

# APPLICATION

TO BE A RECOGNIZED  
LEADER IN CARING FOR  
PEOPLE LIVING WITH  
DIABETES



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# WELCOME

2027 RECOGNIZED  
LEADER IN CARING FOR  
PEOPLE LIVING WITH  
DIABETES APPLICATION

## Introduction

Of the 37 million people in the U.S. who are living with diabetes, eight million are admitted to the hospital each year with related complications. Diabetes compounds the risk all inpatients already face from medical errors, injuries, and infections that are all too common in hospitals. Studies estimate that more than 200,000 people die every year from preventable harm in hospitals, making patient safety breakdowns a leading cause of death in America. There are many programs in place nationally to advance patient safety in hospitals, but there are few, if any, that target patients living with diabetes during a hospitalization. Inequity makes those risks even greater for some patients. Black and Indigenous people with diabetes are twice as likely as white people with diabetes to undergo amputation.

The Leapfrog Group and the [American Diabetes Association \(ADA\)](#) have partnered to launch a national program to recognize hospitals that are providing safe, high quality, evidence-based care to hospitalized patients with diabetes, regardless of the reason for their hospital admission. Hospitals that are Recognized Leaders in Caring for People Living with Diabetes demonstrate adherence to evidence-based diabetes care guidelines, excellence in achieving select standards from Leapfrog's Hospital Survey, and excellence in patient safety by being an A or B-graded hospital (only applies to hospitals that receive a Hospital Safety Grade).

This national program:

- **Assesses hospitals** on their adherence to national, evidence-based diabetes care guidelines,
- **Publicly recognizes hospitals** demonstrating adherence to the guidelines, as well as excellence in achieving select standards from the Leapfrog Hospital Survey, and excellence in patient safety by being an A or B-graded hospital (only applies to hospitals that receive a Hospital Safety Grade), and
- **Educates patients and their families** about which hospitals can provide them with the best diabetes care, regardless of their reason for being in the hospital.

On June 11, 2026, the American Diabetes Association and Leapfrog [announced 37 hospitals across 14 states](#) as 2026 Recognized Leaders in Caring for People Living with Diabetes. This application will be used to recognize the 2027 Recognized Leaders, which will be announced in spring 2027.

## Eligibility

Only adult and general acute care and specialty hospitals that care for adult inpatients and have submitted a 2026 Leapfrog Hospital Survey can access the application via the Leapfrog Hospital Survey Dashboard from July 1, 2026 to January 31, 2027.

# Key Indicators

Applicants are assessed on a comprehensive set of key indicators that evaluate safety and quality from admission to discharge. A crosswalk of key indicators and published guidelines is available in [Appendix I](#).

## Structures to Support Patient-Centered Care

1. *Diabetes Self-Management*: Facilitating self-management of insulin pumps and continuous glucose monitors.
2. *Hypoglycemia Management*: Following a specified hypoglycemia protocol to allow rapid treatment in emergency situations, and collecting data to report CMS eQMs Hospital Harm - Severe Hypoglycemia and Hospital Harm - Severe Hypoglycemia.
3. *Data Collection on Amputations*: Collecting data on amputations and/or participating in registries that collect data on amputations.

## Surgical Patients

1. *Preparation for Scheduled Inpatient Surgery*: Ensuring that patients with diabetes have appropriate preparation for a scheduled inpatient surgery that includes a preoperative assessment, medication management, and monitoring during the procedure.

## All Hospitalized Patients

1. *HbA1c Testing*: Conducting an HbA1c test on admission for patients with diabetes, unless a recent test result has been documented.
2. *Meals and Insulin Regimen*: Ensuring the appropriate administration of insulin based on meals and monitoring carbohydrates.

## High-Risk Patients

1. *Specialized Care Teams and Patient Education*: Deploying a specialized team to care for and educate high-risk patients with diabetes.
2. *Discharge Planning*: Implementing a comprehensive discharge process for high-risk patients with diabetes that includes post-discharge care coordination, medication management, patient education, and more.

Additionally, applicants will be assessed on their progress towards achieving the following Leapfrog Hospital Survey Standards:

1. Computerized Prescriber Order Entry (CPOE)
2. Bar Code Medication Administration (BCMA)

Finally, applicants that are eligible to receive a Leapfrog Hospital Safety Grade must be an A or B-graded hospital at the time the designation is announced June 2027, based on the spring 2027 Safety Grade.

# The Joint Commission Advanced Disease-Specific Care Certification for Inpatient Diabetes Care

Hospitals that are currently certified by The Joint Commission as holding the Advanced Disease-Specific Care Certification for Inpatient Diabetes Care have met the Leapfrog requirements for the following indicators:

- Diabetes Self-Management
- Hypoglycemia Protocol
- HbA1c Testing
- Meals and Insulin Regimen

Leapfrog has added a response option for each of these four indicators, which allows hospitals that have the certification to skip certain questions and auditing requirements. Please note, Leapfrog obtains current lists of certified hospitals directly from The Joint Commission.

## Public Reporting

Applicants that earn the designation, as determined by the American Diabetes Association and the Leapfrog Group, will be publicly announced in June 2027 and a Recognized Leader badge will be added to their Leapfrog Hospital Survey Results webpage at <https://ratings.leapfroggroup.org>. However, individual performance on the key indicators from the application will not be publicly reported. Additionally, hospitals that submit the application but do not earn the designation will not be publicly reported in any way. View the [2026 Recognized Leaders here](#).

## Submission Deadlines

Date	Milestone
July 1, 2026	The hard copy of the Application is available at <a href="https://www.leapfroggroup.org/recognized-leader-diabetes/application-materials">https://www.leapfroggroup.org/recognized-leader-diabetes/application-materials</a> , and the Online Application is available to adult and general acute care hospitals and specialty hospitals that care for adult inpatients who have submitted a 2026 Leapfrog Hospital Survey by June 30 via the Survey Dashboard.
January 31, 2027	<b>APPLICATION DEADLINE:</b> To be eligible for the <b>Recognized Leader in Caring for People Living with Diabetes</b> Accolade, hospitals must submit a completed Application and Patient Tracking Workbook via the Online Application Tool by <b>January 31, 2027</b> .
June 2027	The list of hospitals designated as <b>Recognized Leaders in Caring for People Living with Diabetes</b> will be announced by Leapfrog and the American Diabetes Association in June 2027.

# Application Submission Instructions

Similar to the Leapfrog Hospital Survey, hospitals that share a CMS Certification Number are required to report by facility. Please carefully review [Leapfrog's Multi-Campus Reporting Policy](#).

The Recognized Leader in Caring for People Living with Diabetes Application has two parts. First, hospitals are asked to review and complete this document, the hard copy of the Application. In Parts 2, 3 and 4 of the Application, hospitals will need to randomly sample 30 patient records from CY2025, based on the sampling instructions in each application Part, to determine adherence to policies and protocols, and record those responses in the hard copy of the Application. Finally, hospitals are asked to enter all the responses from the hard copy of the Application into the Online Application Tool and upload the completed Patient Tracking Workbook.

To access the hard copy of the Application and Patient Tracking Workbook, visit the [Application Materials Webpage](#).

To access the Online Application Tool, first visit your Survey Dashboard: <https://survey.leapfroggroup.org/login>. From the Dashboard, select “Diabetes Care Application” in the top right corner, as indicated by the red box in the screenshot below.

**Announcements**

On July 1, Leapfrog Hospital Survey participants are eligible to apply for the 2027 Recognized Leader in Caring for People Living with Diabetes program, a partnership between Leapfrog and the American Diabetes Association. In June 2026, Leapfrog will publicly announce the 2026 class of Recognized Leaders, who submitted an application in the prior (2026) cycle. [Read more here](#).

Edit Hospital Profile   View/Print Last Submitted Survey   View/Print Last Saved Survey   View Hospital Details Page   View/Print Previous Years Survey   **Diabetes Care Application**

2026 Leapfrog Hospital Survey Dashboard   Section Status   Errors

Next, click to access individual parts of the Application from the Dashboard, and enter your responses from the hard copy.

View/Print Last Saved Application   View/Print Last Submitted Application   Return to Leapfrog Hospital Survey

**2027 Recognized Leader in Caring for People Living with Diabetes Application Dashboard**   Status   Errors

Part	Status	Errors
Part 1: STRUCTURES TO SUPPORT PATIENT-CENTERED CARE		0 errors
1A   1B   1C		
Part 2: SURGICAL PATIENTS		0 errors
Part 3: ALL HOSPITALIZED PATIENTS		0 errors
Part 4: HIGH-RISK PATIENTS		0 errors

Data Review Warnings may only be checked if at least one part is affirmed.

Upload File   Check for Data Review Warnings   Submit Application

When complete, each individual Part is ready for the Affirmation of Accuracy.

View/Print Last Saved Application    View/Print Last Submitted Application    Return to Leapfrog Hospital Survey

2027 Recognized Leader in Caring for People Living with Diabetes Application Dashboard		Status	Errors
+ <a href="#">Part 1</a> : STRUCTURES TO SUPPORT PATIENT-CENTERED CARE		READY FOR <a href="#">AFFIRMATION</a>	0 errors
<a href="#">Part 2</a> : SURGICAL PATIENTS		READY FOR <a href="#">AFFIRMATION</a>	0 errors
+ <a href="#">Part 3</a> : ALL HOSPITALIZED PATIENTS		READY FOR <a href="#">AFFIRMATION</a>	0 errors
+ <a href="#">Part 4</a> : HIGH-RISK PATIENTS		READY FOR <a href="#">AFFIRMATION</a>	0 errors

Upload File    Check for Data Review Warnings    Submit Application

Once each Part is affirmed, upload your Patient Tracking Workbook in “Upload File.”

