

APPLICATION

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



November 1, 2023

<https://www.leapfroggroup.org/recognized-leader-diabetes>

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WELCOME

2023 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, 8 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 the first-ever 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** will 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 new national program will:

- **Assess hospitals** on their adherence to national, evidence-based diabetes care guidelines,
- **Publicly recognize hospitals** demonstrating adherence to the guidelines, as well as excellence in achieving select standards from 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
- **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.

Eligibility

Only adult and general acute care hospitals and specialty hospitals that care for adult inpatients and have submitted a 2023 Leapfrog Hospital Survey can access the application via the Leapfrog Hospital Survey Dashboard.

Key Indicators

Applicants will be assessed on a comprehensive set of key indicators that impact the safety and quality of a hospitalization 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 glucose monitors
2. **Patient-Reported Concerns:** Providing multiple reporting channels for patients to communicate concerns, and implementing a process to ensure those concerns are addressed
3. **Rapid Response Teams:** Empowering patients and their families to activate a rapid response team who can evaluate the patient and escalate care
4. **Hypoglycemia Protocol:** Following a specified hypoglycemia protocol to allow rapid treatment in emergency situations
5. **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 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 following Leapfrog Hospital Survey Standards:

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

Finally, applicants who receive a Leapfrog Hospital Safety Grade, must be an A- or B-graded hospital at the time the designation is announced in spring 2024.

Public Reporting

Applicants that earn the designation, as determined by the American Diabetes Association and the Leapfrog Group, will be publicly announced in spring 2024 and a badge distinguishing the designation 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.

Submission Deadlines

Date	Milestone
November 1, 2023	The hard copy of the Application is available at https://www.leapfroggroup.org/recognized-leader-diabetes/application-materials . On November 8, the Online Application is available to adult and general acute care hospitals and specialty hospitals that care for adult inpatients and have submitted a 2023 Leapfrog Hospital Survey via the Survey Dashboard.
January 31, 2024	APPLICATION DEADLINE: To be eligible for the Recognized Leader in Caring for People Living with Diabetes Accolade, hospitals must submit a completed Application and Patient Tracking Workbook via the Online Application Tool by January 31, 2024 .
Spring 2024	The first list of hospitals designated as Recognized Leaders in Caring for People Living with Diabetes will be announced by Leapfrog and the American Diabetes Association in spring 2024.

Application Submission Instructions

As in 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 CY2022, 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

Coming Soon: Leapfrog Hospital Survey participants are eligible to apply for a new, national recognition for hospitals that provide excellent care for patients living with diabetes. This is part of a new partnership with Leapfrog and the American Diabetes Association. [Read more here.](#)

Buttons: 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**

2023 Leapfrog Hospital Survey Dashboard	Section Status	Errors
+ Section 1 : BASIC HOSPITAL INFORMATION	SUBMITTED ✓ 07/12/2023 - 04:19 PM (EDT)	0 errors

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

American Diabetes Association | THE LEAPFROG GROUP | Lovelace Women's Hospital | 09:14 AM (EDT) | Help Desk | Log Out

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

2023 Recognized Leader in Caring for People Living with Diabetes Application Dashboard	Status	Errors
- Part 1 : STRUCTURES TO SUPPORT PATIENT-CENTERED CARE 1A 1B 1C 1D 1E		0 errors
Part 2 : SURGICAL PATIENTS		0 errors
+ Part 3 : ALL HOSPITALIZED PATIENTS		0 errors
+ Part 4 : HIGH-RISK PATIENTS		0 errors

Buttons: Upload File, Check for Data Review Warnings, Submit Application

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

The screenshot shows the top navigation bar with the American Diabetes Association logo, The Leapfrog Group logo, and user information for Lovelace Women's Hospital. Below the navigation bar are three buttons: 'View/Print Last Saved Application', 'View/Print Last Submitted Application', and 'Return to Leapfrog Hospital Survey'. The main content area is titled '2023 Recognized Leader in Caring for People Living with Diabetes Application Dashboard'. It contains a table with four rows, each representing a part of the application. All parts are in the 'READY FOR AFFIRMATION' status and have 0 errors. At the bottom of the dashboard are three buttons: 'Upload File', 'Check for Data Review Warnings', and 'Submit Application'.

	Status	Errors
+ Part 1 : STRUCTURES TO SUPPORT PATIENT-CENTERED CARE	READY FOR AFFIRMATION	0 errors
Part 2 : SURGICAL PATIENTS	READY FOR AFFIRMATION	0 errors
+ Part 3 : ALL HOSPITALIZED PATIENTS	READY FOR AFFIRMATION	0 errors
+ Part 4 : HIGH-RISK PATIENTS	READY FOR AFFIRMATION	0 errors

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.

The screenshot shows the application dashboard after all four parts have been affirmed. The table now shows 'AFFIRMED - 10/23/2023' for all parts, with 0 errors. A callout box points to the 'Upload File' button, with the text 'Upload your completed Patient Tracking Workbook.' Below the table, a message states 'You will be submitting all parts of the application'. The 'Upload File' button is highlighted with a red box.

