



2026 Recognized Leaders in Caring for People Living with Diabetes Methodology

Key Indicator	Criteria
Recognized Leaders have structures in place to support patient-centered care:	
Diabetes Self-Management: Facilitating self-management of insulin pumps and glucose monitors	Hospital has a written policy that includes <u>all</u> of the following elements to support diabetes self-management: <ul style="list-style-type: none"> (a) Mandatory patient evaluation to determine if the patient meets specified criteria to self-manage blood glucose levels using their insulin pump and their CGM system (b) Protocol for patient to adjust the settings on the insulin pump per the provider’s guidance (c) Steps that should be taken if the patient’s pump and CGM system fails or needs to be removed
Hypoglycemia Protocol: Following a specified hypoglycemia protocol to allow rapid treatment in emergency situations	Hospital has a protocol for managing hypoglycemia in adult patients that includes ALL of the following elements: <ul style="list-style-type: none"> (a) Treatment by a nurse as soon as hypoglycemia is detected in a patient, if treatment is not contraindicated (b) Specific treatment options that include the quantity or dose that should be administered (c) A PRN order to administer medical treatment (e.g., intravenous dextrose, glucagon) (d) Communication of the initiation of the protocol to the attending physician (e) Specified intervals to recheck blood glucose (f) Treatment protocol if blood glucose is still low after initial treatment
Recognized Leaders follow evidence-based guidelines when preparing patients for surgery:	
Preparation for Scheduled Inpatient Surgery: Ensuring that patients with diabetes have appropriate preparation for a scheduled surgery that includes a	Hospital has a perioperative policy that applies to all adult patients with diabetes undergoing scheduled surgery that includes either HbA1c testing within the past three months prior to surgery or pre-operative blood glucose assessment on the day of surgery and the hospital has demonstrated adherence to their policy (>=70% of sampled patients).

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preoperative assessment, medication management, and monitoring during the procedure	<p>Additionally, hospital’s perioperative policy includes at least one element of the elements in the Medication Management or During the Procedure domains listed below:</p> <p><u>Medication Management</u></p> <ul style="list-style-type: none"> (a) Patient instructions for adjusting diabetes medications (b) Clinician instructions prohibiting the holding of basal insulin <p><u>During the Procedure</u></p> <ul style="list-style-type: none"> (a) Specified frequency of blood glucose monitoring during the procedure (b) Instructions on how to manage both hyperglycemia and hypoglycemia
Recognized Leaders follow evidence-based guidelines for all hospitalized patients with diabetes:	
HbA1c Testing: Conducting an HbA1c test on admission for patients with diabetes, unless a recent test result has been documented	Hospital performs HbA1c tests on patients with diabetes within 24 hours of admission unless there is a documented HbA1c test result in the prior 3 months (>=70% of sampled patients).

<p>Meals and Insulin Regimen: Ensuring the appropriate administration of insulin based on meals and monitoring carbohydrates</p>	<p>Hospital has a policy or procedure regarding the administration of meals and insulin for all patients with diabetes during their hospital stay that includes <u>4</u> or more of the following elements:</p> <ul style="list-style-type: none"> (a) Instructions for checking blood glucose prior to meal administration (b) Instructions for scheduling insulin administration within 15 minutes before or 30 minutes after meal (c) Instructions for documenting the amount of food consumed (d) Documentation of the number of carbohydrates for all food and beverage items for all meals delivered to patients (e) Procedure for conducting floor audits of at least 5 patients every three months to ensure adherence to protocol <p>OR</p> <p>Hospital has a policy or procedure regarding the administration of meals and insulin for all patients with diabetes during their hospital stay that includes <u>3</u> or more of the following elements:</p> <ul style="list-style-type: none"> (a) Instructions for checking blood glucose prior to meal administration (b) Instructions for scheduling insulin administration within 15 minutes before or 30 minutes after meal (c) Instructions for documenting the amount of food consumed (d) Procedure for conducting floor audits of at least 5 patients every three months to ensure adherence to protocol <p>AND</p> <p>The policy includes documenting the number of carbohydrates for all food and beverage items for all meals delivered to patients, and the hospital has demonstrated adherence to their policy ($\geq 70\%$ of sampled patients).</p>
<p>Recognized Leaders use specialized care teams to care for high-risk patients with diabetes, and implement robust patient discharge plans for high-risk patients with diabetes that begin on the day of admission:</p>	
<p>Key Indicator</p>	<p>Criteria</p>

Specialized Care Teams and Patient Education	<i>Hospital offers tailored education by a clinician from a clinician who is a CDCES, BC-ADM, endocrinologist, or American Board of Diabetology Fellow, or who has been trained by a CDCES, BC-ADM, American College of Diabetology Fellow, or board-certified endocrinologist, and has demonstrated at least 50% of a sample of high-risk patients received that education.</i>
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.	<p>Hospital has a robust discharge planning policy for high-risk patients with diabetes that includes one or more elements from each of the following domains AND has demonstrated adherence to the policy (>=50% of sampled patients on at least one element within each of the 3 domains):</p> <p><u>Post-Discharge Referrals</u></p> <ul style="list-style-type: none"> (a) Plan for which healthcare provider (i.e., primary care provider, endocrinologist, CDCES, pharmacist, etc.) will provide diabetes care within 30 days of discharge (b) Referral to a limb specialist, cardiovascular specialist, and/or podiatrist, if appropriate <p><u>Patient Education</u></p> <ul style="list-style-type: none"> (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) (b) 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 information on when to seek additional care (c) Instructions on how to administer injectable medication for diabetes, if appropriate (d) Instructions on the proper use and disposal of sharps, if appropriate <p><u>Patient Assessment</u></p> <ul style="list-style-type: none"> (a) 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 (b) Diabetes medication reconciliation and adjustment of home medications, as appropriate (c) Assessment of patient’s ability to pay for diabetes medications
Recognized Leaders have achieved Leapfrog’s Medication Safety Standards:	
Key Indicator	Criteria

<p>Computerized Prescriber Order Entry (CPOE) to prevent medication ordering errors and adverse drug events</p>	<p>Hospital utilizes CPOE in all inpatient units for at least 75% of inpatient medication orders and has passed a test to demonstrate that the system alerts prescribers to common, serious medication ordering errors.</p> <p>More information about Leapfrog’s CPOE Standard is available at https://ratings.leapfroggroup.org/measure/hospital/2024/safe-medication-ordering.</p>
<p>Bar Code Medication Administration (BCMA) to prevent medication administration errors (i.e., wrong patient, wrong medication, etc.)</p>	<p>Hospital utilizes BCMA in medical and surgical units, labor and delivery units, pre and post-acute units and critical care units and ensures that both the patient and medication are scanned prior to administration at least 95% of the time, uses clinical decision support to alert nurses if something is wrong (i.e. wrong patient), and has structures in place to reduce workarounds that decrease the effectiveness of BCMA systems.</p> <p>More information about Leapfrog’s BCMA Standard is available at https://ratings.leapfroggroup.org/measure/hospital/2024/safe-medication-administration.</p>
<p>Recognized Leaders are A- or B-graded hospitals by The Leapfrog Group</p>	
<p>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 2025.</p>	<p>Hospital, if eligible for a Leapfrog Hospital Safety Grade (not required), has earned an A or B in the spring 2025.</p> <p>More information about the Leapfrog Hospital Safety Grade is available at https://www.hospitalsafetygrade.org/.</p>