



## Achieving and Sustaining Leapfrog Straight A Hospital Recognition: Insights from an Expert Panel Webinar Toolkit

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# Achieving and Sustaining Leapfrog Straight A Hospital Recognition

Insights from expert panelists

**Presenter and moderator:**  
**Dr. Jordan Messler, Chief Medical Officer, Glytec**

**Panelists:**

- Sonia Cooper, MSN, NEA-BC, Chief Nursing Officer, Sentara Virginia Beach General Hospital
- Dr. Angela Hodges, BC-ADM, Advent Health Glycemic Collaborative Co-Chair, Texas Health Hugley Hospital

03/26/25

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## OUR PRESENTER

# Jordan Messler, MD, SFHM, FACP

Chief Medical Officer, Glytec

- Jordan Messler, MD, SFHM, FACP is the Chief Medical Officer with Glytec. He trained in internal medicine at Emory University in Atlanta, and subsequently served as an academic hospitalist at Emory University for several years after residency.
- He is the former medical director for the Morton Plant Hospitalist group in Clearwater, Florida (serving BayCare Health), where he continues to work as a hospitalist.
- He is the former physician editor for the Society of Hospital Medicine's (SHM) blog, The Hospital Leader. In addition, he previously chaired SHM's Quality and Patient Safety Committee and has been active in several of their national mentoring programs, including Project BOOST and Glycemic Control.
- He has talked at national conferences on a variety of topics such as teamwork in the hospital, quality and patient safety, the history of hospitals and mentoring quality improvement projects.



## → Learning objectives

- **Gain an understanding of the Leapfrog Straight A rating** and the Caring for People Living with Diabetes Recognized Leader processes and how to achieve them
- **Learn practical steps** for preparing for and meeting CMS glycemia mandates
- **Explore how to leverage technology** to optimize patient safety



# → Agenda

1. Defying the norm: why is Quality Care recognition so hard to achieve?
2. Our panelists: the 99.8th percentile
  - What do they do that sets them apart?
  - What is their key lever for success?
3. What does the regulatory landscape look like?

# LEAPFROG HOSPITAL SAFETY GRADE

25 YEARS  
THE LEAPFROG GROUP

## EXCLUSIVELY FOCUSED ON PATIENT SAFETY

The Safety Grade is biannual, only includes measures of accidents, injuries, and errors, and is only calculated for general acute-care hospitals.

## HOSPITALS RECEIVE LETTER GRADES

Safety Grades, A through F, are calculated using 22 measures, regardless of Hospital Survey participation.

## GRADES ARE ASSIGNED USING VARIOUS DATA SOURCES

Sources include the Hospital Survey Results, CMS data, and other secondary data sources (such as imputed scores).

**RECOGNIZED  
LEADER**  
CARING FOR PEOPLE LIVING WITH  
**DIABETES**

Recognized by



**American  
Diabetes  
Association®**



Recognized Leader in Caring for People Living with Diabetes is the first-ever national recognition program that recognizes hospitals providing safe and high-quality care for patients living with diabetes.

Recognized Leaders in Caring for People Living with Diabetes:

- Measure adherence to national, evidence-based diabetes care guidelines for hospitals
- Publicly recognize hospitals adhering to the guidelines
- Educate patients and their families about which hospitals can provide them with the best diabetes care, regardless of their reason for being in the hospital.