	Status	Errors
+ Part 1 : STRUCTURES TO SUPPORT PATIENT-CENTERED CARE	AFFIRMED - 10/23/2023 ⓘ	0 errors
Part 2 : SURGICAL PATIENTS	AFFIRMED - 10/23/2023 ⓘ	0 errors
+ Part 3 : ALL HOSPITALIZED PATIENTS	AFFIRMED - 10/23/2023 ⓘ	0 errors
+ Part 4 : HIGH-RISK PATIENTS	AFFIRMED - 10/23/2023 ⓘ	0 errors

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 File *

 No file chosen

Files must be less than **50 MB**.
Allowed file types: **xls xlsx csv ods**.

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 X

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.

✔ File for Test Hospital Name has been uploaded.

Upload File *

09-4741_2023-10-25_Patient Tracking Workbook.xlsx (45.21 KB)
Replace

Upload

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.

American Diabetes Association.

THE LEAPFROG GROUP
Giant Leaps for Patient Safety

Lovelace Women's Hospital 10:18 AM (EDT) [Help Desk](#) | [Log Out](#)

View/Print
Last Saved Application

View/Print
Last Submitted Application

Return
to Leapfrog Hospital Survey

	Status	Errors
2023 Recognized Leader in Caring for People Living with Diabetes Application Dashboard		
+ Part 1 : STRUCTURES TO SUPPORT PATIENT-CENTERED CARE	AFFIRMED - 10/23/2023 ⓘ	0 errors
+ Part 2 : SURGICAL PATIENTS	AFFIRMED - 10/23/2023 ⓘ	0 errors
+ Part 3 : ALL HOSPITALIZED PATIENTS	AFFIRMED - 10/23/2023 ⓘ	0 errors
+ Part 4 : HIGH-RISK PATIENTS	AFFIRMED - 10/23/2023 ⓘ	0 errors

Upload File

Check for Data Review Warnings

Submit Application

1
2
3

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

PART I:
STRUCTURES
TO SUPPORT
PATIENT-CENTERED
CARE

I A: 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 and/or continuous glucose monitoring (CGM) during their hospital stay?

YES

NO

If “no” to question #1, skip question #2 and continue to Part 1B.

2. Which of the following elements are included in your hospital's policy regarding the use of automated infusion pumps and/or continuous glucose monitoring (CGM)?

Mandatory patient evaluation to determine if the patient meets specified criteria to self-manage blood glucose levels using their insulin pump or CGM system

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 or CGM system fails or needs to be removed

None of the above

IB: Patient-Reported Concerns

1. Does your hospital make patients and their family caregivers aware of how they can report concerns about their care using any of the following:

If “none of the above,” skip questions #2-3 and continue to Part I C.

- A patient experience department that can be contacted by telephone, e-mail, and in-person
- A reporting system available to patients through the patient portal
- A patient survey administered to patients soliciting concerns with their care
- The free text fields of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- Other
- None of the above
-

2. Are all patients and family caregivers who report a concern via one of the channels indicated in question #1 contacted by a hospital representative within 30 days of making the report?

YES NO

3. Does your hospital log all concerns reported by patients and family caregivers in an incident reporting system?

YES NO

IC: Rapid Response Teams

1. Does your hospital have a policy that empowers patients, or their family caregivers, to activate a rapid response team (RRT) to evaluate the patient for possible escalation of care?

YES

NO

If “no” to question #1, skip questions #2-3 and continue to Part ID.

2. Does your hospital have a formal process to notify patients and family caregivers, verbally or in writing, about how to activate the rapid response team?

YES

NO

3. Does your hospital train clinicians on how to respond to a patient or family caregiver once the rapid response team has been activated?

YES

NO

ID: Hypoglycemia Protocol

1. Does your hospital have a protocol for managing hypoglycemia in adult inpatients?

YES

NO

If “no” to question #1, skip question #2 and continue to Part IE.

2. Which of the following elements are included in your hospital's hypoglycemia protocol?

Mandate initiation of 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

None of the above

IE: Data Collection on Amputations

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

If “not applicable; our hospital does not perform amputations” to question #1, skip questions #2-3 and go to the Affirmation of Accuracy.

YES NO

NOT APPLICABLE; our hospital does not perform amputations

2. Does your hospital submit data 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

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

OR

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?

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

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 section, 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.

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 19.

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

YES NO

If “no” to question #1, skip questions #2-7 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 patients with diabetes undergoing a scheduled surgery?

If “none of the above,” skip questions #3-7 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

- Patient instructions for adjusting diabetes medications
- Clinician instructions prohibiting the holding of basal insulin

During the Procedure

- Specified frequency of blood glucose monitoring during the procedure
- Instructions on 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 elective surgery in CY2022?

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 #4-7 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.

Pre-operative Assessment

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

Medication Management

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

During the Procedure

7. 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.

Preparation for Scheduled Surgeries Measure Specifications

Part 2 Sampling Instructions:

To respond to questions 1-7 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 2022.

