UHMC Shadyside Family Health Center
Diabetes Patients Transitions of Care Process
Inpatient to Discharge to Return to PCP

3-East Diabetes Council Rep (DCR)
Nurse IDs Diabetic Patient Admission

DCR contacts FHC Chief to identify learning needs of diabetic patient

Nurse sees patient while in the hospital (not limited to 3-East)

3-East Nurses assists patient with scheduling follow-up appointment prior to discharge

Patient discharged from the hospital

If patient does not schedule follow-up appointment prior to discharge, will receive call from FHC triage nurse to schedule appointment

All patients receive a reminder to keep appointment

Patient returns the FHC for follow-up care

Asks patient to schedule a diabetes education appointment with the FHC Clinical Pharmacist for Diabetes Education

DCR completes IPOC on patient encounter

If patient does not keep appointment, the PCP will send them a reminder to return

LEGEND

3-East Diabetes Nurse Educator

Patient/FHC

SHY FHC Diabetic Patient Admitted to Shadyside Hospital

DCR provides the following:
1. Reviews BGT procedures
2. If on insulin, reviews process with patient
3. Provides patients with these handouts:
4. Diabetes Booklet (same as is used in FHC)
5. FHC Phone Numbers Magnet
6. FHC Pill Box (1, 2 or 4 pills division per day)
7. Diabetes supplies available card
8. Medication Management Appointment Card