Once the Patient Tracking Workbook is complete, follow the instructions below to upload it to the Online Application Tool:

1. Complete and affirm Parts 1-4 of the Application.
2. After all parts have been completed and affirmed, click the grey “Upload File” button on the Application Dashboard.

2027 Recognized Leader in Caring for People Living with Diabetes Application Dashboard

2027 Recognized Leader in Caring for People Living with Diabetes Application Dashboard		Status	Errors
+ <a href="#">Part 1</a> : STRUCTURES TO SUPPORT PATIENT-CENTERED CARE		READY FOR <a href="#">AFFIRMATION</a>	0 errors
<a href="#">Part 2</a> : SURGICAL PATIENTS		READY FOR <a href="#">AFFIRMATION</a>	0 errors
+ <a href="#">Part 3</a> : ALL HOSPITALIZED PATIENTS		READY FOR <a href="#">AFFIRMATION</a>	0 errors
+ <a href="#">Part 4</a> : HIGH-RISK PATIENTS	The completed Patient Tracking Workbook may only be uploaded if all parts are affirmed.	<a href="#">AFFIRMATION</a>	0 errors

Upload File    Check for Data Review Warnings    Submit Application

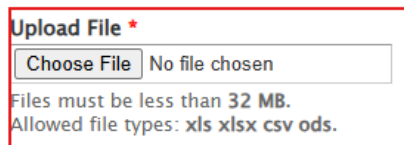
3. In the “Upload File” prompt window, click “Choose File” and select your completed Patient Tracking Workbook in File Explorer.

## Upload File



Please upload your completed [Patient Tracking Workbook](#) by following the steps below:

1. Click “Choose File” and select your completed Patient Tracking Workbook in the File Explorer.
2. After selecting your file, click “Open” in the File Explorer.
3. Click “Upload.”
4. Close out of the “Upload File” prompt window by clicking the “x” in the top right corner.



Upload

4. After selecting your file, click “Open” in the File Explorer.
5. Click “Upload.”
6. After selecting “Upload” confirm that your completed Patient Tracking Workbook has been uploaded successfully by verifying the following:
  - a. A green banner and check box are shown in the prompt window indicating “File for *Hospital Name* has been uploaded.”
  - b. Your completed Patient Tracking Workbook can be downloaded by clicking the hyperlinked file name.

*Note: Files are automatically renamed to include your Leapfrog ID and date of upload.*

## Upload File

Please upload your completed [Patient Tracking Workbook](#) by following the steps below:

1. Click “Choose File” and select your completed Patient Tracking Workbook in the File Explorer.
2. After selecting your file, click “Open” in the File Explorer.
3. Click “Upload.”
4. Close out of the “Upload File” prompt window by clicking the “x” in the top right corner.



## Upload File \*

[14-0172\\_2026-05-21\\_2026\\_ADA\\_ApplicationLogic\\_V1 \(1\).xlsx](#) (166.13 KB)

Replace

7. Close out of the “Upload File” prompt window by clicking the “X” in the top right corner.

*Note: Files can be replaced by following steps 1-2 to open the “Upload File” prompt window, clicking “Replace” and then following steps 3-7 to select and upload a new file.*

If you run into any difficulties uploading the file, please contact [The Leapfrog Help Desk](#).

After the file is uploaded, please first click “Check for Data Review Warnings,” and then “Submit” when the application is ready.

View/Print Last Saved Application    View/Print Last Submitted Application    Return to Leapfrog Hospital Survey

2027 Recognized Leader in Caring for People Living with Diabetes Application Dashboard		Status	Errors
+ <a href="#">Part 1</a> : STRUCTURES TO SUPPORT PATIENT-CENTERED CARE		AFFIRMED - 05/21/2026 ⓘ	0 errors
<a href="#">Part 2</a> : SURGICAL PATIENTS		AFFIRMED - 05/21/2026 ⓘ	0 errors
+ <a href="#">Part 3</a> : ALL HOSPITALIZED PATIENTS		AFFIRMED - 05/21/2026 ⓘ	0 errors
+ <a href="#">Part 4</a> : HIGH-RISK PATIENTS		AFFIRMED - 05/21/2026 ⓘ	0 errors

1    2    3

Upload File    Check for Data Review Warnings    Submit Application

If you have any questions, contact [The Leapfrog Help Desk](#).

# PART I:

## STRUCTURES TO SUPPORT PATIENT-CENTERED CARE

# I: Structures to Support Patient-Centered Care

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## IA: Diabetes Self-Management

1. Does your hospital have a policy that allows patients, under specified circumstances, to self-manage their blood glucose levels using an automated infusion pump during their hospital stay that includes all the following elements:

YES  NO

- Mandatory patient evaluation to determine if the patient meets specified criteria to self-manage blood glucose levels using their insulin pump,
- Protocol for patient to adjust the settings on the insulin pump per the provider's guidance,
- Steps that should be taken if the patient's pump fails or needs to be removed?

Our hospital currently has The Joint Commission's Certification for Inpatient Diabetes Care

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2. Does your hospital have a policy that allows patients, under specified circumstances, to self-manage their blood glucose levels using a continuous glucose monitoring (CGM) system during their hospital stay that includes both elements:

YES  NO

- Mandatory patient evaluation to determine if the patient meets specified criteria to self-manage blood glucose levels using their CGM system,
- Steps that should be taken if the patient's CGM system fails or needs to be removed?

Our hospital currently has The Joint Commission's Certification for Inpatient Diabetes Care

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## IB: Hypoglycemia Protocol

1. Does your hospital have a protocol for managing hypoglycemia in adult inpatients that includes all the following elements:

- Treatment by a nurse as soon as hypoglycemia is detected in a patient, if treatment is not contraindicated,
- Specific treatment options that include the quantity or dose that should be administered,
- A PRN order to administer medical treatment (e.g., intravenous dextrose, glucagon),
- Communication of the initiation of the protocol to the attending physician,
- Specified intervals to recheck blood glucose,
- Treatment protocol if blood glucose is still low after initial treatment?

YES  NO

Our hospital currently has The Joint Commission's Certification for Inpatient Diabetes Care

2. Did your hospital collect and report to CMS (i.e., via Hospital Quality Reporting (HQR) Secure Portal as part of CMS Inpatient Quality Reporting Program) BOTH of the following eCQMS related to insulin management for the January 1, 2025-December 31, 2025 reporting period?

- Hospital Harm – Severe Hypoglycemia eCQM (HH-HYPO)
- Hospital Harm – Severe Hyperglycemia eCQM (HH-HYPER)

YES  NO

*Leapfrog will download the latest available data, as of January 31, 2027, from the [CMS Provider Data Catalog](#). These data will not be publicly reported, but will be used as a key indicator to assess Recognized Leaders.*

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## IC: Data Collection on Amputations

1. Does your hospital collect data on amputations among its patients with diabetes?

YES  NO

*If “no” or “not applicable; our hospital does not perform amputations” to question #1, skip questions #2-4 and go to the Affirmation of Accuracy.*

**NOT APPLICABLE; our hospital does not perform amputations**

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2. Does your hospital submit data on amputations to any of the following registries?

Limb Loss and Preservation Registry  
 Vascular Quality Initiative (VQI)  
 National Surgical Quality Improvement Program (NSQIP)  
 None of the above

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3. In the past 12 months, has your hospital used the data indicated in question #1 or #2 to update or revise its policies or procedures?

YES  NO

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4. In the past 12 months, has your hospital implemented or monitored an existing quality improvement plan that describes how it will reduce amputations based on the data and information obtained as indicated in question #1 or #2?

YES  NO

## Structures to Support Patient-Centered Care Frequently Asked Questions (FAQs)

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- 1. Some of the structures to support patient-centered care are recently implemented; do these need to have been in place for a certain amount of time at our hospital in order to be able to report on them?**

No, for the purposes of this part, and other policies referred to throughout the application, there is no minimum implementation interval needed before reporting that the structure or policy is in place.

- 2. In what situations would it not be appropriate or safe for a patient to self-manage their blood glucose levels?**

There are many possible examples, including MRI, diathermy, or a change in a patient's mental or physical status. Hospitals may determine their own criteria for safety, including the clinical situations that would dictate whether self-management was appropriate or not.

- 3. What are examples of data that a hospital should collect on amputations?**

Examples may include: the number of amputations performed annually or over a specific time period, the amputation rate for people with diabetes treated at the hospital, co-morbidities and risk factors leading to each amputation performed at the hospital (e.g. WIfI classification), steps that were taken prior to amputation to attempt to salvage the limb that was amputated, or stratification of rates of amputation by race, ethnicity, or other demographic data.

# PART 2:

## SURGICAL PATIENTS

## 2: Preparation for Scheduled Inpatient Surgeries

Before responding to the questions in this part of the application, please reference the [Preparation for Scheduled Inpatient Surgeries Measure Specifications](#) beginning on page 20.

1. Does your hospital have a perioperative policy that applies to all adult patients with diabetes undergoing scheduled inpatient surgery?

YES

NO

*If “no” to question #1, skip questions #2-8 and go to the Affirmation of Accuracy.*

2. Which of the following elements are included in your hospital’s perioperative policy that applies to all adult patients with diabetes undergoing a scheduled inpatient surgery?