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 elective 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 Surgeries – Pre-Operative Assessment

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

Total number of patients included in the sample who had an HbA1c test and results in the three months prior in 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 patients 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 Surgeries – Medication Management

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

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

Preparation for Scheduled Surgeries – During the Procedure

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

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.

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 elective surgery in CY2022 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](#).

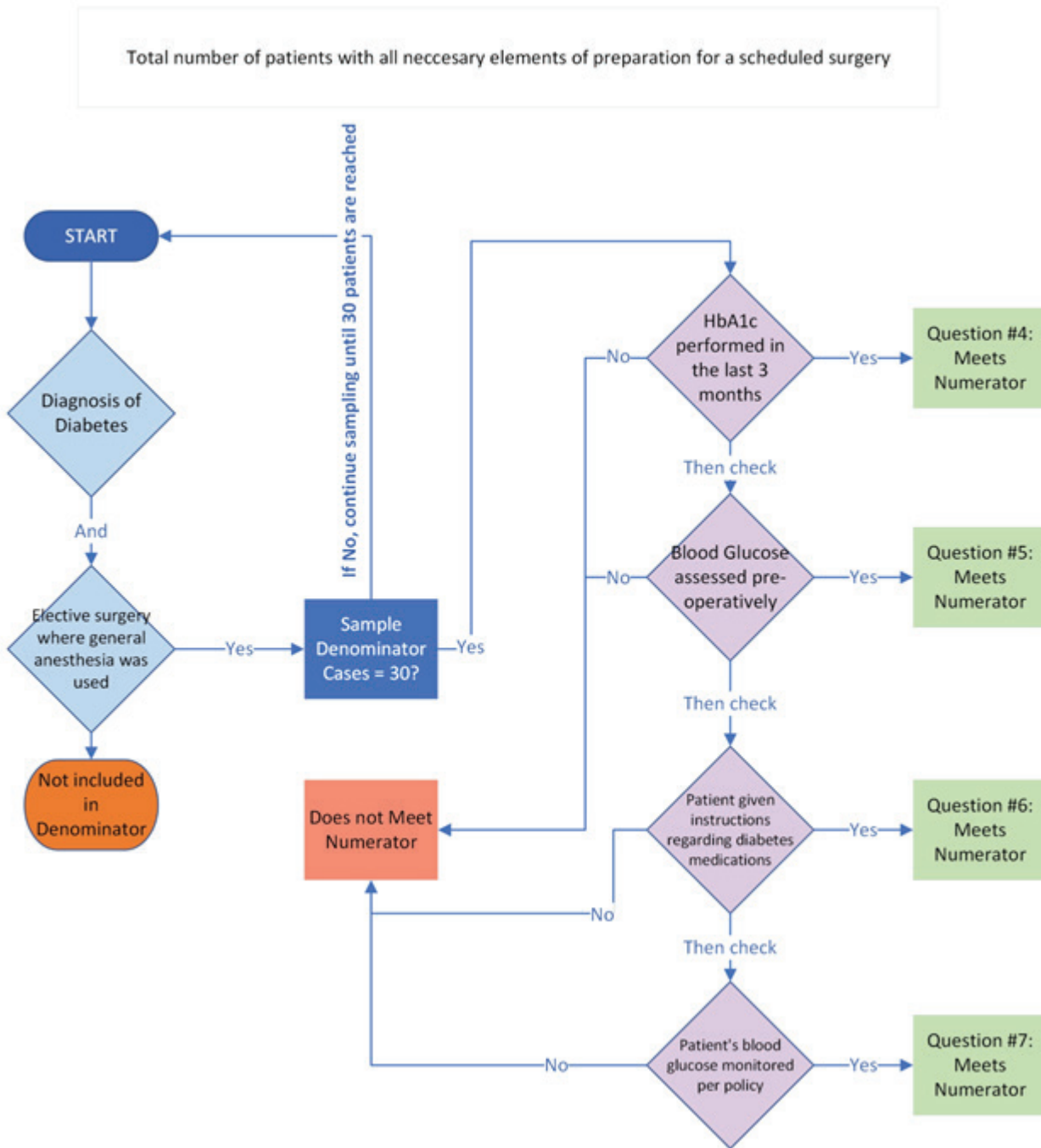
For each of the patients in the denominator above, select “Yes” or “No” for each of the questions in columns C, D, E, and F in the “Patients with Schled Surgeries” worksheet. The provided patient IDs 1-30 should be used in lieu of any patient-identifying information. *Please do not submit any patient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

A	B	C	D
PART 2 - Patients with Scheduled Surgeries			
Sampling Instructions	Patient ID	Pre-Operative Assessment	
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.		Question #4: Did the patient have an HbA1c test and results in the three months prior to the date of surgery?	Question #5: Did the patient operative blood glucose test documented on the day of th BEFORE the start time of the
	1	No	No
	2	No	No
	3	No	No
	4	No	No
	5	No	No
	6	No	No
	7	No	No
	8	No	No
	9	No	No
	10	No	No
	11	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.

