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4-2023

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Recommended Citation

Butler, John; Button, Mikayla; Fincher, Jared; Solaiman, Rakin; and Woodfin, Michael, "Identifying Systemic errors in refilling insulin to prevent another hospitalization: An RCA" (2023). *View All Graduate Medical Education Content*. 2.

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Identifying Systemic errors in refilling insulin to prevent another hospitalization: An RCA

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BACKGROUND

- We present an RCA describing an episode of diabetic ketoacidosis that was followed by a series of errors and roadblocks that prevented a patient from filling their insulin. We focus on addressing individual issues that led to this outcome and present recommendations to prevent similar issues from occurring in future.

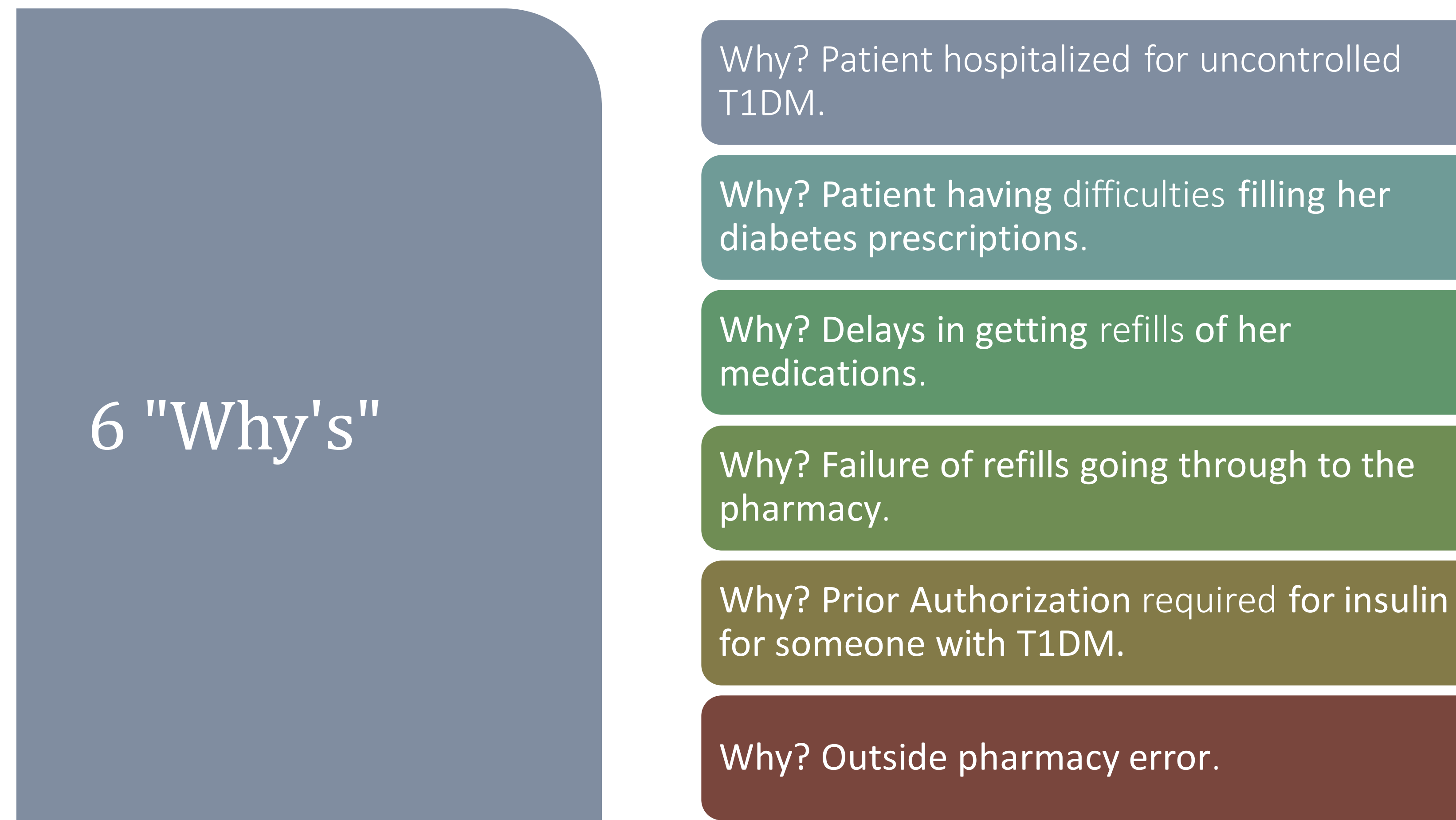
CASE

- 22F with history of HTN, HLD, and T1DM requesting a refill of her diabetic insulin supplies. She has a continuous glucose monitor (CGM) as well as an insulin pump. Of note, she is also very busy with having started a new job recently at the time.
- Patient presented to the ED on 9/4/22 with vomiting and abdominal pain, with workup significant for blood glucose in the 500's, noting she was unable to acquire her CGM supplies given "insurance requiring PA delaying refill." She was subsequently admitted to the ICU at which time PCP met patient for first time. Once stabilized she was discharged on 9/5.
- 9/29: She requested a refill of Humalog with prescription having been signed that day, however repeat request was placed 9/30 as there were characters in the sig of the script that were not allowed.
- 9/30: PCP attempted to call patient by phone however she was unable to be reached and it was unclear if she received her insulin. PCP called pharmacy to confirm prescription.
- 10/6: PCP attempted to contact patient again, however unable to be reached again and unable to clarify if she was taking her insulin appropriately. She did not have voicemail set up to leave a message.
- 11/14: Patient called and stated that she will run out of her Humalog that day and she would be unable to get more until 11/19.
- A new prescription was placed on 11/14, and during that day pharmacy called back requesting a maximum daily dose be included on the prescription and the amount to be adjusted. She had been taking 120 instead of 80. This prescription was adjusted and filled.
- 11/28: Patient's insurance was no longer covering Humalog, and dose was up to 120 mL/day lispro (Humalog). Patient stated she needed insulin Novolog which was ordered on 11/28.
- 12/14: Received notification via mail that patient's insurance denied 40ml every 30 days for Novolog, only allowing 30 ml every 30 days, refilled via these parameters.
- 12/19: PCP received message from insurance plan that the PA request for Novolog was denied 12/17. PCP reached out to pharmacy and was noted to fill insulin lispro (generic) not Novolog (brand). Clinic MA spoke with pharmacy and stated the prescription came through too early (patient was not needing it until 12/29 according to the pharmacist as she picked up the script 15 days prior).