*If “none of the above,” skip questions #3-8 and go to the Affirmation of Accuracy.*

### Pre-operative assessment

HbA1c testing within the past 3 months prior to surgery

Pre-operative blood glucose assessment on the day of surgery

Specified pre-operative target blood glucose range

### Medication Management

Patients are instructed on adjusting diabetes medications before surgery

Basal insulin should not be held by clinicians

### During the Procedure

Specified frequency of blood glucose monitoring during the procedure

Clinicians are instructed how to manage both hyperglycemia and hypoglycemia

None of the above

3. Do you want to report on adherence to your hospital’s policy based on a sample of 30 adult patients with diabetes who had a scheduled inpatient surgery in CY2025?

YES

NO

YES, but fewer than 30 cases met the inclusion criteria for the denominator

*If “no” or “yes, but fewer than 30 cases met the inclusion criteria for the denominator,” skip questions #4-8 and go to the Affirmation of Accuracy.*

*If “yes” to question #3, follow Leapfrog’s sampling instructions to identify and report on a sample of 30 cases.*

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**Pre-operative Assessment**

4. Total number of inpatients included in the sample who had an HbA1c test and results in the three months prior to the day of surgery.

5. Total number of inpatients included in the sample who had a pre-operative blood glucose test and results documented on the day of surgery.

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**Medication Management**

6. Total number of inpatients included in the sample who were given instructions regarding holding/taking/adjusting diabetes medications before surgery.

7. Total number of inpatients included in the sample who were not taking any diabetes medications before the surgery or not managing their own diabetes medications before surgery.

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**During the Procedure**

8. Total number of inpatients included in the sample who had their blood glucose monitored during the procedure at the frequency outlined in your hospital's policy.

# Preparation for Scheduled Inpatient Surgeries Measure

## Part 2 Sampling Instructions:

To respond to questions 1-8 in Part 2, hospitals are asked to randomly sample and review 30 patient records and record adherence in the Patient Tracking Workbook as described below. The sample must be comprised of 30 discharges selected randomly from eligible denominator populations after removing all denominator exclusions within the performance period of the calendar year 2025.

### Eligible denominator population (“Denominator”):

Patients aged 18 years or older with a principal or secondary diagnosis of Diabetes Mellitus (ICD-10 codes: E08-E13, O24), who underwent at least one scheduled inpatient surgery where general anesthesia was used.

For reference, consult the [Preparation for Scheduled Surgeries: Measure Calculation Diagram](#), a visual representation of the sampling and calculation steps.

### Preparation for Scheduled Inpatient Surgeries – Pre-Operative Assessment

*Numerator Details – HbA1c Assessment (Column C of Patient Tracking Workbook - Indicate “Yes” or “No”)*

Total number of inpatients included in the sample who had an HbA1c test and results in the three months prior to the date of surgery.

*Numerator Details – Blood Glucose Assessment (Column D of Patient Tracking Workbook - Indicate “Yes” or “No”)*

Total number of inpatients included in the sample who had a pre-operative blood glucose test and results documented on the day of the surgery, BEFORE the start time of the surgery.

### Preparation for Scheduled Inpatient Surgeries – Medication Management

*Numerator Details (Column E of Patient Tracking Workbook - Indicate “Yes” or “No”)*

Total number of inpatients included in the sample who were given instructions regarding holding/taking/adjusting diabetes medications BEFORE the start time of the surgery.

*Numerator Details (Column F of Patient Tracking Workbook - Indicate “Yes” or “No”)*

Total number of inpatients included in the sample who were not taking any diabetes medications before the surgery or not managing their own diabetes medications before surgery.

### Preparation for Scheduled Inpatient Surgeries – During the Procedure

*Numerator Details (Column G of Patient Tracking Workbook - Indicate “Yes” or “No”)*

Total number of inpatients included in the sample who had their blood glucose monitored during the procedure at the frequency outlined in your hospital’s policy.

## Patient Tracking Workbook:

Hospitals that opt to report on adherence to their pre-operative policy based on a sample of 30 adult patients with diabetes who had a scheduled inpatient surgery in CY2025 must complete the Patient Tracking Workbook and upload it via the Online Application Tool prior to their Application submission. The Patient Tracking Workbook can be downloaded from the Online Application Tool and the Recognized Leader [Application Materials Webpage](#).

For each of the patients in the denominator above, select “Yes” or “No” for each of the questions in columns C, D, E, F, and G in the “Patients with Scheduled Surgeries” worksheet. The provided patient IDs 1-30 should be used in lieu of any patient-identifying information. *Please do not submit any patient identifying information.*

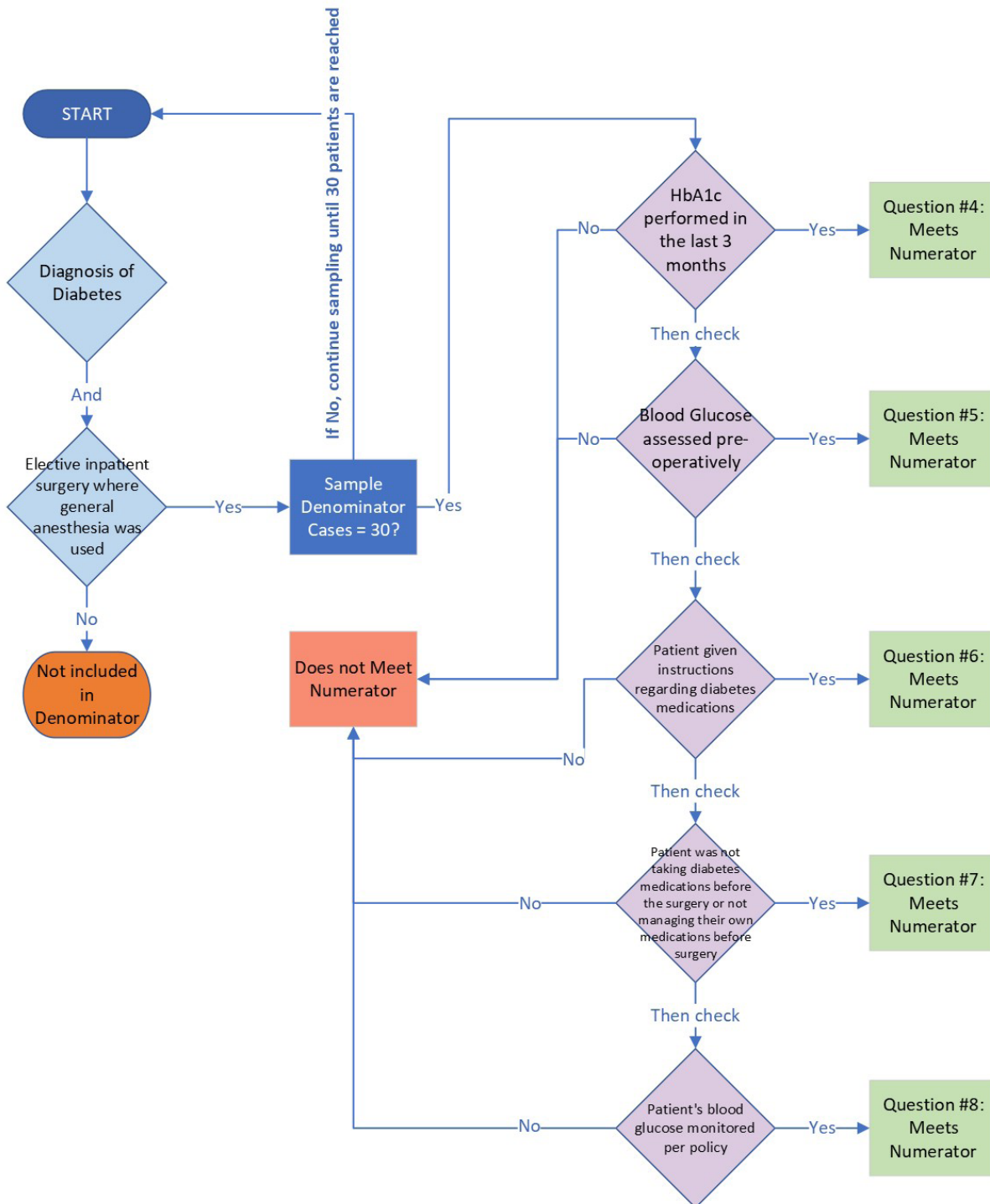
PART 2 - Patients with Scheduled Inpatient Surgeries				
Sampling Instructions	Patient ID	Pre-Operative Assessment		Medication
30 randomly selected patients aged 18 years or older with a principal or secondary diagnosis of Diabetes Mellitus (ICD-10 codes: E08-E13, O24), who underwent at least one elective surgery where general anesthesia was used.		<b>Question #4:</b> Did the patient have an HbA1c test and results in the three months prior to the date of surgery?	<b>Question #5:</b> Did the patient have a pre-operative blood glucose test and results documented on the day of the surgery, BEFORE the start time of the	<b>Question #6:</b> Was the patient given instructions regarding holding/taking/adjusting diabetes medications BEFORE the start time of the
The provided patient IDs 1-30 should be used in lieu of any patient-identifying information. <i>Please do not submit any patient identifying information.</i>	1	Yes	Yes	Yes
	2	No	Yes	No
	3	Yes	Yes	Yes
	4	Yes	Yes	Yes
	5	No	No	No
	6	No	No	No
	7	Yes	Yes	Yes
	8	Yes	Yes	Yes
	9	Yes	No	No
	10	Yes	Yes	Yes
	11	Yes	Yes	Yes
	12	Yes	No	No
	13	Yes	No	No
	14	Yes	Yes	Yes
	15	Yes	Yes	Yes
	16	Yes	No	No
	17	Yes	Yes	Yes
	18	Yes	Yes	Yes
	19	Yes	Yes	No
	20	No	Yes	Yes

Refer to the “Data Entry” worksheet on the far right of the workbook for the exact numbers to enter in the Online Application.