A	B	C
NOTE: This Worksheet will populate once all worksheets (to the left) have been completed. DO NOT ENTER DATA IN THIS WORKSHEET.		
Based on your responses in the Patients with Schled Surgeries, All Hospitalized Patients, and High Risk Patients worksheets, please enter the following responses in the Online Application:		
Part 2 - Patients with Scheduled Surgeries	Enter This Response	
Question 4: Total number of patients included in the sample who had an HbA1c test and results in the three months prior to the day of surgery.	2	
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.	1	
Question 6: Total number of patients included in the sample who were given instructions regarding holding/taking/adjusting diabetes medications before surgery.	27	
Question 7: 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.	3	

Preparation for Scheduled Surgeries: Measure Calculation Diagram



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 25.

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 refused HbA1c
- 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

If “no” to question #1, skip questions #2-5 and continue 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 CY2022?

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 #3-5 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.

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

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

3B: Meals and Insulin Regimen

1. Does your hospital have a policy or procedure regarding the administration of meals and insulin for all patients with diabetes during their hospital stay?

YES NO

If “no” to question #1, skip questions #2-5 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 “none of the above,” skip questions #3-5 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 CY2022?

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 #4-5 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.

-
5. Total number of patients included in the sample with documentation of the amount of food consumed for at least 90% of meals consumed in the hospital.

All Hospitalized Patients Measure Specifications

Part 3 Sampling Instructions:

To respond to questions 1-5 in Part 3A, and 1-5 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 2022.

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 2022 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, Thalassemia, G6PD Deficiency)
 - HIV
 - End Stage Renal Disease (ESRD)
 - Cirrhosis of the liver
- Blood transfusion in the 48 hours prior to HbA1c test

Numerator Details – HbA1c Testing

Question #3: Total number of patients in the sample who had an HbA1c test performed within 24 hours of the time of admission. Column C in the Patient Tracking Workbook. Indicate “Yes” or “No.”

Question #4: Total number of patients included in the sample who had a documented HbA1c test result within the 3 months prior to admission. Column D in the Patient Tracking Workbook. Indicate “Yes” or “No.”

Question #5: Total number of patients included in the sample who refused an HbA1c test on admission. Column E in the Patient Tracking Workbook. Indicate “Yes” or “No.”

Numerator Details – Meals and Insulin Regimen

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. Column F in the Patient Tracking Workbook. Indicate “Yes” or “No.”

Question #5: Total number of patients included in the sample with documentation of the amount of food consumed for at least 90% of meals consumed in the hospital. Column G in the Patient Tracking Workbook. Indicate “Yes” or “No.”

Patient Tracking Workbook:

Hospitals that opt to report on adherence to their HbA1C, meals, and insulin administration policies based on a sample of 30 adult patients with diabetes discharged in CY2022 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](#).

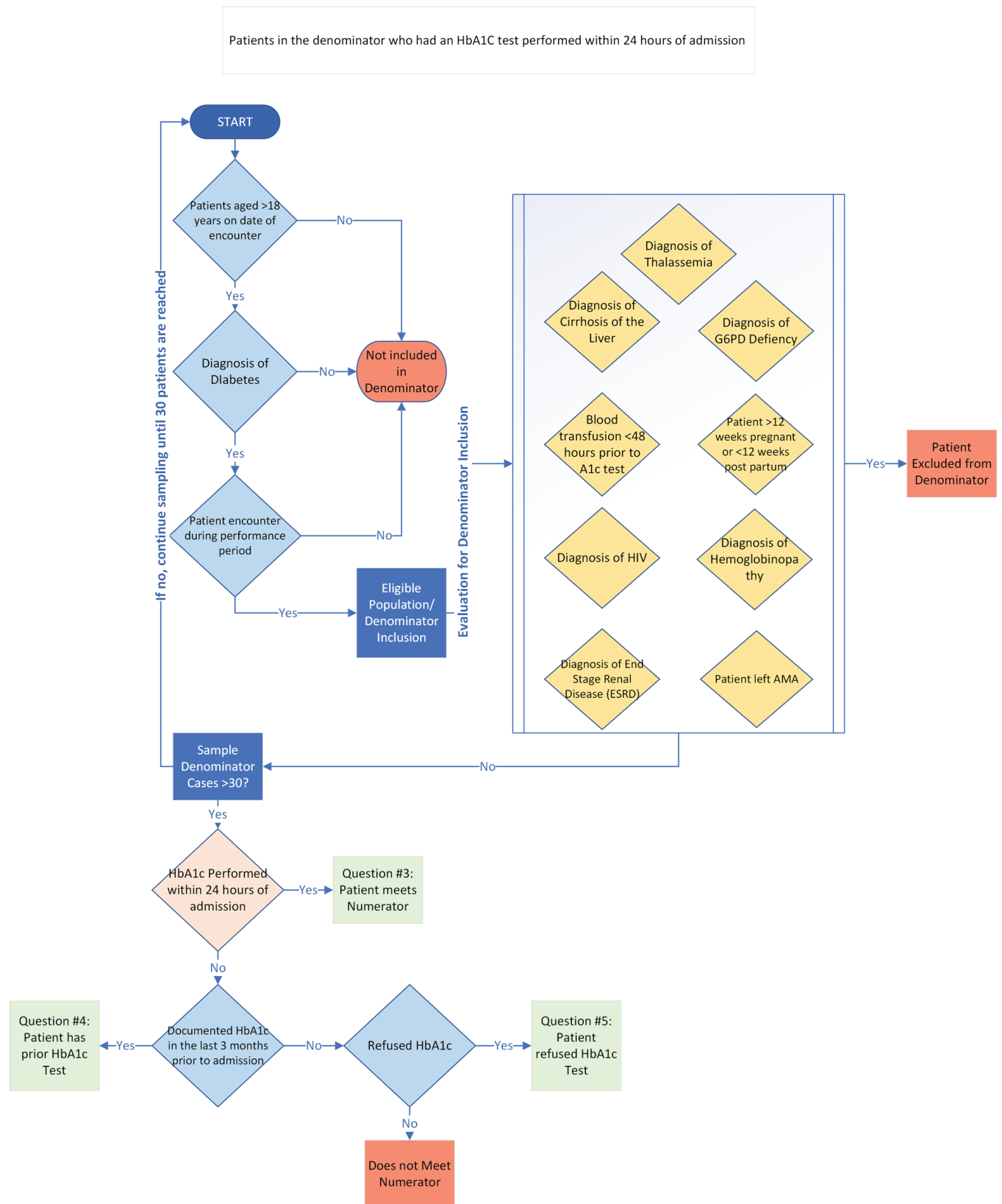
For each of the patients in the denominator above, select “Yes” or “No” for each of the questions in columns C through G in the “All Hospitalized Patients” worksheet. The provided patient IDs 1-30 should be used in lieu of any patient-identifying information. *Please do not submit any patient identifying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

