2019 Glycemic PSAT Created: 03/19/2019 Owner: John Bender

11.00 Glycemic Safety PSAT

References

1.00 The facility has an up to date, evidence-based approach for glycemic

11.00-1.00-1.00 * The facility uses a team leader/interdisciplinary committee to plan and monitor the safe care of INPATIENTS with diabetes.

Joint Commission Requirements for Advance Certificatic Inpatient Diabetes Care. DSDF.2 EP 5

Standards of Medical Care in Diabetes 2018. American Diabetes Association. January 2018 Volume 41, Supple 1

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: The interdisciplinary committee could consist of endocrinology, hospitalist, pharmacy, nursing, nutrition, ED, urgent care, medicine and other appropriate disciplines.

Comments: POC:

11.00-1.00-2.00 * The facility employs an evidence-based inpatient acute care diabetes management processes to avoid glucose extremes during the hospital stay especially preventing hypoglycemia (Blood glucose readings <70 mg/dL).
** Consider risk assessment methods to identify patients at high risk for Hypoglycemia. **Consider risk assessment methods to identify patients at high risk for Hyperglycemia

Standards of Medical Care in Diabetes - 2018. Americar Diabetes Association. January 2018 Volume 41, Supple 1 Page S145

LD.03.03.01 Leadership uses healthcare system-wide planning to establish structure and processes that focus safety and quality.

PC.01.02.01 The hospital assesses and re-assesses its patients.

PC.01.02.03 The hospital assesses, re-assesses patien his condition according to defined timeframes.

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: The extremes of glucose values are associated with increased mortality - tight control of glycemia in the elderly and frail population is associated with wo outcomes than less strict control due to hazards from Hypoglycemia

Comments: POC:

11.00 Glycemic Safety PSAT

References

1.00 The facility has an up to date, evidence-based approach for glycemic

11.00-1.00-3.00 * The facility monitors its care processes: Data on glycemic safety is regularly reviewed and shared within the facility such as a Glycemic Safety Committee, Patient Safety Committee, Pharmacy and Therapeutics Committee, etc. (using the normal facility upward communication processes)

LD.03.03.01 Leadership uses healthcare system-wide planning to establish structure and processes that focus safety and quality.

PI.01.01.01 The hospital collects data to monitor its performance.

Institute for Healthcare Improvement Global Trigger Too

MS.05.01.01 : The organized medical staff has a leader role in organization performance improvement activities improve quality of care, treatment, and services and pat safety.

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: An oversight committee should be used so that the facility can identify issues and take actions when hazards are noted or trends occur that put patients a risk. Care planning and oversight is a TJC requirement.

Comments: POC:

2.00 Steps taken to safeguard acute care inpatients with diabetes.

11.00-2.00-1.00 * Performing hemoglobin A1C on all patients with diabetes or hyperglycemia (blood glucose > 140mg/dL) while admitted to the hospital if not performed in the prior 3 months.

ADA Standard 14: Diabetes care in the hospital: standar medical care in diabetes - 2018 Page s144.

Joint Commission Requirements for Advance Certificati Inpatient Diabetes Care. DSDF.2 EP 5

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: This piece of information is needed to assess the overall management of the patient's diabetes. If not ordered recently, the inpatient team should do so in order that the team have this information.

Comments: POC:

11.00-2.00-2.00 * IInitial glycemia management orders state the type of diabetes (i.e. type 1 or type 2 diabetes) or no previous history of diabetes.

ADA Standard 14: Diabetes care in the hospital: standar medical care in diabetes - 2018 Page s144.

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: The type of diabetes

Comments: POC:

11.00 Glycemic Safety PSAT

References

2.00 Steps taken to safeguard acute care inpatients with diabetes.

11.00-2.00-3.00 * Nurse driven CPRS hypoglycemia protocol/order set is activated upon admission to an inpatient acute care unit. (Insulin should be administered using validated written or computerized protocols that allow for automatic predefined adjustments in the insulin dose based on glycemic fluctuations).

