

## **HSS STANDING ORDER**

### **Routine DIABETES SCREENING in Adults Ages 45 and Over**

#### **PURPOSE**

Over 29 million people in the US have type 2 diabetes.<sup>1</sup> An estimated 28% of people with the disease are undiagnosed, as diabetes is often asymptomatic in its early stages. Early detection and prompt treatment of diabetes may reduce the burden of diabetes and its complications.<sup>2</sup>

#### **OBJECTIVE**

To provide an approved standing order that allows Health Service Specialists (HSS) to order diabetes screening tests in adults ages 45 and over every three years, consistent with evidence-based guidelines found in the \_\_\_\_\_ medical protocols.

#### **FUNCTIONS**

- 1) The HSS will confirm eligible patients and screen out those not eligible for routine screening (see **LIMITATIONS** below)
- 2) The HSS will provide the following services: diabetes screening
- 3) The HSS will perform an in-clinic, finger-stick test OR collect and process the blood specimen as outlined in the HSS Manual and Health Center Laboratory Manual; and
- 4) The HSS will document all patient interactions in the medical record, including notation of the standing order.

#### **TRAINING & EVALUATION**

All new HSS complete four day new-hire training upon starting at \_\_\_\_\_. This training covers the content to be delivered by HSS. In addition to this training, HSS who provide primary care must complete a primary care skills training prior to providing primary care that includes the finger-stick blood glucose (FSBG) test. Documentation of these trainings and sign-offs is maintained in the individual's health center personnel file and human resources.

#### **PROCEDURES**

- 1) Identify patients eligible for routine diabetes screening: adults ages 45 and over without a diagnosis of type 1 or type 2 diabetes, pre-diabetes, or history of gestational diabetes, with no HgA1C or fasting glucose test within the last 3 years;
- 2) Screen for limitations (see **LIMITATIONS** section below)
- 3) Complete the following:
  - a) Notify patient that routine diabetes screening is recommended.
  - b) Confirm insurance status/payment method to ensure that patient is not charged for the test unexpectedly
- 4) If patient consents, determine whether patient is fasting and whether testing will be done as a finger stick or a lab draw.

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<sup>1</sup> Centers for Disease Control and Prevention. 2014 National Diabetes Statistics Report. October 2014. <http://www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html> (accessed June 2016).

<sup>2</sup> Screening for Diabetes. American Diabetes Association. Diabetes Care 2002 Jan; 25(suppl 1): s21-s24. <http://dx.doi.org/10.2337/diacare.25.2007.S21>

- a) The patient must be fasting to use the glucose test for screening.
  - b) If the patient is fasting and prefers to know the results immediately or does not have additional lab orders, test the patient in clinic with a fasting, finger stick blood glucose.
  - c) If the patient has additional labs ordered and/or will be returning for another visit, order the screening test as a lab draw.
  - d) For the in-clinic, finger stick blood glucose or labs drawn on-site, ensure physician or clinician is on site.
  - e) The in-clinic, point-of-care HgA1C test cannot be used for screening purposes.
- 5) For the finger-stick blood glucose:
- a) Access the Office Services Template:  
From the standing orders category, choose “Glucose, fingerstick (clinic).”  
Select Diagnosis (ICD-10 code) Z13.1: “Encounter for screening for diabetes mellitus” and “Place Order.”
  - b) Perform the finger stick blood glucose in accordance with the protocol outlined in the Health Center Laboratory Manual.
- 6) For a lab draw:
- a) Access the orders module:  
Select Diagnosis (ICD-10) Z13.1: “Encounter for screening for diabetes mellitus.”  
From Standing Orders category, check “Glucose” or “Hemoglobin A1C” and choose “Save and Send.”
  - b) If completing on-site lab draw, confirm whether patient is due for any other labs under standing orders. Stage lab order during intake, but wait to draw lab until after the patient sees the provider to ensure that the provider has not ordered additional labs to be drawn. If patient is in clinic for a lab-only visit, check to make sure no other labs are due before drawing. Submit order, draw and package sample in accordance with HSS Manual and Health Center Laboratory Manual.
  - c) If labs are to be completed at outside lab, order through orders module as outlined above. Submit and print requisition, and direct patient to Quest location for lab draw.
- 7) Document the encounter and notation of the standing order in the patient’s medical record

### **LIMITATIONS**

Any patient identified as **not** eligible for the standing order will be referred to a provider to determine if testing is indicated. The following criteria deem a patient ineligible for the standing order:

- 1.) Under age 45
- 2.) With a normal screening result in the past three years
- 3.) With a current diagnosis of type 1 or type 2 diabetes, pre-diabetes, or gestational diabetes (see HSS Standing Order for Adults with Pre-diabetes or History of Gestational Diabetes or HSS Adult Decision Support Tool for Chronic Diabetes Management)

### **CONSULTATION**

The HSS may use any of the following staff for consultation regarding any standing order:

- Clinician
- Quality Management Clinician (QMC)
- Licensed Staff Trainer
- Physician

### **SUPERVISION & ONGOING EVALUATION**

Last Updated 11/11/16

The HSS' performance of Diabetes Screening will be supervised by the QMC. An annual HSS quality review by the QMC will assess performance.

The HSS Standing Order for Diabetes Screening will be reviewed annually in conjunction with revision/update of the Medical Protocols.

Associate Medical Director, Primary Care

