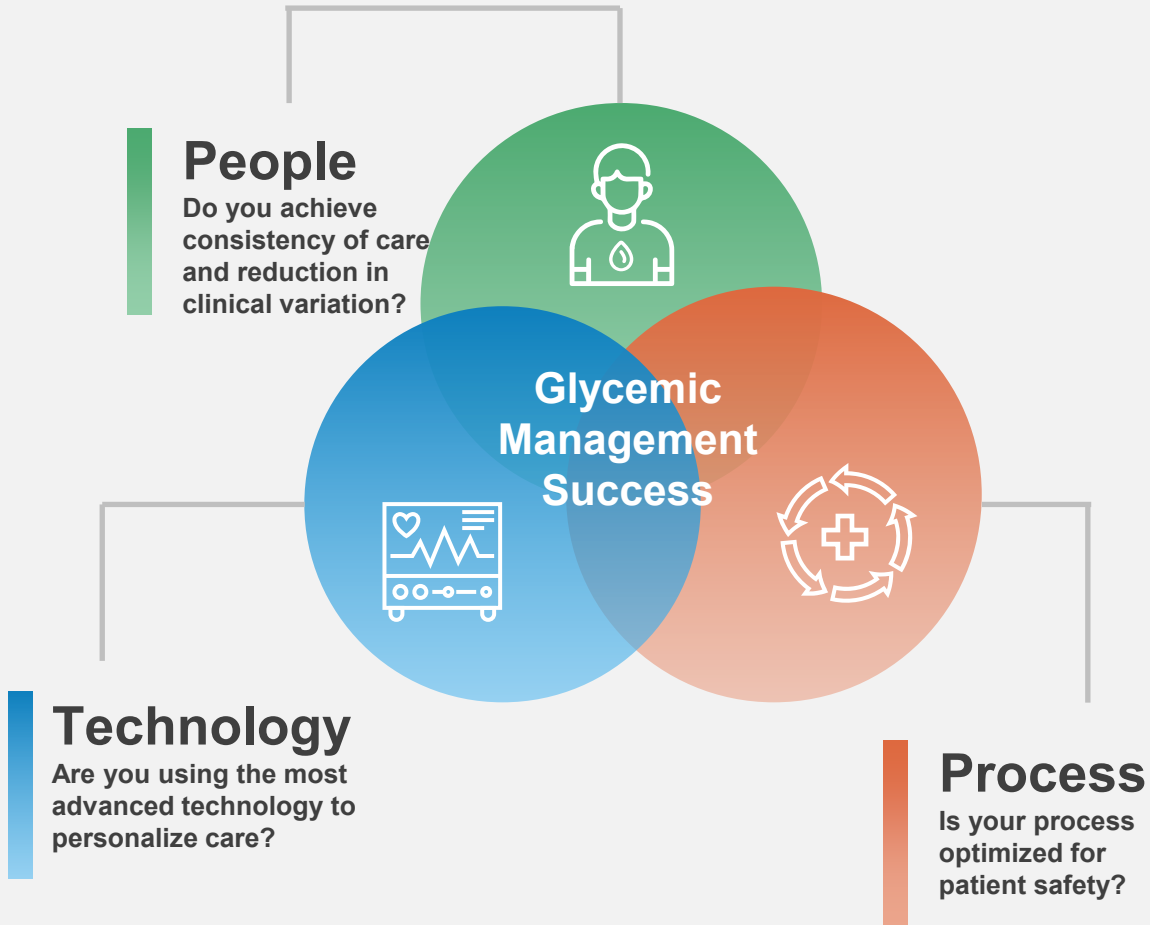
Glytec's eGMS helped
save Kaweah Delta
**over \$9 million
annually**

The Status Quo

Rate of Patients Having <40 mg/dl on IV Insulin Comparison to National Studies (patient-stay metric)



Roadmap to Glycemic Management Success



TOP 10 QI

1 Support

2 Synergy

3 Structure

4 Smart Aims

5 Sensible

6 Stats

7 Segment

8 Standardize

9 Strategize

10 Swift

Partnership & Collaboration & the Future

300+ Hospitals & Health System Partners
From academic medical centers to community hospitals

Strategic Business Partners
Collaborations that add value



Premier GPO

Glytec is the sole supplier of insulin management software in the Patient Safety Solutions category.



Roche Diagnostics USA

Glucommander will be the first software application available to run on Roche's smart-device next-generation hospital blood glucose system, cobas® pulse.*

*The cobas® pulse is in development and is not available for sale in the US.

Key Takeaways

- Implementation Gap exists: What We Know to What We Do
- Clear approach can help overcome that gap
 - People, Process, and Technology Framework
 - Quality Improvement Checklist
 - Understanding Motivators
- Improvement Strategies for IV and SubQ glycemic management
 - High reliable strategies: such as real time awareness of hyperglycemia and anion gap
 - Smart order set design
 - Glycemic committees and Glycemic Champions
- Use of eGMS

TIME TO TARGET *The Future of Glycemic Management*

Glytec's Annual Conference on Glycemic Innovation & Collaboration

October 25-26, 2022
Virtual

Scan the QR Code or visit glytectimetotarget.com to register and learn more.



Hear from Hospital Leadership, Industry Experts, Glytec Customers and More!



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Topics Include

- CMS Glycemic Management Measures
- Glycemic Management Best Practices
- CGMs and the Future of Glycemic Management
- Customer Case Studies
- Implementation & Continuous Improvement

Register today at glytectimetotarget.com

Questions?

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