A	B	C	D
PART 3 - All Hospitalized Patients			
Sampling Instructions	Patient ID		HbA1c Testing
30 randomly selected patients (ages 18 and older) admitted to an inpatient unit within calendar year 2022 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, Thalassemia, G6PD Deficiency) HIV, End Stage Renal Disease (ESRD), Cirrhosis of the liver Blood transfusion in the 48 hours prior to A1c test		Question #3: Did the patient have an HbA1c test performed within 24 hours of the time of admission?	Question #4: Did the patient have a documented HbA1c test result within the 3 months prior to admission?
		1 Yes	No
		2 Yes	No
		3 Yes	No
		4 Yes	No
		5 Yes	No
		6 Yes	No
		7 No	Yes
		8 Yes	No
		9 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.

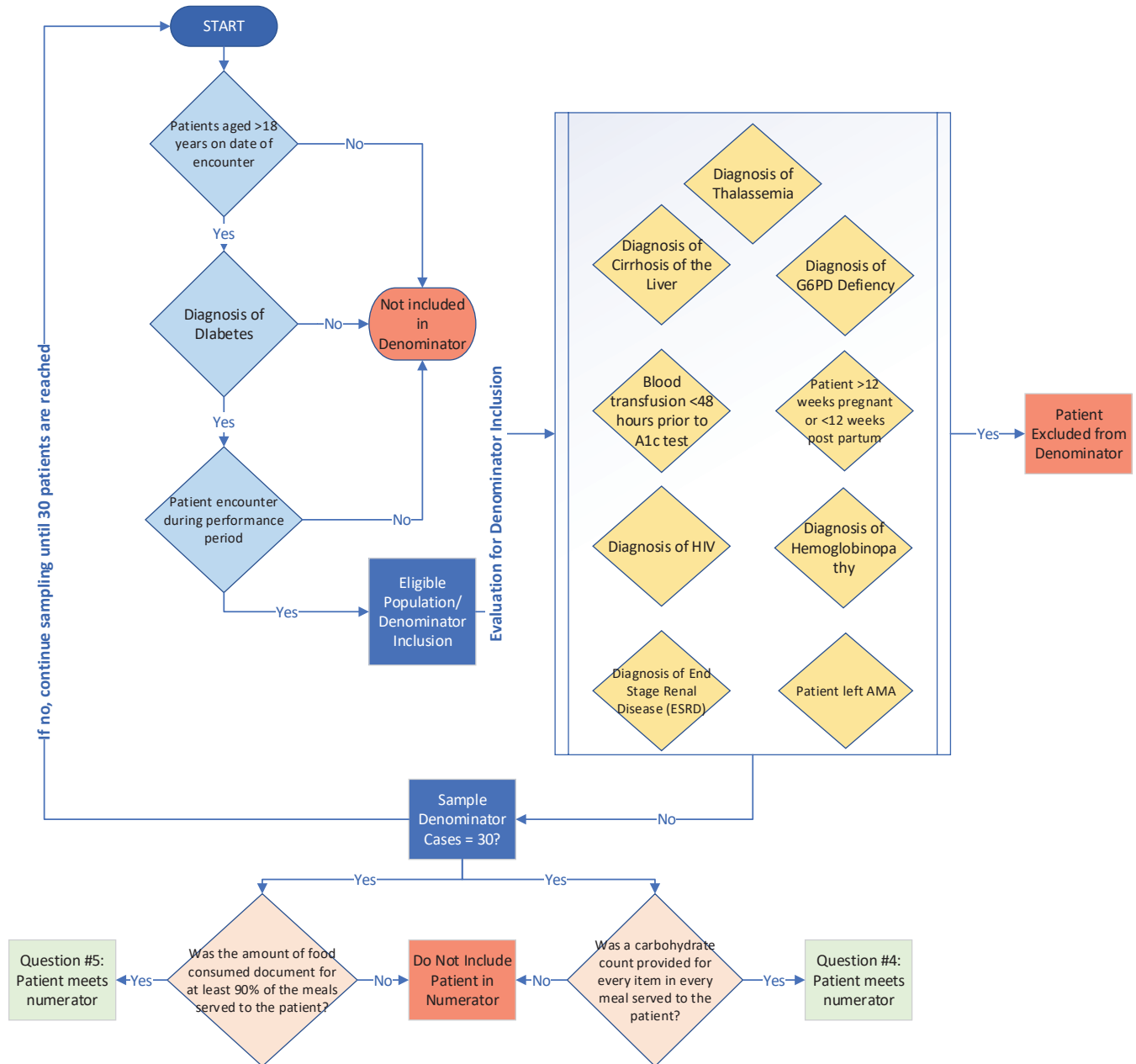
Part 3 - All Hospitalized Patients	Enter This Response
Question 3: Total number of patients included in the sample who had an HbA1c test within 24 hours of admission.	27
Question 4: Total number of patients included in the sample who had a documented HbA1c test result within the 3 months prior to admission.	3
Question 5: Total number of patients included in the sample who refused an HbA1c test on admission.	27
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.	3
Question 5: Total number of patients included in the sample with documentation of the amount of food consumed for at least 90% of meals consumed in the hospital.	29