ADA Standard 14: Diabetes care in the hospital: standar medical care in diabetes - 2018 Page s144.
VA inpatient nursing hypoglycemia competency
Joint Commission Requirements for Advance Certificatic Inpatient Diabetes Care. DSDF.4 EP 2

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Authoritative guidelines and consensus statements from the Endocrine Society, ADA, American Association of endocrinologists and American College of Endocrinology recommend a defined format for prescribing all insulin orders (e.g. preprinted order forms, computerized order sets in electronic prescribing systems).Cochrane review or RCT using computerized advice to improve glucose control in the hospital found significant improvement in the percentage of time pati spent in the target glucose range, lower mean blood glucose levels and no increase in hypoglycemia in patients with type 2 diabetes, so structured insulin order sets should be incorporated into the CPOE.

Comments: POC:

11.00-2.00-4.00 * The use of split-mixed (NPH and regular) insulin is avoided in hospitalized diabetic inpatients except in limited circumstances.

VA DOD Guidelines

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: The consensus is that split-mixed increases the risk of hypoglycemic events.

Comments: POC:

11.00-2.00-5.00 * Exception example to 2d: continuous tube feeding patients where use of every 6 - 8 hour NPH with supplemental regular (aspart may be appropriate.

ADA standard 14: Diabetes care in the hospital: standar medical care in diabetes - 2018 Page 148

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: The rationale for this is that the tube feeding may sustain the calorie load more so than regular oral intake such that a coverage scenario is not unreasonable.

Comments: POC:

11.00 Glycemic Safety PSAT

References

2.00 Steps taken to safeguard acute care inpatients with diabetes.

11.00-2.00-6.00 * The limited use of sliding scale insulin (SSI) only regimens. SSI may be used for short term if insulin needs are unknown, but therapy should be converted to basal plus correction regimen after 24 hours if insulin therapy is needed.

ISMP safe use of insulin - safe practice 4.1

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Eliminate the use of sliding scale insulin doses based on blood glucose values as the only strategy for managing Hyperglycemia.

Comments: POC:

11.00-2.00-7.00 * The facility safely prepares and administers insulin products by providing patient specific doses of intermediate or long-acting insulin in properly labeled syringes.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults reference 62

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Labels on clinician-prepared insulin syringes are more likely to be limited or absent compared to pharmacy prepared syringes.

Comments: POC:

11.00-2.00-8.00 * The facility safely prepares and administers insulin products by providing patient specific doses of intermediate or long-acting insulin in properly labeled syringes.

Article from AHRQ based on nursing survey that indicat few insulin syringes are labeled.

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Surveys have indicated how few insulin products drawn up in the patient care area are safely labeled.

Comments: POC:

11.00-2.00-9.00 * The facility safely prepares and administers insulin products by providing patient specific doses of intermediate or long-acting insulin in properly labeled syringes.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults - Safe practice 2.6

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: The pharmacy prepares and dispenses BASAL INSULIN doses in patient-specific prefilled syringes (if stability permits) for patients who are not using a patient-specific pen or insulin pump in the inpatient setting.

Comments: POC:

11.00 Glycemic Safety PSAT

References

2.00 Steps taken to safeguard acute care inpatients with diabetes.

11.00-2.00-10.00* The facility safely prepares and administers insulin products by providing patient specific doses of intermediate or long-acting insulin in properly labeled syringes.

Joint Commission Requirements for Advance Certificatic Inpatient Diabetes Care. DSDF.2 EP 5

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: General insulin safety protocol is required for TJC Advanced Certification for Inpatient Diabetes Care. DSDF.2 EP 5.

Comments: POC:

11.00-2.00-11.00* The facility has a robust labeling and independent double chec process for bedside clinicians administering immediate acting insulins and those long acting or intermediate acting doses tha are not prepared by pharmacy.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults - Safe practice 3.5

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Appropriately label all clinician-prepared syringes of subcutaneous insulin, unless the medication is prepared at the patient's bedside and is immediately administered to the patient without any break in the process.

Comments: POC:

11.00-2.00-12.00* The facility has a robust labeling and independent double chec process for bedside clinicians administering immediate acting insulins and those long acting or intermediate acting doses tha are not prepared by pharmacy.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults - Safe practice 3.5

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Prior to subcutaneous insulin administration the practitioner:

a. Confirms that there is an appropriate indication.