Part 2 - Patients with Scheduled Surgeries	Enter This Response
Question 4: Total number of inpatients included in the sample who had an HbA1c test and results in the three months prior to the day of surgery.	23
Question 5: Total number of patients included in the sample who had a pre-operative blood glucose test and results documented on the day of surgery.	21
Question 6: Total number of patients included in the sample who were given instructions regarding holding/taking/adjusting diabetes medications before surgery.	21
Question 7: Total number of inpatients included in the sample who were not taking any diabetes medications before the surgery or not managing their own diabetes medications before surgery.	22
Question 8: Total number of patients included in the sample who had their blood glucose monitored during the procedure at the frequency outlined in your hospital's policy.	19

## Preparation for Scheduled Inpatient Surgeries: Measure Calculation Diagram

Total number of patients with all necessary elements of preparation for a scheduled inpatient surgery



# PART 3:

ALL HOSPITALIZED  
PATIENTS

### 3: All Hospitalized Patients

Before responding to the questions in this part of the application, please reference the [All Hospitalized Patients Measure Specifications](#) beginning on page 26.

#### 3A: HbA1c Testing

1. Does your hospital have a policy or protocol to ensure that all adult inpatients with diabetes have an HbA1c test performed within 24 hours of admission unless any of the following apply:

YES  NO

- Documented HbA1c test result in the prior 3 months,
- Patient left AMA,
- Pregnancy >12 weeks or <12 weeks post-partum,
- Diagnosis of Hemoglobinopathy (e.g., sickle cell, thalassemia, etc.), G6PD deficiency, HIV, End Stage Renal Disease (ESRD), or cirrhosis of the liver,
- Blood transfusion in the 48 hours prior to admission?

Our hospital currently has The Joint Commission's Certification for Inpatient Diabetes Care

*If "no" to question #1, skip questions #2-4 and continue to Part 3B.*

*If "our hospital currently has The Joint Commission's Certification for Inpatient Diabetes Care," skip questions #2-4 and go to Part 3B.*

2. Do you want to report on adherence to your hospital's HbA1c test policy or protocol based on a sample of 30 adult patients with diabetes who were discharged in CY2025?

YES  NO

YES, but fewer than 30 cases met the inclusion criteria for the denominator

*If "no" or "yes, but fewer than 30 cases met the inclusion criteria for the denominator," skip questions #3-4 and continue to Part 3B.*

*If "yes" to question #2, follow Leapfrog's sampling instructions to identify and report on a sample of 30 cases.*

3. Total number of patients included in the sample who had an HbA1c test within 24 hours of admission OR who had a documented HbA1c test result within the 3 months prior to admission.

4. Total number of patients included in the sample who refused an HbA1c test on admission.

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### 3B: Meals and Insulin Regimen

1. Does your hospital have a policy or procedure with guidance on the timing of insulin administration with regards to meals for all patients with diabetes during their hospital stay?

YES  NO

Our hospital currently has The Joint Commission's Certification for Inpatient Diabetes Care

*If "no" or "our hospital currently has The Joint Commission's Certification for Inpatient Diabetes Care" to question #1, skip questions #2-4 and go to the Affirmation of Accuracy.*

- 
2. Which of the following elements are included in your hospital's policy or procedure regarding the administration of meals and insulin for all patients with diabetes during their hospital stay?

- Instructions for checking blood glucose prior to meal administration
- Instructions for scheduling insulin administration within 15 minutes before or 30 minutes after meal
- Documentation of the number of carbohydrates for all food and beverage items for all meals
- Instructions for documenting the amount of food consumed
- Procedure for conducting floor audits of at least 5 patients every three months to ensure adherence to protocol
- None of the above

*If "documentation of the number of carbohydrates for all food and beverage items for all meals" is NOT checked," skip questions #3-4 and go to the Affirmation of Accuracy.*

- 
3. Do you want to report on adherence to your hospital's policy or procedure regarding the administration of meals and insulin based on a sample of 30 adult patients with diabetes who were discharged in CY2025?

YES  NO

YES, but fewer than 30 cases met the inclusion criteria for the denominator

*If "no" or "yes, but fewer than 30 cases met the inclusion criteria for the denominator," skip question #4 and go to the Affirmation of Accuracy.*

*If "yes" to question #3, follow Leapfrog's sampling instructions to identify and report on a sample of 30 cases.*

- 
4. Total number of patients included in the sample who were provided with the number of carbohydrates in each individual food and beverage item with every meal.

# All Hospitalized Patients Measure Specifications

## Part 3 Sampling Instructions:

To respond to questions 1-4 in Part 3A, and 1-4 in Part 3B, hospitals are asked to randomly sample and review 30 patient records and record adherence in the Patient Tracking Workbook as described below. The sample must be comprised of 30 discharges selected randomly from eligible denominator populations after removing all denominator exclusions within the performance period of the calendar year 2025.

For reference, consult the [HbA1c Testing: Measure Calculation Diagram](#) and the [Meals and Insulin Regimen: Measure Calculation Diagram](#), a visual representation of the sampling and calculation steps.

### Eligible denominator population (“Denominator”):

Patients (ages 18 and older) admitted to an inpatient unit within calendar year 2025 discharged with a principal or secondary diagnosis of Diabetes Mellitus (ICD-10 codes: E08-E13, O24).

### Denominator Exclusions:

- Patients who left AMA
- Pregnancy >12 weeks or <12 weeks post-partum,
- Diagnosis of one or more of the following conditions:
  - Hemoglobinopathy (Sickle Cell (ICD-10: D.57), Thalassemia (ICD-10: D.56), G6PD Deficiency (ICD-10: D.55.0))
  - HIV (ICD-10: B.20)
  - End Stage Renal Disease (ESRD) (ICD-10: N18.6)
  - Cirrhosis of the liver (ICD-10: K70.3, K74.3, K74.4, K74.5, K74.6)
- Blood transfusion in the 48 hours prior to HbA1c test
- Patients who are not receiving a meal service at the hospital (e.g. patients receiving enteral nutrition)

*Numerator Details – HbA1c Testing (Column C of Patient Tracking Workbook - Indicate “Yes” or “No”)*

Question #3: Total number of patients in the sample who had an HbA1c test performed within 24 hours of the time of admission OR who had a documented HbA1c test result within the 3 months prior to admission.

*Numerator Details – HbA1c Testing (Column D of Patient Tracking Workbook - Indicate “Yes” or “No”)*

Question #4: Total number of patients included in the sample who refused an HbA1c test on admission.

*Numerator Details – Meals and Insulin Regimen (Column E of Patient Tracking Workbook - Indicate “Yes” or “No”)*

Question #4: Total number of patients included in the sample who were provided with the number of carbohydrates in each individual food and beverage item with every meal.

## Patient Tracking Workbook:

Hospitals that opt to report on adherence to their HbA1c testing and meals and insulin regimen policies based on a sample of 30 adult patients with diabetes discharged in CY2025 must complete the Patient Tracking Workbook and upload it via the Online Application Tool prior to their Application submission. The Patient Tracking Workbook can be downloaded from the Online Application Tool and the Recognized Leader [Application Materials Webpage](#).

For each of the patients in the denominator above, select “Yes” or “No” for each of the questions in columns C through E in the “All Hospitalized Patients” worksheet. The provided patient IDs 1-30 should be used in lieu of any patient-identifying information. *Please do not submit any patient identifying information.*