HbA1c Testing: Measure Calculation Diagram



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 35.

4A: Specialized Care Teams and Patient Education

1. Prior to discharge, are all high-risk patients offered tailored education, from a clinician with either of the following credentials: YES NO
- Certified Diabetes Care and Education Specialist (CDCES) or
 - Board Certified - Advanced Diabetes Management (BC – ADM)?
-
2. Are all 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?
-
3. Do you want to report on adherence to your hospital's patient education practices and staffing of your inpatient diabetes service based on a sample of 30 adult high-risk diabetes patients who were discharged in CY2022? YES NO
- YES, but fewer than 30 cases met the inclusion criteria for the denominator
- If “no” or “yes, but less than 30 cases met the inclusion criteria for the denominator,” skip questions #4-5 and continue to Part 4B.*
- 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 had tailored education about diabetes provided by a clinician with either of the following credentials:
- Certified Diabetes Care and Education Specialist (CDCES) or
 - Board Certified - Advanced Diabetes Management (BC – ADM).

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

5. Total number of patients included in the sample who were managed, co-managed, or for whom care was 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)
- A clinician board-certified in Endocrinology
- A clinician who has completed an American College of Diabetology fellowship.

4B: Discharge Planning

1. 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
- Referral to a smoking cessation program, if appropriate

Patient Education

- Plan for home glucose monitoring that includes education within 30 days of discharge, continuation of or new prescription for an outpatient glucose monitor and strips or continuous glucose monitor (CGM), and assessment of patient's ability to pay for and steps to ensure they can acquire testing supplies
- Hypoglycemia management education that includes basic information on the condition and how to manage it, information and a prescription (if appropriate) for Glucagon, sick day guidelines for prevention/treatment of hypoglycemia and hyperglycemia, information on appropriate diet, and written 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

4B: Discharge Planning, continued

1. 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? *continued*

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
- None of the above

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

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 NO
- 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"/>
Referral to a smoking cessation program, 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, continuation of or new prescription for an outpatient glucose monitor and strips or continuous glucose monitor (CGM), and assessment of patient's ability to pay for and steps to ensure they can acquire testing supplies.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hypoglycemia management education that includes basic information on the condition and how to manage it, information and a prescription (if appropriate) for Glucagon, sick day guidelines for the prevention/treatment of hypoglycemia and hyperglycemia, information on appropriate diet, and written 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.	<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.	<input type="text"/>	<input type="text"/>	<input type="text"/>

High-Risk Patients Measure Specifications

Part 4 Sampling Instructions:

To respond to questions 1-5 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 2022.

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 2022 who meet either of the following conditions:

1. 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
- 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 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

- E13641 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 had tailored education about diabetes provided by 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).

