179 Improving Glycemic Control Safely in Non-Critical Care Patients: A Collaborative Systems Approach in Nine Hospitals

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In a collaborative effort among nine Dignity Health hospitals to improve glycemic control for non–critical care adult inpatients, interventions included standardized order sets, education, mentoring from physician experts, feedback of metrics, and “measure-vention” (coupling measurement of patients “off protocol” with concurrent intervention to correct lapses in care). Multihospital improvements in glycemic control and severe hyperglycemia resulted without significant increases in hypoglycemia.

189 Using A Systematic Framework of Interventions to Improve Early Discharges

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An academic medical center conducted a needs assessment to identify four barriers to early discharge and then tested and implemented interventions in education, processes, and audit and feedback. The real-time discharge by noon (DBN) rate increased from a baseline of 10.4% to an average of 19.7% during a 24-month time frame, and there were significant declines in the average length of stay (5.88 to 5.60 days) and length of stay index (1.18 to 1.10) (p < 0.05).

Teamwork and Communication

197 A Systematic Review of Team Training in Health Care: Ten Questions


This literature search, guided by 10 research questions, yielded 197 empirical samples detailing the evaluation of health care team training (HTT). The findings suggest, for example, that HTT should be implemented in additional facilities other than hospitals and academic settings; incorporated into medical school training; and evaluated, along with teamwork, in terms of the impact on patient care outcomes.

205 INFORMATION FOR AUTHORS