## → Growing number of eCQMs (Electronic Clinical Quality Measures)

- Trend over last 5–10 years
- More mandatory measures now and continuously increasing
- Inclusive of glycemic management

| Period       | Required eCQMs | eCQMs Required to be Reported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2024<br>2025 | 6              | <ul style="list-style-type: none"> <li>• Three self-selected eCQMs; and</li> <li>• Safe Use of Opioids – Concurrent Prescribing eCQM; and</li> <li>• Cesarean Birth eCQM; and</li> <li>• Severe Obstetric Complications eCQM</li> </ul>                                                                                                                                                                                                                                                                                                     |
| 2026         | 8              | <ul style="list-style-type: none"> <li>• Three self-selected eCQMs; and</li> <li>• Safe Use of Opioids – Concurrent Prescribing eCQM; and</li> <li>• Cesarean Birth eCQM; and</li> <li>• Severe Obstetric Complications eCQM; and</li> <li>• Hospital Harm – Severe Hyperglycemia eCQM; and</li> <li>• Hospital Harm – Severe Hypoglycemia eCQM</li> </ul>                                                                                                                                                                                  |
| 2027         | 9              | <ul style="list-style-type: none"> <li>• Three self-selected eCQMs; and</li> <li>• Safe Use of Opioids – Concurrent Prescribing eCQM; and</li> <li>• Cesarean Birth eCQM; and</li> <li>• Severe Obstetric Complications eCQM; and</li> <li>• Hospital Harm – Severe Hyperglycemia eCQM; and</li> <li>• Hospital Harm – Severe Hypoglycemia eCQM; and</li> <li>• Hospital Harm – Opioid-Related Adverse Events eCQM</li> </ul>                                                                                                               |
| 2028         | 11             | <ul style="list-style-type: none"> <li>• Three self-selected eCQMs; and</li> <li>• Safe Use of Opioids – Concurrent Prescribing eCQM; and</li> <li>• Cesarean Birth eCQM; and</li> <li>• Severe Obstetric Complications eCQM; and</li> <li>• Hospital Harm – Severe Hyperglycemia eCQM; and</li> <li>• Hospital Harm – Severe Hypoglycemia eCQM; and</li> <li>• Hospital Harm – Opioid-Related Adverse Events eCQM; and</li> <li>• Hospital Harm – Pressure Injury eCQM; and</li> <li>• Hospital Harm – Acute Kidney Injury eCQM</li> </ul> |

## → Drilling in on Hospital Harm eCQMs related to glycemia

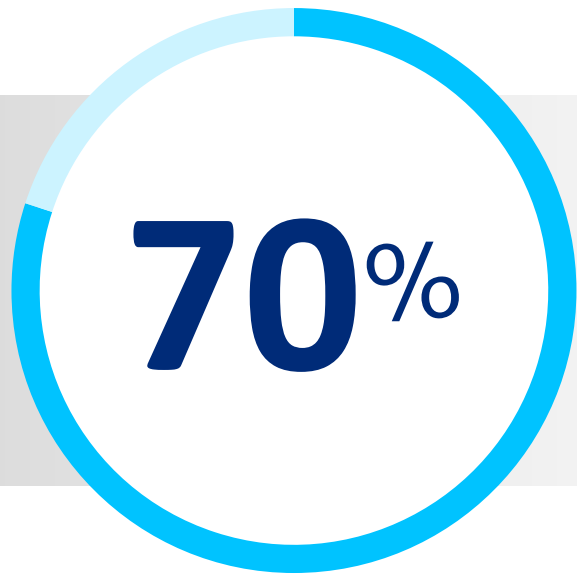
Only **3.8%**  
hospitals (232/6120)  
reported both  
measures in 2024

**8.7%** hospitals  
(531/6120) reported on at  
least one of the measures

In 2024, only **3.8%** of hospitals submitted eCQMs (electronic clinical quality measures) for severe hypoglycemia and hyperglycemia, indicating a significant lack of reporting for these critical hospital harm events.

## → Patient Safety introduction

Patient safety is hard work



of Quality Improvement Projects don't meet major objectives Fail



This is difficult.