Comments: POC:

11.00 Glycemic Safety PSAT

2.00 Steps taken to safeguard acute care inpatients with diabetes.

References

11.00-2.00-13.00* The facility has a robust labeling and independent double chec process for bedside clinicians administering immediate acting insulins and those long acting or intermediate acting doses tha are not prepared by pharmacy.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults - Safe practice 3.5

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Prior to subcutaneous insulin administration the practitioner:

b. assesses the patient's most current blood glucose value.

Comments: POC:

11.00-2.00-14.00* The facility has a robust labeling and independent double chec process for bedside clinicians administering immediate acting insulins and those long acting or intermediate acting doses tha are not prepared by pharmacy.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults - Safe practice 3.5

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Prior to subcutaneous insulin administration the practitioner:

c. Assesses the patient for symptoms of Hypoglycemia.

Comments: POC:

11.00-2.00-15.00* The facility has a robust labeling and independent double chec process for bedside clinicians administering immediate acting insulins and those long acting or intermediate acting doses tha are not prepared by pharmacy.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults - Safe practice 3.5

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: Prior to subcutaneous insulin administration the practitioner:

d. Informs the patient of their most current blood glucose level.

Comments: POC:

11.00 Glycemic Safety PSAT

References

2.00 Steps taken to safeguard acute care inpatients with diabetes.

11.00-2.00-16.00* The facility has a robust labeling and independent double chec process for bedside clinicians administering immediate acting insulins and those long acting or intermediate acting doses tha are not prepared by pharmacy.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults - Safe practice 3.5

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Prior to subcutaneous insulin administration the practitioner:

e. Informs the patient of their dose, the full name of the product, and the insulin's intended action.

Comments: POC:

11.00-2.00-17.00* The facility has a robust labeling and independent double chec process for bedside clinicians administering immediate acting insulins and those long acting or intermediate acting doses tha are not prepared by pharmacy.

Joint Commission Requirements for Advance Certificatic Inpatient Diabetes Care. DSDF.2 EP 5

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: General insulin safety protocol is required for TJC Advanced Certification for Inpatient Diabetes Care. DSDF.2 EP 5.

Comments: POC:

3.00 The facility has formally developed guidelines or protocols for the ac

11.00-3.00-1.00* Administration of subcutaneous insulin for patients who are receiving enteral or parenteral nutrition.

ADA standard 14: Diabetes care in the hospital: standar medical care in diabetes - 2018 Page 148

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults Safe practice 1.3.c

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: The rationale for this is that the tube feeding may sustain the calorie load more so than regular oral intake such that a coverage scenario is not unreasonable.

Comments: POC:

11.00 Glycemic Safety PSAT

References

3.00 The facility has formally developed guidelines or protocols for the ac

11.00-3.00-2.00* Patients transitioning from intravenous insulin.

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults safe practice 1.3.a

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: 1.3 Organizations develop and utilize evidence-based insulin protocols and/or evidence-based insulin order sets with decision support capabilities. These guide a). Transition from intravenous to subcutaneous insulin.

Comments: POC:

11.00-3.00-3.00* Patients designated to receive nothing by mouth (NPO)

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults safe practice 1.3.b and c

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: 1.3 Organizations develop and utilize evidence-based insulin protocols and/or evidence-based insulin order sets with decision support capabilities. These guide: c). Management of insulin during planned and unplanned interruptions of oral, enteral and parenteral nutrition.

Comments: POC:

11.00-3.00-4.00* Patients designated to receive nothing by mouth (NPO)

Joint Commission Requirements for Advance Certificatic Inpatient Diabetes Care. DSDF.4 EP 2

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: General insulin safety protocol is required for TJC Advanced Certification for Inpatient Diabetes Care.

Comments: POC:

11.00-3.00-5.00* Patients with insulin resistance who are receiving concentrate insulin products (U-500, U-300, U-200)

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults Safe Practice 1.3.d

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: 1.3 Organizations develop and utilize evidence-based insulin protocols and/or evidence-based insulin order sets with decision support capabilities. Thes guide: d. Management of CONCENTRATED INSULIN.

Comments: POC:

11.00 Glycemic Safety PSAT

3.00 The facility has formally developed guidelines or protocols for the ac

References

11.00-3.00-6.00 * Patients admitted with or developing Diabetic Keto Acidosis (DKA)

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults Safe Practice 1.3.i

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: 1.3 Organizations develop and utilize evidence-based insulin protocols and/or evidence-based insulin order sets with decision support capabilities. Thes guide: i). Identification, communication and management of critical blood glucose values.