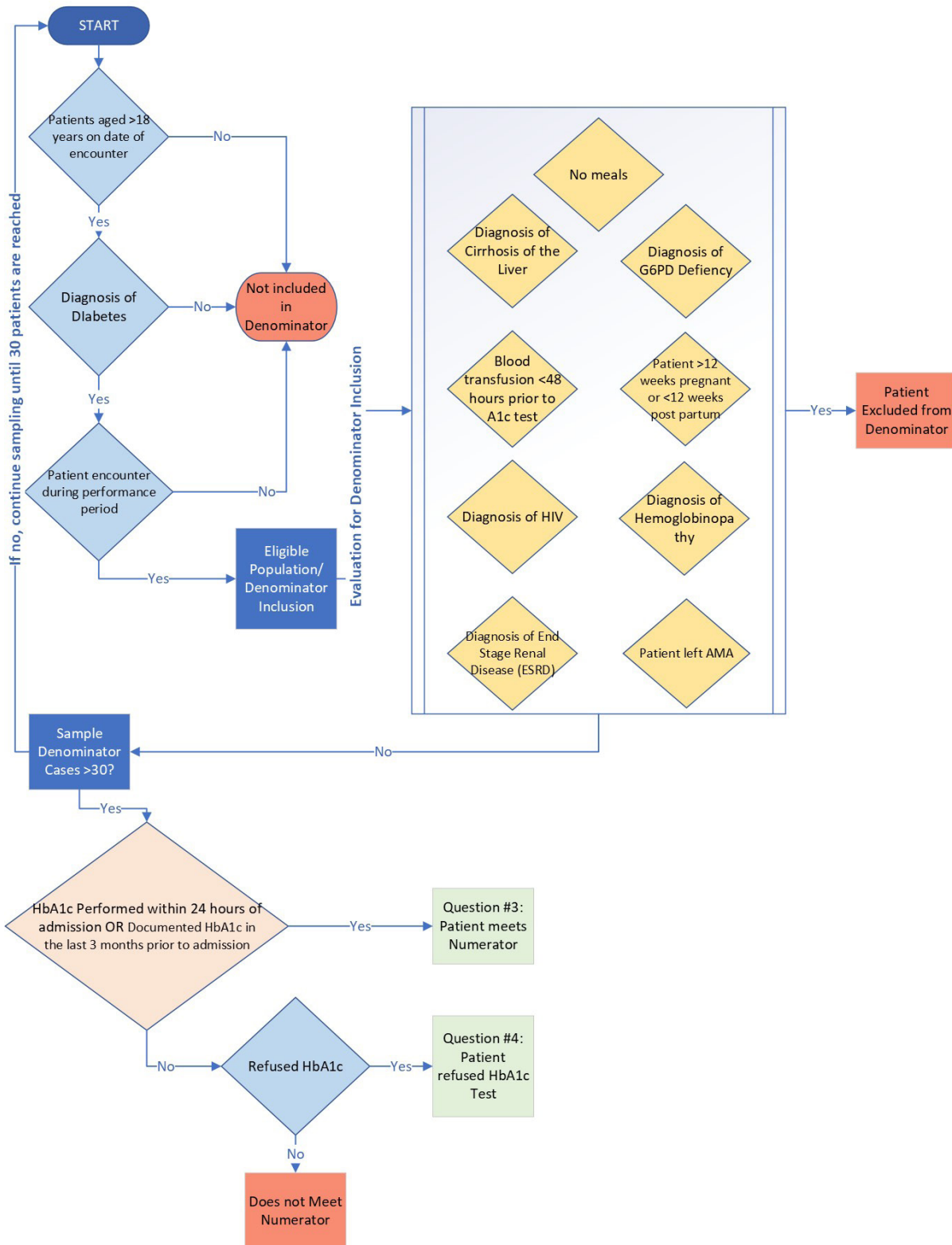
PART 3 - All Hospitalized Patients					
Sampling Instructions	Patient ID	HbA1c Testing		Meals and Insulin Regimen	
<p>30 randomly selected patients (ages 18 and older) admitted to an inpatient unit within calendar year 2023 discharged with a principal or secondary diagnosis of Diabetes Mellitus (ICD-10 codes: E08-E13, O24).</p> <p>Denominator Exclusions: Patients who left AMA Pregnancy &gt;12 weeks or &lt;12 weeks post-partum, Diagnosis of one or more of the following conditions: Hemoglobinopathy (Sickle Cell (ICD-10: D.57), Thalassemia (ICD-10: D.56), G6PD Deficiency (ICD-10: D.55.0)) HIV (ICD-10: B.20) End Stage Renal Disease (ESRD) (ICD-10: N18.6) Cirrhosis of the liver (ICD-10: K70.3, K74.3, K74.4, K74.5, K74.6) Blood transfusion in the 48 hours prior to A1c test Patients who are not receiving a meal service at the hospital (e.g. patients receiving enteral nutrition)</p> <p>The provided patient IDs 1-30 should be used in lieu of any patient-identifying information. <i>Please do not submit any patient identifying information.</i></p>		Question #3: Did the patient have an HbA1c test performed within 24 hours of the time of admission OR	Question #4: Did the patient refuse an HbA1c test on admission?	Question #4: Was the patient provided with the number of carbohydrates in each individual food and beverage item with every meal?	
		OR			
		Did the patient have a documented HbA1c test result within the 3 months prior to admission?			
		1	Yes	Yes	Yes
		2	No	No	Yes
		3	Yes	Yes	Yes
		4	Yes	Yes	Yes
		5	No	No	No
		6	No	No	No
		7	Yes	Yes	Yes
		8	Yes	Yes	Yes
		9	No	No	No
		10	Yes	Yes	Yes
		11	Yes	Yes	Yes
		12	No	No	Yes
		13	Yes	No	No
		14	Yes	Yes	Yes
		15	No	Yes	Yes
		16	No	No	No
		17	Yes	Yes	Yes
		18	Yes	Yes	Yes
		19	No	No	Yes
		20	Yes	No	No
		21	Yes	Yes	Yes
		22	No	Yes	Yes
		23	No	Yes	No

Refer to the “Data Entry” worksheet on the far right of the workbook for the exact numbers to enter in the Online Application.

Part 3 - All Hospitalized Patients	
3A - HbA1c Testing	Enter This Response
Question 3: Total number of patients included in the sample who had an HbA1c test within 24 hours of admission OR who had a documented HbA1c test result within the 3 months prior to admission.	17
Question 4: Total number of patients included in the sample who refused an HbA1c test on admission.	18
3B - Meals and Insulin Regimen	Enter This Response
Question 4: Total number of patients included in the sample who were provided with the number of carbohydrates in each individual food and beverage item with every meal.	21

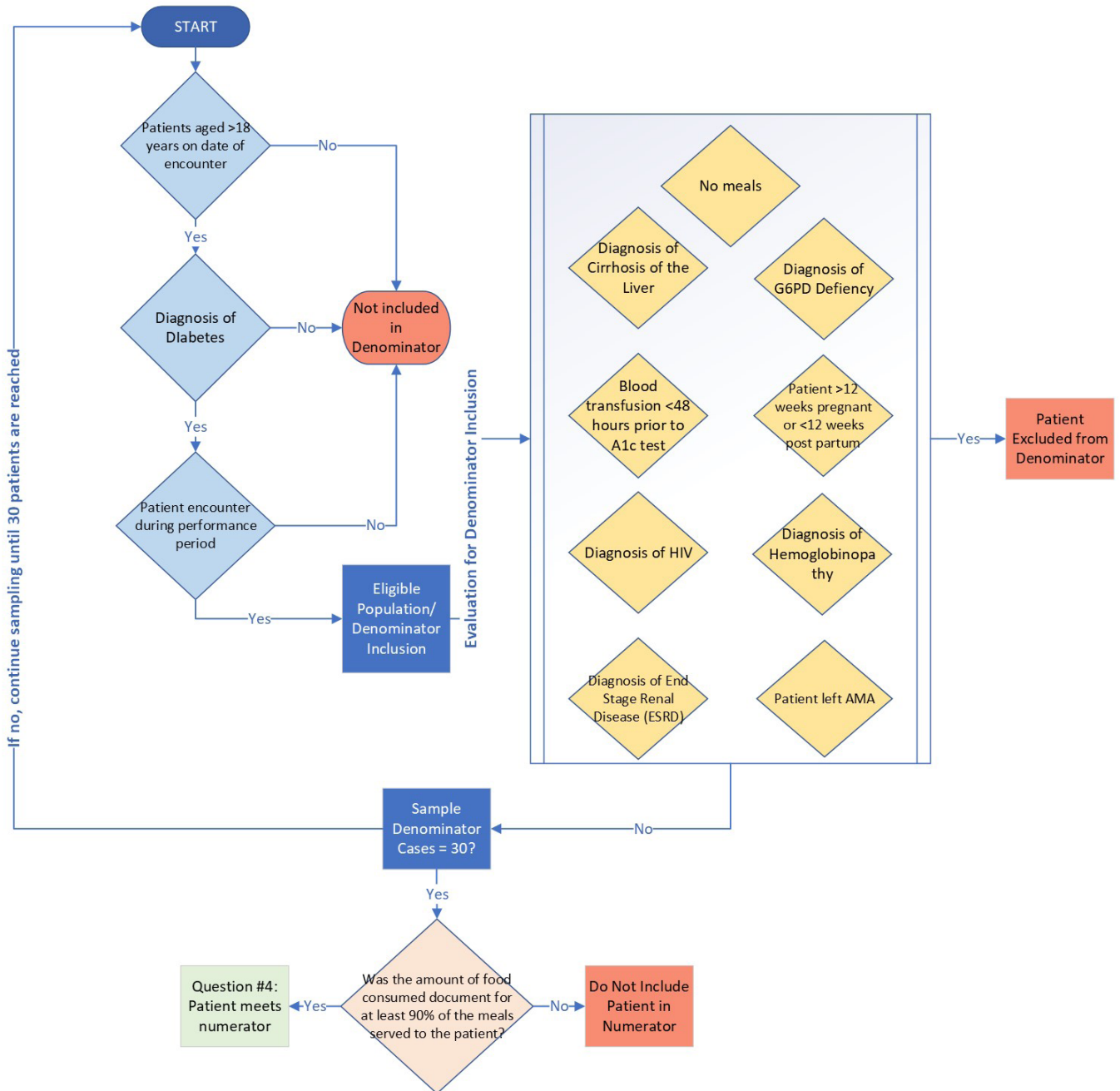
## HbA1c Testing: Measure Calculation Diagram

Patients in the denominator who had an HbA1c test performed within 24 hours of admission



## Meals and Insulin Regimen: Measure Calculation Diagram

Patients in the denominator who were provided with the number of carbohydrates for each meal, and with documentation of the amount of food consumed for at least 90% of meals in the hospital



# PART 4:

## HIGH-RISK PATIENTS

## 4: High-Risk Patients

Before responding to the questions in this part of the application, please reference the [High-Risk Patients Measure Specifications](#) beginning on page 37.