# Why?



# → Why? Top 5 Challenges to Quality in 2025

- 1 Workforce shortages and burnout**  
Turnover, staffing, patient loads, admin burden



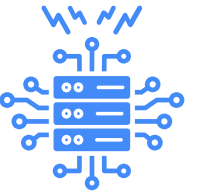
- 2 New CMS quality mandates**  
Stricter requirements, increasing penalties



- 3 Rising chronic disease burden**  
Diabetes, obesity, heart disease, etc.  
– increasing complexity



- 4 AI and Data Overload**  
Data silos and slow adoption



- 5 Growing financial pressures**  
Increasing costs with declining reimbursement



## → The good news.....it's possible



Today we will discuss:

# What are you doing that separates you from everyone else?

# POLL #1

**What is the top priority for your hospital or health system when it comes to patient safety ratings?**

- **Outcome measures** – infections, falls and trauma, very severe pressure ulcers and preventable complications from surgery.
- **Process / structural measures** – strong nursing leadership and engagement, CPOE to prevent medication errors, safe medication administration, hand hygiene policies, ICU staffing.

## → Why am I passionate about Quality?

- As Glytec Chief Medical Officer and practicing hospitalist, I have also been on a quest to find key levers to drive quality, safety, and outcomes.



**1 in 3**

Americans has **glycemic control issues** (diabetes or prediabetes).<sup>1</sup>



**30–40%**

Of inpatients **require insulin therapy** during their hospital stay.<sup>2</sup>



**16.3%**

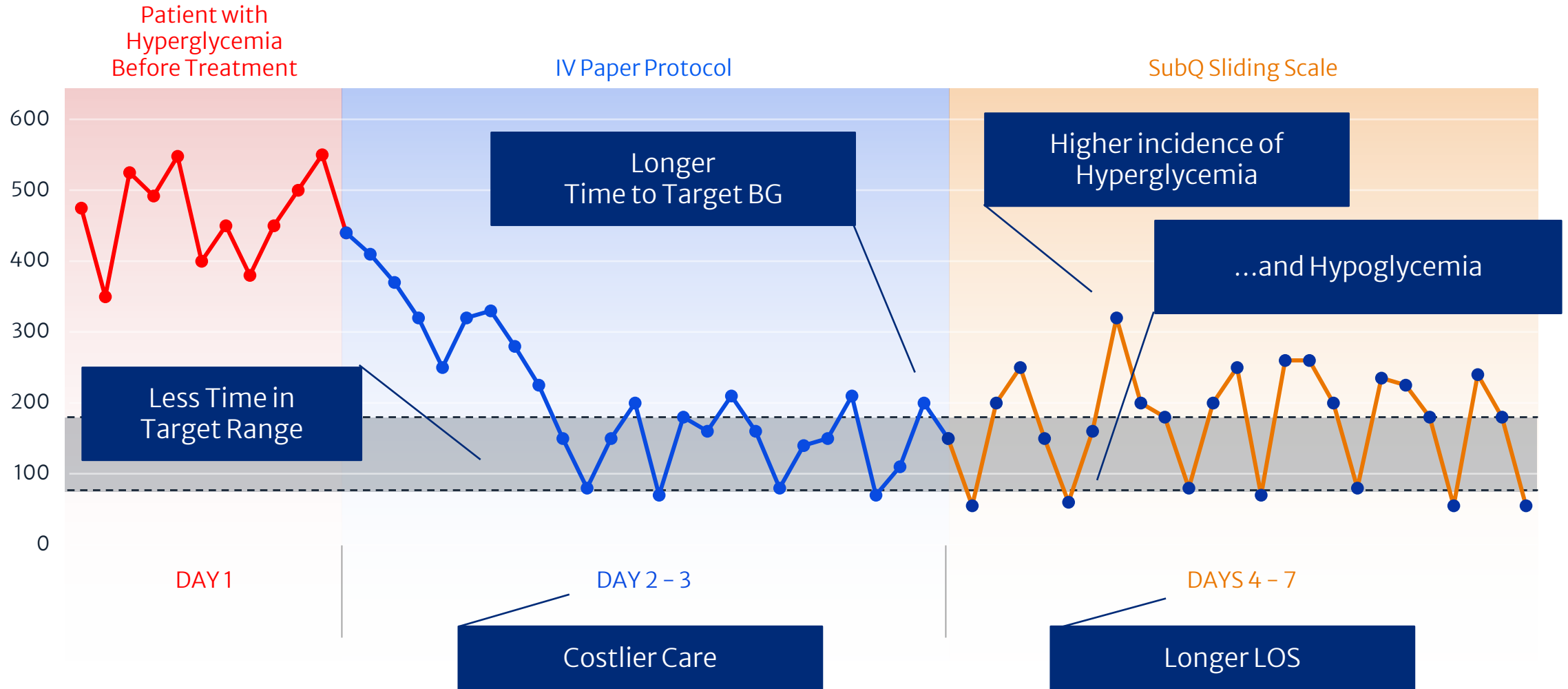
Insulin is involved in **16.3% of medication error reports** for high-alert medications, more than any other drug.<sup>3</sup>