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 managed, co-managed, or for whom care was 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)
- A clinician board-certified in Endocrinology
- A clinician who has completed an American College of Diabetology fellowship

Numerator Details – Discharge

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. *Column E 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. *Column F 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 smoking cessation program. *Column G 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, continuation of or new prescription for an outpatient glucose monitor and strips or continuous glucose monitor (CGM), and assessment of patient’s ability to pay for and steps to ensure they can acquire testing supplies. *Column H in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”*

Total number of patients included in the sample who had hypoglycemia management education that includes basic information on the condition and how to manage it, information and a prescription (if appropriate) for Glucagon, sick day guidelines for the prevention/treatment of hypoglycemia and hyperglycemia, information on appropriate diet, and written information on when to seek additional care. *Column I 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. *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 the proper use and disposal of sharps, if appropriate. *Column K 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. *Column L 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. *Column M 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. *Column N in the Patient Tracking Workbook – Indicate “Yes”, “No”, or “Not Applicable”*

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 CY2022 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.*

A	B	C
PART 4 - High-Risk Patients		
Sampling Instructions	Patient ID	Education
30 randomly selected patients from eligible denominator populations after removing all denominator exclusions within the performance period of the calendar year 2022.		Question #4: Did the patient have tail education provided by a clinician with following credentials: Certified Diabe Education Specialist (CDCES) or Board Advanced Diabetes Management (BC
Eligible denominator population (“Denominator”): Patients (ages 18 and older) admitted to an inpatient unit within calendar year 2022 who meet either of the following conditions:		
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.		1 No
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 hyperosmolality without nonketotic hyponatremic-hyerosmolar coma (NKHHC)		2 Yes
		3 Yes
		4 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
Question 4: Total number of patients included in the sample who had tailored education about diabetes provided by a clinician with either of the following credentials: Certified Diabetes Care and Education Specialist (CDCES) or Board Certified - Advanced Diabetes Management (BC – ADM).	Please complete the Part 4 Wor
Question 5: Total number of patients included in the sample who were managed, co-managed, or for whom care was 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) A clinician board-certified in Endocrinology A clinician who has completed an American College of Diabetology fellowship.	3
Question 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. 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	26

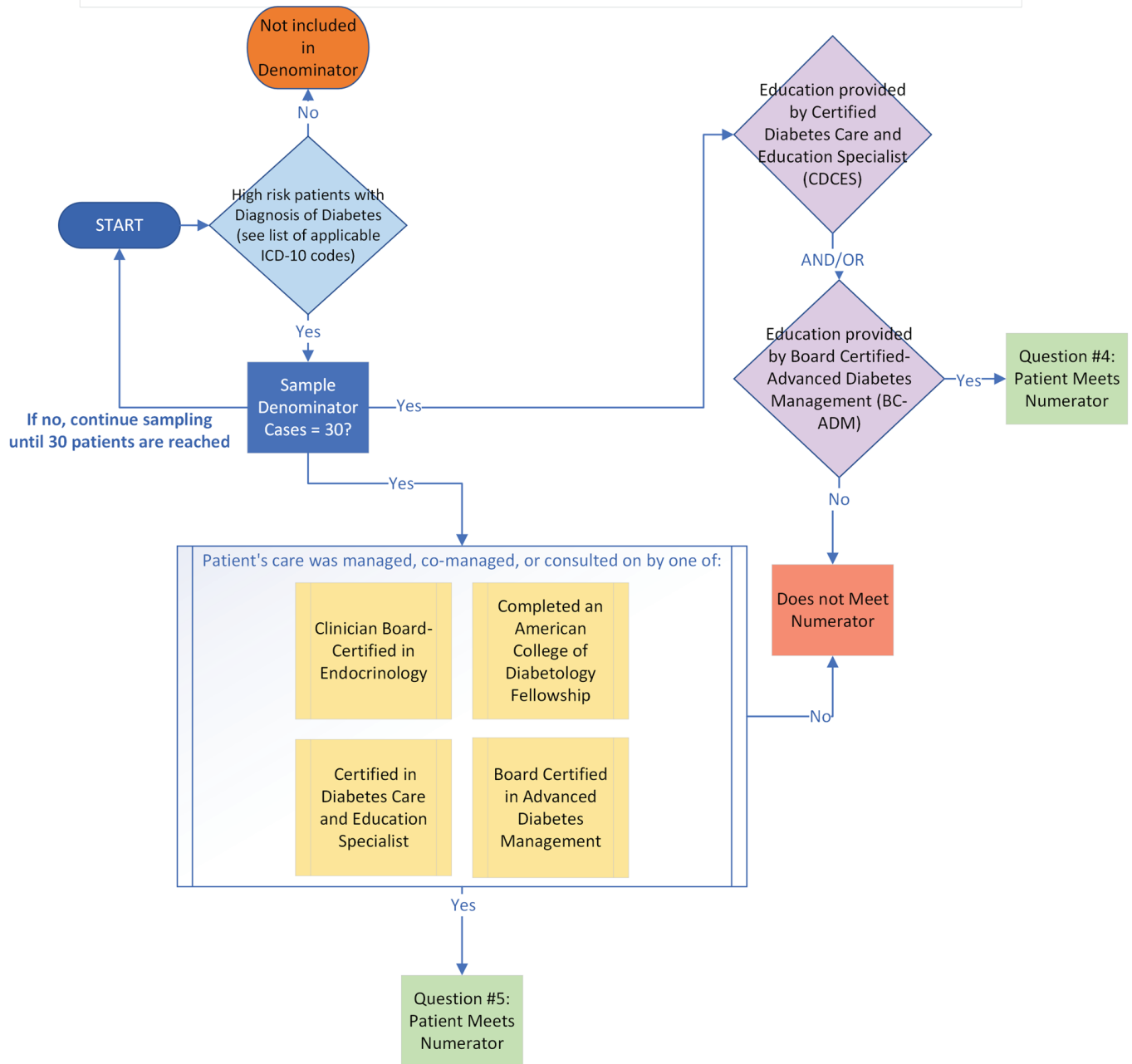
Specialized Care Team and Education Measure Calculation Diagram

