

Miscoding and Other User Errors: Importance of Ongoing Education for Proper Blood Glucose Monitoring Procedures

Linda E. Schrock, M.N., R.N., CDE, BC-ADM

Abstract

Background:

This article reviews the literature to date and reports on a new study that documented the frequency of manual code-requiring blood glucose (BG) meters that were miscoded at the time of the patient's initial appointment in a hospital-based outpatient diabetes education program.

Method:

Between January 1 and May 31, 2007, the type of BG meter and the accuracy of the patient's meter code (if required) and procedure for checking BG were checked during the initial appointment with the outpatient diabetes educator. If indicated, reeducation regarding the procedure for the BG meter code entry and/or BG test was provided.

Results:

Of the 65 patients who brought their meter requiring manual entry of a code number or code chip to the initial appointment, 16 (25%) were miscoded at the time of the appointment. Two additional problems, one of dead batteries and one of improperly stored test strips, were identified and corrected at the first appointment.

Conclusions:

These findings underscore the importance of checking the patient's BG meter code (if required) and procedure for testing BG at each encounter with a health care professional or providing the patient with a meter that does not require manual entry of a code number or chip to match the container of test strips (i.e., an autocode meter).

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Author Affiliation: Retired from Elkhart General Hospital Diabetes Education Program, Elkhart, Indiana

Abbreviations: (BG) blood glucose, (HCP) health care professional, (SMBG) self-monitoring blood glucose

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Corresponding Author: Linda E. Schrock, M.N., R.N., CDE, BC-ADM, 1 Shore Manor Drive, Bristol IN 46507-9442; email address lindel66@maplenet.net