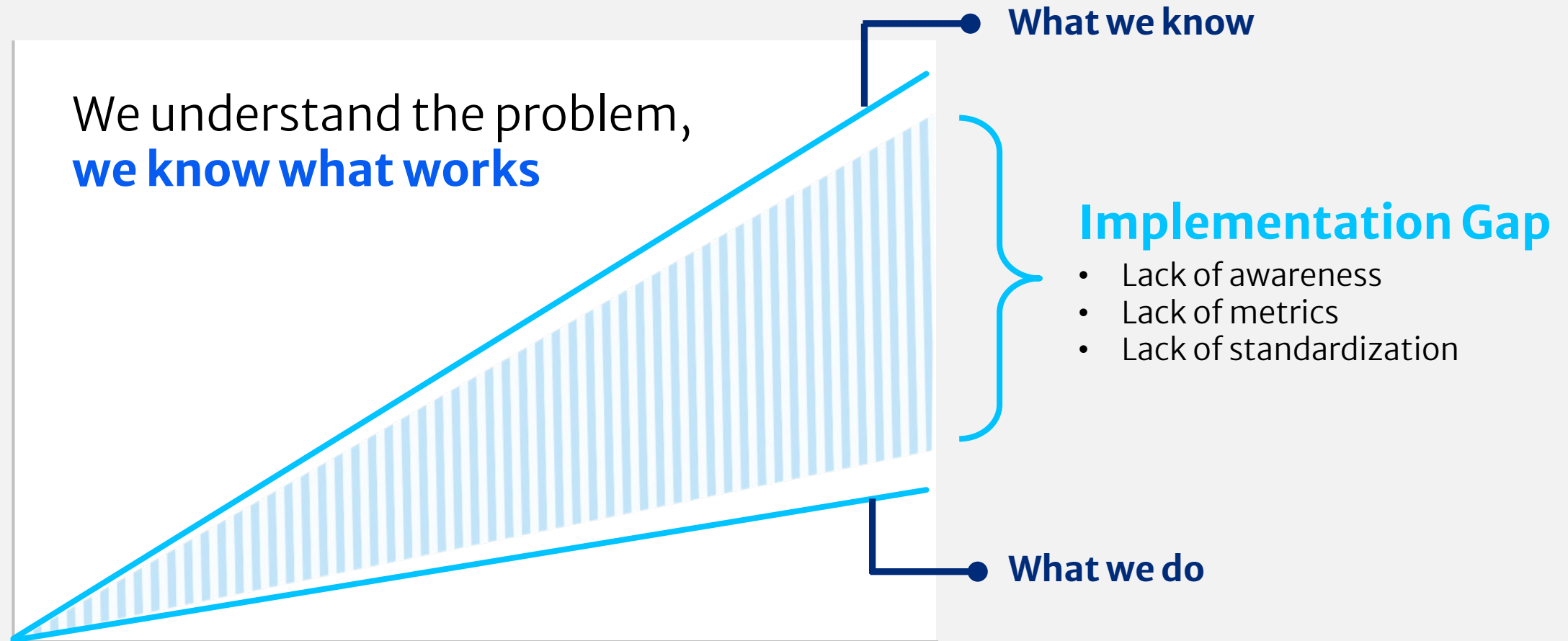
**59%**

**of reporting U.S. hospitals** do not have automated capability to extract and analyze glucose data.<sup>4</sup>

# ➔ Outdated therapies are not safe, and they're costly



# → The Challenge



# ➔ And now CMS has acted: Glycemia eCQMs required to report in CY 2026



Effective January 2023



Announced Summer 2023



**CMS is putting its muscle behind glycemic management** and making it clear that severe hypoglycemia related to insulin should be largely preventable. The reporting mandate will start in CY26.

At the same time, **The Leapfrog Group and the American Diabetes Association are partnering to recognize leaders in the field.**

As a result, many hospitals are evaluating technologies that can help.

# POLL #2

**What is your organization's biggest challenge in preparing for the upcoming CMS eCQM glycemia mandate?**

- Understanding the new requirements and compliance expectations