---

### 4A: Specialized Care Teams and Patient Education

1. Prior to discharge, are any high-risk patients offered tailored education from a clinician with any of the following credentials:  YES  NO

- Certified Diabetes Care and Education Specialist (CDCES),
- Board Certified-Advanced Diabetes Management (BC-ADM),
- Board Certification in Endocrinology, or
- American College of Diabetology Fellow?

*If “no”, skip question #5.*

---

2. Prior to discharge, are any high-risk patients offered tailored education from a clinician who has been trained by a CDCES, BC-ADM, American College of Diabetology Fellow, or board-certified endocrinologist?  YES  NO

*If “no”, skip question #6.*

---

3. Are any high-risk patients managed, co-managed, or provided with a consultation from a clinician (physician, advanced practice provider, or a pharmacist) with any of the following credentials:  YES  NO

- Certified Diabetes Care and Education Specialist (CDCES),
- Board Certified-Advanced Diabetes Management (BC-ADM),
- Board Certification in Endocrinology, or
- American College of Diabetology Fellow?

*If “no”, skip question #7.*

---

4. Do you want to report on adherence to your hospital's patient education practices and/or staffing of your inpatient diabetes service based on a sample of 30 adult high-risk diabetes patients who were discharged in CY2025?  YES  NO

YES, but fewer than 30 cases met inclusion criteria for the denominator

*If “no” or “yes, but fewer than 30 cases met the inclusion criteria for the denominator,” skip questions #5-7 and continue to Part 4B.*

*If “yes” to question #4, follow Leapfrog's sampling instructions to identify and report on a sample of 30 cases.*

---

#### 4A: Specialized Care Teams and Patient Education, *continued*

5. Total number of patients included in the sample who were offered tailored education about diabetes provided by a clinician with any of the following credentials:

- Certified Diabetes Care and Education Specialist (CDCES),
- Board Certified-Advanced Diabetes Management (BC-ADM),
- Board Certification in Endocrinology, or
- American College of Diabetology Fellow.

---

6. Total number of patients included in the sample who were offered tailored education from a clinician who has been trained by a CDCES, BC-ADM, American College of Diabetology Fellow or board-certified endocrinologist.

---

7. Total number of patients included in the sample who were managed, co-managed, or provided with a consultation from a clinician (physician, advanced practice provider, or a pharmacist) with any of the following credentials:

- Certified Diabetes Care and Education Specialist (CDCES),
- Board Certified-Advanced Diabetes Management (BC-ADM),
- Board Certification in Endocrinology, or
- American College of Diabetology Fellow.

---

## 4B: Discharge Planning

- I. Which of the following elements are included in your hospital's discharge planning policy, or as a routine component of your hospital's discharge process, for high-risk patients with diabetes?

*If "none of the above," skip questions #3-5 and go to the Affirmation of Accuracy.*

### Post-Discharge Referrals

- Plan for which healthcare provider (i.e., primary care provider, endocrinologist, CDCES, pharmacist, etc.) will provide diabetes care within 30 days of discharge
- Referral to a limb specialist, cardiovascular specialist, and/or podiatrist, if appropriate

### Patient Education

- Plan for home glucose monitoring that includes education within 30 days of discharge and either continuation of or a new prescription for an outpatient glucose monitor and strips or a continuous glucose monitor (CGM)
- Hypoglycemia management education that includes all of the following elements: (1) basic information on the condition and how to manage it, (2) information and a prescription (if appropriate) for Glucagon, (3) sick day guidelines for the prevention/treatment of hypoglycemia and hyperglycemia, (4) information on appropriate diet, and (5) information on when to seek additional care
- Instructions on how to administer injectable medication for diabetes, if appropriate
- Instructions on the proper use and disposal of sharps, if appropriate

### Patient Assessment

- A post-discharge phone call to the patient. The call script includes a specific question about whether the patient is able to manage their diabetes
- Diabetes medication reconciliation and adjustment of home medications, as appropriate
- Assessment of patient's ability to pay for diabetes medications and testing supplies
- None of the above

## 4B: Discharge Planning, *continued*

2. Do you want to report on adherence to your hospital's discharge process based on a sample of 30 adult patients?

YES

NO

*If "no" or "yes, but fewer than 30 cases met the inclusion criteria for the denominator," skip questions #3-5 and go to the Affirmation of Accuracy.*

*If "yes" to question #2, follow Leapfrog's sampling instructions to identify and report on a sample of 30 cases.*

YES, but fewer than 30 cases met the inclusion criteria for the denominator

3. For each element of the discharge process related to **post-discharge referrals**, indicate the number of patients who had the element completed, who did not have the element completed, and for whom the element was not applicable to their discharge process.

Element of the Discharge Process	a) Number of sampled patients for whom the element WAS completed as part of their discharge process	b) Number of sampled patients for whom the element was NOT completed as part of their discharge process	c) Number of sampled patients for whom the element was NOT APPLICABLE to their discharge process
Plan for which healthcare provider (i.e., primary care provider, endocrinologist, CDCES, pharmacist, etc.) will provide diabetes care within 30 days discharge.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Referral to a limb specialist, cardiovascular specialist, and/or podiatrist, if appropriate.	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4B: Discharge Planning, continued

4. For each element of the discharge process related to **patient education**, indicate the number of patients who had the element completed, who did not have the element completed, and for whom the element was not applicable to their discharge process.

<i>Element of the Discharge Process</i>	<i>a) Number of sampled patients for whom the element WAS completed as part of their discharge process</i>	<i>b) Number of sampled patients for whom the element was NOT completed as part of their discharge process</i>	<i>c) Number of sampled patients for whom the element was NOT APPLICABLE to their discharge process</i>
Plan for home glucose monitoring that includes education within 30 days of discharge and either continuation of or a new prescription for an outpatient glucose monitor and strips or a continuous glucose monitor (CGM).	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hypoglycemia management education that includes all of the following elements: (1) basic information on the condition and how to manage it, (2) information and a prescription (if appropriate) for Glucagon, (3) sick day guidelines for the prevention/ treatment of hypoglycemia and hyperglycemia, (4) information on appropriate diet, and (5) information on when to seek additional care.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructions on how to administer injectable medication for diabetes, if appropriate.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructions on the proper use and disposal of sharps, if appropriate.	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

## 4B: Discharge Planning, *continued*

5. For each element of the discharge process related to **patient assessment**, indicate the number of patients who had the element completed, who did not have the element completed, and for whom the element was not applicable to their discharge process.

<i>Element of the Discharge Process</i>	<i>a) Number of sampled patients for whom the element WAS completed as part of their discharge process</i>	<i>b) Number of sampled patients for whom the element was NOT completed as part of their discharge process</i>	<i>c) Number of sampled patients for whom the element was NOT APPLICABLE to their discharge process</i>
A post-discharge phone call to the patient. The call script includes a specific question about whether the patient is able to manage their diabetes.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diabetes medication reconciliation and adjustment of home medications, as appropriate.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assessment of patient's ability to pay for diabetes medications and testing supplies.	<input type="text"/>	<input type="text"/>	<input type="text"/>

# High-Risk Patients Measure Specifications

## Part 4 Sampling Instructions:

To respond to questions 1-7 in Part 4A and 1-5 in Part 4B, hospitals are asked to randomly sample and review 30 patient records and record adherence in the Patient Tracking Workbook as described below. The sample must be comprised of 30 discharges selected randomly from eligible denominator populations after removing all denominator exclusions within the performance period of the calendar year 2025.

For reference, consult the [Specialized Care Team and Education Measure Calculation Diagram](#), a visual representation of the sampling and calculation steps.

### Eligible denominator population (“Denominator”):

Patients (ages 18 and older) admitted to an inpatient unit within calendar year 2025 who meet either of the following conditions:

- I. Discharged with a principal or secondary diagnosis of Diabetes Mellitus selected from the following list of high-risk diabetes ICD-10 diagnosis codes:
  - E1010 Type 1 diabetes mellitus with ketoacidosis without coma
  - E1164I Type 2 diabetes mellitus with hypoglycemia with coma
  - E1011 Type 1 diabetes mellitus with ketoacidosis with coma
  - E1300 Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
  - E1064I Type 1 diabetes mellitus with hypoglycemia with coma
  - E1301 Other specified diabetes mellitus with hyperosmolarity with coma
  - E1100 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
  - E1310 Other specified diabetes mellitus with ketoacidosis without coma
  - E1101 Type 2 diabetes mellitus with hyperosmolarity with coma
  - E1311 Other specified diabetes mellitus with ketoacidosis with coma
  - E1110 Type 2 diabetes mellitus with ketoacidosis without coma

- E1364I Other specified diabetes mellitus with hypoglycemia with coma
- E1111 Type 2 diabetes mellitus with ketoacidosis with coma

OR

2. Have an HbA1c lab value of greater than 9.0%

### Denominator Exclusions:

- Any patients **NOT** discharged to independent living in the community, including patients discharged to skilled nursing, home health, long-term care hospitals, inpatient rehabilitation, and hospice.

*Numerator Details – Education (Column C in the Patient Tracking Workbook - Indicate “Yes” or “No”)*

Total number of patients included in the sample who were offered tailored education about diabetes provided by a clinician with any of the following credentials: CDCES, BC-ADM, American College of Diabetology Fellow, or board-certified endocrinologist.