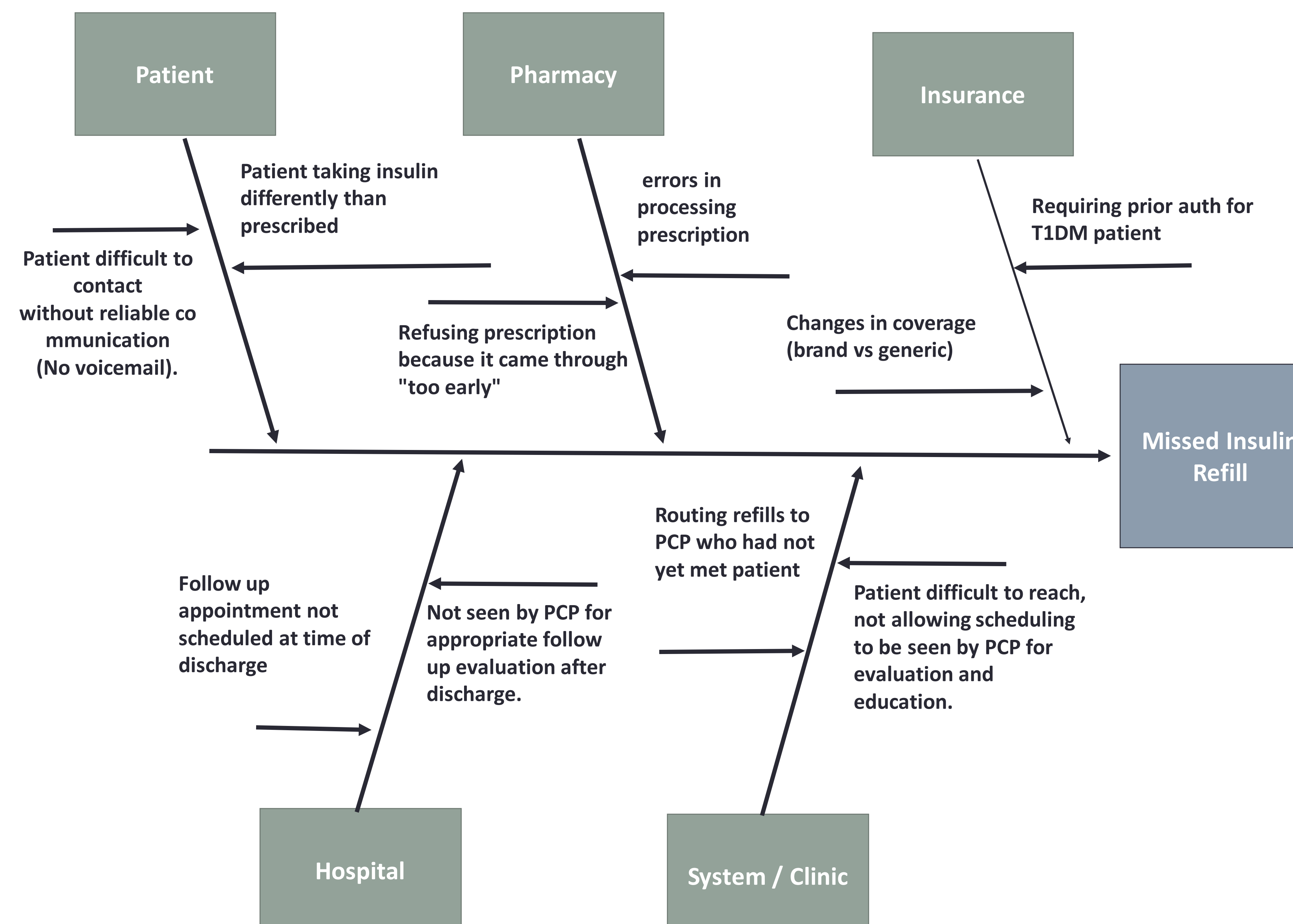
PROBLEM AT HAND

- For what reasons did this patient have significant delay in gaining access to her prescribed insulin and diabetic supplies, and what measures can be taken to prevent this in the future?

RCA



FISHBONE ANALYSIS



ACTIONABLE RECOMMENDATIONS

Hospital

- Given difficulty with outpatient communication, known clinic patient could potentially be scheduled an appointment for follow-up at time of discharge as opposed to them calling in to schedule on their own.

System / Clinic

- Hire case manager to help assist Type 1 diabetics who have a recent history of DKA admission

Pharmacy

- Setting/receiving a timed notification via EMR if medications are not picked up by patient to alert the provider.
- Dispensing alternative insulin (brand vs generic) if insurance refusing fill of other.

Insurance

- Do not require prior authorization for insulin in a Type 1 diabetic or allow a grace period for fills before prior authorization.
- Worry less about bottom line, and more about patient safety

Government

- Mandate that Physicians, not insurance companies dictate patient treatment plans, to prevent denials and prior authorizations from interfering with proper patient-centered care