- Ensuring data accuracy and completeness for reporting
- Integrating eCQM reporting into existing workflows and systems
- Allocating resources and staff to manage the transition

# How does technology make it easier?



# ➔ Innovative and integrated digital health solutions uniquely positioned to address the needs of hospitals and health systems and drive better results

## Glytec's diabetes and insulin management **suite of solutions**

### **Glucommander**

Point-of-care insulin dosing

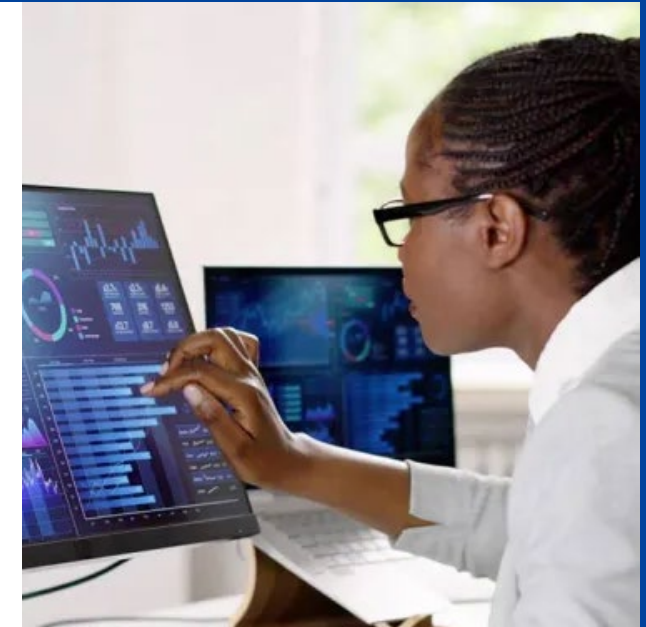
- FDA-Cleared
- Cloud-based
- Easy EHR integration
- Simple clinician – workflows



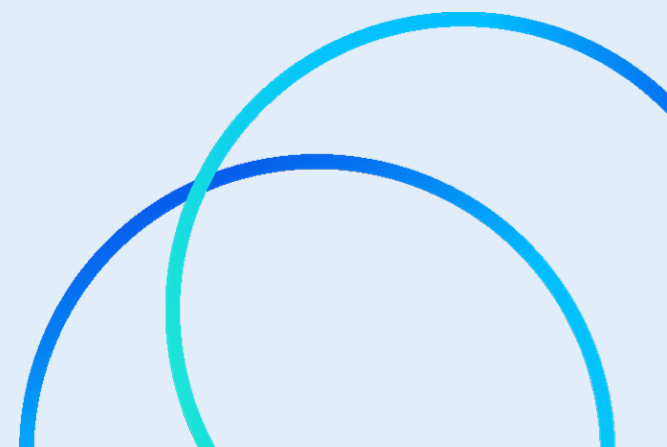
### **Command Center**

Executive / Admin diabetes control center

- Holistic view across system, hospitals & units
- Real-time insights & alerts
- Risk-based workflows & prioritization
- Executive level personas