*Numerator Details – Patient Care (Column D in the Patient Tracking Workbook - Indicate “Yes” or “No”)*

Total number of patients included in the sample who were offered tailored education from a clinician who has been trained by a CDCES, BC-ADM, American College of Diabetology Fellow, or board-certified endocrinologist to offer that education.

*Numerator Details – Patient Care (Column E in the Patient Tracking Workbook - Indicate “Yes” or “No”)*

Total number of patients included in the sample who were managed, co-managed, or for whom care was consulted on by a clinician with any of the following credentials: CDCES, BC-ADM, American College of Diabetology Fellow, or board-certified endocrinologist.

*Numerator Details – Plan for Continuity of Care (Column F in the Patient Tracking Workbook – Indicate “Yes,” “No,” or “Not Applicable”)*

Total number of patients included in the sample who had a plan for which healthcare provider (i.e., primary care provider, endocrinologist, CDCES, pharmacist, etc.) will provide diabetes care within 30 days discharge.

---

## Part 4 Sampling Instructions:, continued

*Numerator Details – Referral to Specialist (Column G in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”)*

Total number of patients included in the sample who had, if appropriate, a referral to a limb specialist, cardiovascular specialist, and/or podiatrist.

*Numerator Details – Plan for Home Glucose Monitoring (Column H in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”)*

Total number of patients included in the sample who had a plan for home glucose monitoring that includes education within 30 days of discharge, and continuation of or new prescription for an outpatient glucose monitor and strips or continuous glucose monitor (CGM).

*Numerator Details – Hypoglycemia Management Education (Column I in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”)*

Hypoglycemia management education that includes all of the following elements: (1) basic information on the condition and how to manage it, (2) information and a prescription (if appropriate) for Glucagon, (3) sick day guidelines for the prevention/treatment of hypoglycemia and hyperglycemia, (4) information on appropriate diet, and (5) information on when to seek additional care.

*Numerator Details – Administering Injectable Medication (Column J in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”)*

Total number of patients included in the sample who had

instructions on how to administer injectable medication for diabetes, if appropriate.

*Numerator Details – Proper Use of Sharps (Column K in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”)*

Total number of patients included in the sample who had instructions on the proper use and disposal of sharps, if appropriate.

*Numerator Details – Post-Discharge Phone Call (Column L in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”)*

Total number of patients included in the sample who had a post-discharge phone call to the patient. The call script includes a specific question about whether the patient is able to manage their diabetes.

*Numerator Details – Diabetes Medication Reconciliation (Column M in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”)*

Total number of patients included in the sample who had diabetes medication reconciliation and adjustment of home medications, as appropriate.

*Numerator Details – Ability to Pay (Column N in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”)*

Total number of patients included in the sample who had an assessment of their ability to pay for diabetes

medications and testing supplies.

### Patient Tracking Workbook:

Hospitals that opt to report on adherence to their patient care, education, and discharge policies based on a sample of 30 adult high-risk patients with diabetes discharged in CY2025 must complete the Patient Tracking Workbook and upload it via the Online Application Tool prior to their

Application submission. The Patient Tracking Workbook can be downloaded from the Online Application Tool and the Recognized Leader [Application Materials Webpage](#).

For each of the patients in the denominator above, select “Yes,” “No,” or “N/A” for each of the questions in columns C through N in the “High Risk Patients” worksheet. The provided patient IDs 1-30 should be used in lieu of any patient-identifying information. *Please do not submit any patient identifying information.*

#### PART 4 - High-Risk Patients

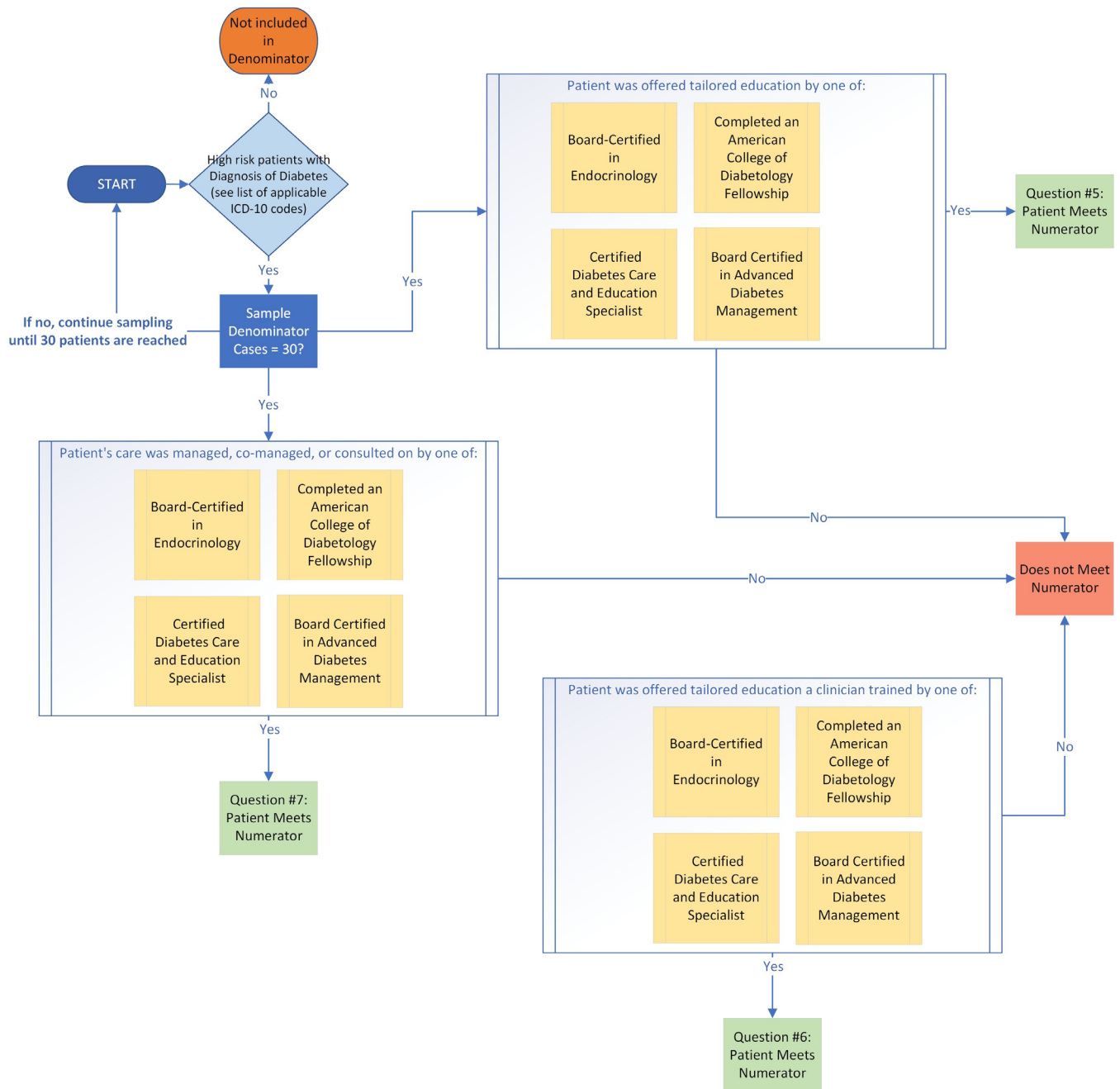
Sampling Instructions	Patient ID	Education	Care Management	
30 randomly selected patients from eligible denominator populations after removing all denominator exclusions within the performance period of the calendar year 2023.		<b>Question #5:</b> Did the patient have tailored education provided by a clinician with any of the following credentials: CDCES, BC-ADM, American College of Diabetology Fellow, or board-certified endocrinologist?	<b>Question #6:</b> Did the patient have tailored education provided by a clinician who has been trained by a CDCES, BC-ADM, American College of Diabetology Fellow, or board-certified endocrinologist?	<b>Question #7:</b> Was the patient’s care managed, co-managed, or consulted on by one of the following:  A clinician with either or both of the following credentials: Certified Diabetes Care and Education Specialist (CDCES) or Board Certified - Advanced Diabetes Management (BC – ADM) or A clinician board-certified in Endocrinology or A clinician who has completed an American College of Diabetology fellowship
Eligible denominator population (“Denominator”): Patients (ages 18 and older) admitted to an inpatient unit within calendar year 2023 who meet either of the following conditions: 1. Discharged with a principal or secondary diagnosis of Diabetes Mellitus selected from the list of high-risk diabetes ICD-10 diagnosis codes indicated below OR 2. Have an HbA1c lab value of greater than 9.0%				<b>Question #3:</b> On discharge, did the patient have a plan for which healthcare provider (i.e. primary care provider, endocrinologist, CDCES, pharmacist, etc.) will provide diabetes care within 30 days discharge?
Denominator Exclusions: Any patients NOT discharged to independent living in the community, including patients discharged to skilled nursing, home health, long-term care hospitals, inpatient rehabilitation, and hospice.				
List of High-Risk Diabetes Codes: •E1010 Type 1 diabetes mellitus with ketoacidosis without coma •E11641 Type 2 diabetes mellitus with hypoglycemia with coma •E1011 Type 1 diabetes mellitus with ketoacidosis with coma •E1300 Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) •E10641 Type 1 diabetes mellitus with hyperglycemia with coma •E1301 Other specified diabetes mellitus with hyperosmolarity with coma •E1100 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)				
	1	Yes	Yes	Yes
	2	No	Yes	No
	3	Yes	Yes	Yes
	4	Yes	No	Yes
	5	No	No	No
	6	No	Yes	No
	7	Yes	Yes	Yes
	8	Yes	No	Yes
	9	No	Yes	Yes
	10	Yes	Yes	Yes
	11	Yes	No	No
	12	No	No	No
	13	No	No	Yes
	14	Yes	Yes	Yes
	15	Yes	Yes	No
	16	No	No	Yes
	17	Yes	Yes	Yes
	18	Yes	Yes	No
	19	No	No	No
	20	No	No	Yes
	21	Yes	Yes	Yes
	22	Yes	Yes	No
	23	No	No	No
	24	Yes	Yes	Yes
	25	Yes	Yes	Yes

Refer to the “Data Entry” worksheet on the far right of the workbook for the exact numbers to enter in the Online Application.