High-risk patients educated by an individual with either of the following credentials: Certified Diabetes Care and Education Specialist (CDCES) or Board Certified - Advanced Diabetes Management (BC – ADM), and with care managed, co-managed, or for whom care was 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)

A clinician board-certified in Endocrinology

A clinician who has completed an American College of Diabetology fellowship



High-Risk Patients Frequently Asked Questions (FAQs)

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. 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.

3. 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)
- Assessment of patient's ability to pay for testing supplies and steps to ensure patient has needed equipment (i.e., hospital gives equipment, social worker meets with patients to facilitate equipment, etc.)

4. 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 Guidelines

Several clinical care processes and structures assessed in the Application are from the 2023 ADA Standards of Care in Diabetes – Hospital Care.

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

Nuha A. ElSayed, Grazia Aleppo, Vanita R. Aroda, Raveendhara R. Bannuru, Florence M. Brown, Dennis Bruemmer, Billy S. Collins, Marisa E. Hilliard, Diana Isaacs, Eric L. Johnson, Scott Kahan, Kamlesh Khunti, Jose Leon, Sarah K. Lyons, Mary Lou Perry, Priya Prahalad, Richard E. Pratley, Jane Jeffrie Seley, Robert C. Stanton, Robert A. Gabbay; on behalf of the American Diabetes Association, 16. Diabetes Care in the Hospital: Standards of Care in Diabetes—2023. *Diabetes Care* 1 January 2023; 46 (Supplement_1): S267–S278.

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

Nuha A. ElSayed, Grazia Aleppo, Vanita R. Aroda, Raveendhara R. Bannuru, Florence M. Brown, Dennis Bruemmer, Billy S. Collins, Marisa E. Hilliard, Diana Isaacs, Eric L. Johnson, Scott Kahan, Kamlesh Khunti, Jose Leon, Sarah K. Lyons, Mary Lou Perry, Priya Prahalad, Richard E. Pratley, Jane Jeffrie Seley, Robert C. Stanton, Robert A. Gabbay; on behalf of the American Diabetes Association, 1. Improving Care and Promoting Health in Populations: Standards of Care in Diabetes—2023. *Diabetes Care* 1 January 2023; 46 (Supplement_1): S10–S18. <https://doi.org/10.2337/dc23-S001>

Patient-Reported Concerns and Rapid Response Teams draw from The Leapfrog Group's [Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals](#).

Structures to Support Patient Centered Care

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

Self-Management in the Hospital (S270): “people with diabetes wearing diabetes devices should be supported to continue them in an inpatient setting when they are competent to perform self-care and proper supervision is available.”

2. **Patient-Reported Concerns:** Providing multiple reporting channels for patients to communicate concerns, and following-up on those

Recognizing Excellence in Diagnosis – Practice 1.3B (p.37)

3. **Rapid Response Teams:** Giving patients the option to activate a rapid response team for an evaluation for an escalation of care

Recognizing Excellence in Diagnosis – Practice 1.3C (p.39)

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

Hypoglycemia - Recommendation 16.9 S270): A hypoglycemia management protocol should be adopted and implemented by each hospital or hospital system.

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

Diabetes and Population Health - Access to Care and Quality Improvement (S13): “Using patient registries and electronic health records, health systems can evaluate the quality of diabetes care being delivered and perform intervention cycles as part of quality improvement strategies. Critical to these efforts is... the use of accurate, reliable data metrics that include sociodemographic variables to examine health equity within and across populations”

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 (S273): "A preoperative risk assessment should be performed for people with diabetes who are at high risk for ischemic heart disease and those with autonomic neuropathy or renal failure."

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 (S267): Perform an A1C test on all people with diabetes or hyperglycemia (blood glucose >140 mg/dL [7.8 mmol/L]) admitted to the hospital if not performed in the prior 3 months.

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

Insulin Therapy (S270): "For individuals who are eating, insulin injections should align with meals. In such instances, POC glucose monitoring should be performed immediately 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 (S268): When caring for hospitalized people with diabetes, consult with a specialized diabetes or glucose management team when possible.

Diabetes Care Specialists in the Hospital (S268): "Providing inpatient diabetes education... and ongoing education and support are key strategies to improve outcomes."

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

Transition from the Hospital to the Ambulatory Setting Recommendation 16.11 (S273): A structured discharge plan should be tailored to the individual with diabetes.