# How often does the average physician adjust basal insulin after an overnight or AM hypoglycemia event?

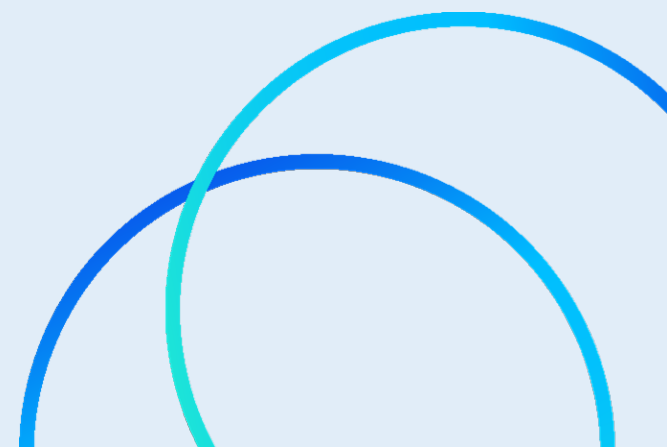


# How often does the average physician adjust basal insulin after an overnight or AM hypoglycemia event?

**25%** of the time

Ulmer BJ, Kara A, Mariash CN. Temporal occurrences and recurrence patterns of hypoglycemia during hospitalization. Endocr Pract 2015 ;21:501–507  
[Temporal occurrences and recurrence patterns of hypoglycemia during hospitalization – PubMed](#)

How often does  
Glucommander adjust basal  
insulin after an overnight or  
AM hypoglycemia event?



How often does  
Glucommander adjust basal  
insulin after an overnight or  
AM hypoglycemia event?

**100%** of the time

INTRODUCING

## Sonia Cooper, MSN, NEA-BC

Chief Nursing Officer, Sentara Virginia Beach General Hospital



- Introduction
- About Sentara
- What is your secret?

INTRODUCING

## Dr. Angela Hodges, BC-ADM

AdventHealth Glycemic Collaborative Chair



- Introduction
- About Huguley
- Why go so deep on diabetes?

→ **Thank you**

We are in this together.  
For our patients, teams,  
organizations, and industry.

Please contact us if we  
can be helpful and  
advance your mission.

[jmesser@glytec.com](mailto:jmesser@glytec.com)

glytec®

GENESIS HEALTHCARE SYSTEM

# Ohio-based healthcare system improved overall hypoglycemia with Glytec



The problem

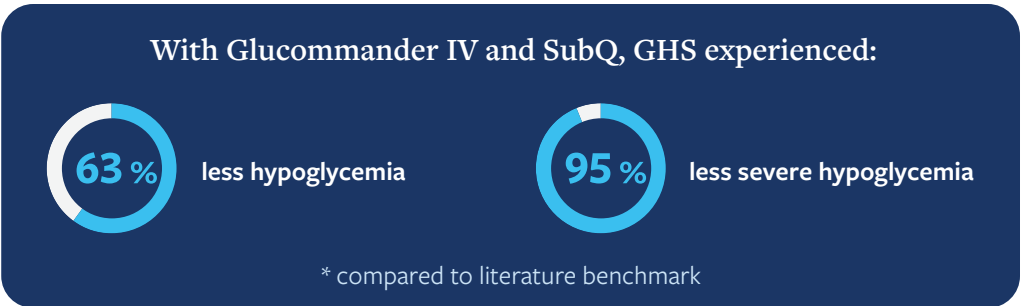
- Medication errors leading to hypoglycemic events
- Opportunity to improve insulin management
- Command challenge of resistance to change among staff

The solution

With Glucommander IV and SubQ, Genesis HealthCare System experienced a reduction in hypoglycemia and potentially avoided high costs due to strong utilization.