Part 4 - High-Risk Patients	Enter This Response
<b>4A - Specialized Care Teams and Patient Education</b>	
Question 5: Total number of patients included in the sample who were offered tailored education about diabetes provided by a clinician with any of the following credentials: •Certified Diabetes Care and Education Specialist (CDCES), •Board Certified-Advanced Diabetes Management (BC-ADM), •Board Certification in Endocrinology, or •American College of Diabetology Fellow	18
Question 6: Total number of patients included in the sample who were offered tailored education from a clinician who has been trained by a CDCES, BC-ADM, American College of Diabetology Fellow or board-certified endocrinologist.	18
Question 7: Total number of patients included in the sample who were managed, co-managed, or provided with a consultation from a clinician (physician, advanced provider, or a pharmacist) with any of the following credentials: •Certified Diabetes Care and Education Specialist (CDCES), •Board Certified-Advanced Diabetes Management (BC-ADM), •Board Certification in Endocrinology, or •American College of Diabetology Fellow	17
<b>4B - Discharge Planning</b>	Enter This Response
Question 3: For each element of the discharge process related to <b>post-discharge referrals</b> , indicate the number of patients who had the element completed, who did not have the element completed, and for whom the element was not applicable to their discharge	
Plan for which healthcare provider (i.e., primary care provider, endocrinologist, CDCES, pharmacist, etc.) will provide diabetes care within 30 days discharge.	
Number of sampled patients for whom the element WAS completed as part of their discharge process	18
Number of sampled patients for whom the element was NOT completed as part of their discharge process	12
Number of sampled patients for whom the element was NOT APPLICABLE to their discharge process	0
Referral to a limb specialist, cardiovascular specialist, and/or podiatrist, if appropriate.	
Number of sampled patients for whom the element WAS completed as part of their discharge process	18

## Specialized Care Team and Education Measure Calculation Diagram

High-risk patients offered tailored education by, and with care managed, co-managed, or for whom care was consulted on by, a clinician with any of the following credentials: Certified Diabetes Care and Education Specialist (CDCES), Board Certified-Advanced Diabetes Management (BC-ADM), Board Certification in Endocrinology, or American College of Diabetology Fellow



# High-Risk Patients Frequently Asked Questions (FAQs)

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## 1. What are some of the required components of tailored patient education?

At a minimum, the education must include an assessment of knowledge gaps the patient may have in diet and nutrition, and could also include instruction on checking blood glucose, using injectable medications, if appropriate.

## 2. What are examples of programs where clinicians are trained by a CDCES, BC-ADM, or endocrinologist to offer high-risk patients tailored education?

The Long Island Jewish Medical Center sponsored a long-term program with a 9-week curriculum specific to diabetes education, including lectures and case study review, hands-on learning, and a final exam.

Jornsay DL, Garnett ED. Diabetes Champions: Culture Change Through Education. *Diabetes Spectr*. 2014 Aug;27(3):188-92. doi: 10.2337/diaspect.27.3.188. PMID: 26246778; PMCID: PMC4523733.

## 3. When would a patient need “referral to a limb specialist, cardiovascular specialist, and/or podiatrist, if appropriate”?

When a patient has documented significant vascular or limb disease, or the reason for admission for cardiac, vascular, or podiatric (e.g., osteomyelitis, gangrene). Two examples include when there is evidence of neuropathy, and where there is evidence of pulmonary veno-occlusive disease: for example, this evidence might include a lack of pedal pulse, foot pain, or foot ulceration.

## 4. What components need to be a part of the plan for home glucose monitoring?

- Education, or a scheduled appointment for outpatient education within 30 days of discharge, regarding how to monitor blood glucose levels and set blood glucose goals (i.e., can be done by discharge pharmacist, nurse, CDCES, etc. person-to-person, using videos, sharing pamphlets, etc.)
- Prescription for an outpatient glucose monitor and strips or continuous glucose monitor (CGM)

## 5. When are prescriptions for Glucagon appropriate?

Glucagon should be prescribed for any patient on insulin or an insulin secretagogue (e.g. sulfonylurea or meglitinide).

# Appendix I: A Crosswalk of Key Indicators and Published

Several clinical care processes and structures assessed in the Application are from the [2026 ADA Standards of Care in Diabetes – Hospital Care](#).

## References primarily draw from the Diabetes Care in the Hospital Chapter:

American Diabetes Association Professional Practice Committee for Diabetes (2026). 16. Diabetes Care in the Hospital: Standards of Care in Diabetes-2026. *Diabetes care*, 49(Supplement\_1), S339–S355. <https://doi.org/10.2337/dc26-S016>

## Data Collection on Amputations draws from the Improving Care and Promoting Health in Populations Chapter:

American Diabetes Association Professional Practice Committee for Diabetes (2026). 1. Improving Care and Promoting Health in Populations: Standards of Care in Diabetes-2026. *Diabetes care*, 49(Supplement\_1), S13–S26. <https://doi.org/10.2337/dc26-S001>

## Structures to Support Patient-Centered Care

1. *Diabetes Self-Management*: Facilitating self-management using insulin pumps and CGMs.

**Continuous Glucose Monitoring - Recommendation 16.6 (S341)**: “In people with diabetes using a personal continuous glucose monitoring (CGM) device, the use of CGM should be continued during hospitalization if clinically appropriate, with confirmatory point-of-care (POC) blood glucose measurements for insulin dosing decisions and hypoglycemia assessment, if resources and training are available, and according to an institutional protocol.”

**Continuous Glucose Monitoring - Recommendation 16.7 (S342)**: “Continue use of insulin pump or automated insulin delivery in people with diabetes who are hospitalized when clinically appropriate. This is contingent upon availability of necessary supplies, resources, and training, ongoing competency assessments, and implementation of institutional diabetes technology protocols.”

2. *Hypoglycemia Protocol*: Following a specified hypoglycemia protocol to allow rapid treatment in emergency situations.

**Hypoglycemia - Recommendation 16.12 (S344)**: “A hypoglycemia management protocol should be adopted by all health systems. A plan for identifying, treating, and preventing hypoglycemia should be established for each individual. Episodes of hypoglycemia in the hospital should be documented in the health record and tracked to inform quality improvements.”

3. *Data Collection on Amputations*: Collecting data on amputations and/or participating in registries that would include data on amputations.

**Systems To Support Diabetes Population Health – Recommendation 1.5(S13)**: “Health systems should adopt a culture of continuous quality improvement, implement benchmarking programs, and engage interprofessional teams to support sustainable and scalable process changes to improve quality of care and health outcomes.”

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## Surgical Patients

1. *Preparation for Scheduled Inpatient Surgeries:* Appropriate preparation for scheduled surgeries for patients with diabetes, including a preoperative assessment, medication management, and monitoring during the procedure.

### **Perioperative Care (S346):**

“Blood glucose should be monitored at least every 2–4 h while the individual takes nothing by mouth, and insulin should be administered as needed. Insulin is the only recommended glucose-lowering medication in the perioperative period. 3. CGM should not be used alone for glucose monitoring during surgery”

“Metformin and other oral glucose-lowering agents should be held on the day of surgery or procedure.”

## All Hospitalized Patients

1. *HbA1c Testing:* Conducting an A1C test on admission for patients with diabetes, unless a recent test is already available.

**Considerations on Admission Recommendation 16.1 (S339):** “Perform an A1C test on all people with diabetes or hyperglycemia (random blood glucose >140 mg/dL [ $>7.8$  mmol/L]) at the time of admission to the hospital if no A1C test result is available from the prior 3 months.”

2. *Meals and Insulin Regimen:* Appropriate administration of insulin based on meals and monitoring carbohydrates.

**Insulin Therapy (S341):** “In hospitalized individuals with diabetes who are eating, point-of-care (POC) blood glucose monitoring should be performed before meals.”

## High-Risk Patients

1. *Specialized Care Teams and Patient Education:* Caring for and educating high-risk patients with diabetes by a specialized service with appropriate training and education.

### **Diabetes Care Specialists in the Hospital -**

**Recommendation 16.3 (S340):** “When caring for hospitalized people with diabetes (with an existing or new diagnosis), consult with a specialized diabetes or glucose management team when possible.”

### **Diabetes Care Specialists in the Hospital (S342):**

“Consultation with the endocrinology/diabetes care team or diabetes care and education specialists, if available, is recommended, especially if the reason for admission is suspected to be related to device malfunction or lack of adequate education, training, or use”

2. *Discharge Planning:* A comprehensive discharge process for patients with diabetes, including care coordination, necessary prescriptions, patient education, among others.

### **Transition from the Hospital to the**

### **Ambulatory Setting Recommendation 16.18**

(S349): “A structured discharge plan should be tailored to the individual with diabetes.”