Genesis HealthCare System (GHS) is the largest healthcare provider in its six-county region in southeastern Ohio. Despite their steadfast commitment to delivering quality, compassionate patient care and being recognized throughout the country with numerous awards and accreditations, they needed to improve medication errors, which were causing a significant number of preventable hypoglycemic events.

They found a solution in Glytec’s Glucommander, designed to support compliance and quality measures through point-of-care insulin dosing and visibility.



An implementation team that’s “on it”

As part of the high reliability organization committee for GHS, Karen Krofft, Administrative Director of Nursing Support Services, was tasked with finding a way to improve medication errors, which also meant reducing hypoglycemic events. Their Director of Pharmacy at the time discovered Glytec at a conference, and after going back and forth with demos and approvals among medical and financial staff, GHS went live with Glucommander IV in August of 2023, and SubQ in September of 2024.

Although implementation was staggered between IV and SubQ, the Glytec staff made it a smooth transition for Krofft and her team. Glytec also gave GHS access to any resources they needed to make go-live a success.

“I appreciate all the resources Glytec provided—updated PowerPoints for our meetings, the smartsheet, and all the education,” says Krofft. “If we had a question, they were quick to answer. The implementation team was just on it.”

### Navigating the challenges of change management

Resistance to change among existing staff was a significant challenge for GHS. But as new staff came on, buy-in became easier to attain. “It took a lot of chatting and discussing,” says Krofft, “but we got them on board.”

It didn’t take long for GHS to see the value in Glucomander, as it’s common for their staff to praise reduced hypoglycemic events due to IV. “Less hypoglycemic events mean less stress on the nursing staff and less stress on the patients,” says Krofft.

Over 12 months, Glucomander was used to treat almost 1,300 patients across GHS’ three facilities. This strong and consistent utilization led to excellent hypoglycemic rates—63% less hypoglycemia, 95% less severe hypoglycemia, and estimated nearly \$500k in avoided costs compared to the usual care literature benchmark.

Overall, potentially 153 hypoglycemia events were avoided and they estimated a reduction in ICU length of stay.

*“If we had a question, they were quick to answer.  
The implementation team was just on it.”*

Karen Krofft, Administrative Director of Nursing Support Services,  
Genesis HealthCare System

### Approaching new CMS mandates with confidence

Mandatory [reporting of diabetes eQMs](#) begins January 2026, impacting payments in 2028, with severe hypo- and hyperglycemia being the two relevant measures. With built-in tools and workflows to improve patient safety and reporting measures, Glytec is helping GHS prepare for these coming regulatory changes.

“This upcoming CMS mandate will shed a lot of light across the country for those who don’t have the ability to do what Glucomander does,” says Krofft. “It’s going to be a good thing.”

With Glytec, GHS already has a good handle on eCQM data and even has a dedicated nurse responsible for reporting to CMS. “Our medical staff and leadership are all aware of the metrics we need to report,” says Krofft. “We feel confident.”

### An ongoing relationship based on shared goals

As GHS and Glytec work toward a shared goal of improved patient safety, their ongoing relationship requires open communication and the flexibility to solve unique challenges.

“Glytec has opened my eyes on what to look for and what questions to ask,” says Krofft. “They always figure out the answer.”

GHS is proud of their rich history of serving the community and vows to continue the tradition of caring with compassion, integrity, innovation, teamwork, and excellence. Glytec is honored to help GHS drive toward these goals as we continue to revolutionize insulin management and improve the lives of providers and those they serve.



With Glucommander IV and SubQ,  
GHS avoided nearly \$500k in costs.

### Results to date

- 63% less hypoglycemia and 95% less severe hypoglycemia compared to literature benchmark
- Estimated nearly \$500k in costs avoided compared to literature-based benchmark
- Preparedness for upcoming CMS eCQM mandates

\* Customer results may vary

Connect with us at (888)-458-2683  
or visit [glytec.com](https://glytec.com) to learn more.

glytec®