Comments: POC:

11.00-3.00-7.00 * Guidelines for patients who receive insulin via insulin pump including transitions of care processes.

ISMP recommendations for the safe management of pat with an external subcutaneous insulin pump during hospitalization.

Joint Commission Requirements for Advance Certificatic Inpatient Diabetes Care. DSPR.1 EP 5, DSCT.5, EP 3

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: If self management of insulin via continuous pump is to be used, a protocol should include a requirement that the patient, nursing staff and physician agre that self-management is appropriate. If self infusion is going to be used, hospital policy and procedures delineating guidelines (including changing of infusion sites) a advised.

Comments: POC:

11.00-3.00-8.00 * There is a structured discharge planning process for diabetes patients that includes updating of treatment (if applicable)

ISMP Safe Practice Guidelines for Subcutaneous Insulir in Adults Safe Practice 4.1

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Prior to transitions of care, a process is in place to endure that patients will have the necessary prescriptions, supplies, a follow-up care plan, and printed instructions for all prescribed insulins and blood glucose monitoring.

Comments: POC:

11.00 Glycemic Safety PSAT

References

3.00 The facility has formally developed guidelines or protocols for the ac

11.00-3.00-9.00* There is a structured discharge planning process for diabetes patients that includes updating of treatment (if applicable)

PC.04.01.01 The hospital follows a process that addres the patients' needs for continuous care, treatment and services after discharge or transfer.

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: The Joint Commission also stipulates that there is a process for facilitating the discharge of the patient and their care in the next care setting.

Comments: POC:

11.00-3.00-10.00* There is a structured discharge planning process for diabetes patients that includes updating of treatment (if applicable)

PC.04.01.05 Before the hospital discharges or transfers patient, it informs and educates the patient about his or follow-up care, treatment and services.

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: The Joint Commission also stipulates that the patient be educated about their follow-up care and treatment.

Comments: POC:

11.00-3.00-11.00* The facility is monitoring the evolving role of and has consider the impact of the use of diabetes agents that do not cause hypoglycemia and their role in inpatient care in minimizing the use of SSI (SGL-2, metformin, DPP4 agents) (OPTIONAL PRACTICE)

ADA Standard 14: Diabetes care in the hospital: standa medical care in diabetes - 2018 - listings throughout the document regarding evidence based medicine as the foundation

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: There are over 13,000 clinical trials studying diabetes and the role of the new agents is not completely elucidated. This suggestion is for facilities to consider advancements and to modify their approach if/when the literature is updated.

Comments: POC:

11.00-3.00-12.00* There is a structured discharge planning process that includes safe transition to the next care environment assuring that the patient has the appropriate diabetes supplies at discharge and is educated on any new system added to the regimen (such as new insulin pen use and troubleshooting)

ADA standard 14 - transitions from acute care settings.

PC.04.01.01 The hospital follows a process that addres the patients' needs for continuous care, treatment and services after discharge or transfer.

☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Structured discharge communication: Information on medication changes, pending tests and studies, and follow-up needs must be communicated to outpatient physicians.

Comments: POC:

11.00 Glycemic Safety PSAT

3.00 The facility has formally developed guidelines or protocols for the ac

		References	
11.00-3.00-13.00*	There is a structured discharge planning process that includes safe transition to the next care environment assuring that the patient has the appropriate diabetes supplies at discharge and is educated on any new system added to the regimen (such as new insulin pen use and troubleshooting).	ISMP safe use of insulin - safe practice 4.1	☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Prior to transitions of care, a process is in place to endure that patients will have the necessary prescriptions, supplies, a follow-up care plan, and printed instructions for all prescribed insulins and blood glucose monitoring.

Comments: POC:

11.00-3.00-14.00*	There is a structured discharge planning process that includes safe transition to the next care environment assuring that the patient has the appropriate diabetes supplies at discharge and is educated on any new system added to the regimen (such as new insulin pen use and troubleshooting).	ADA standard 14 - transitions from acute care settings. PC.04.01.01 The hospital follows a process that addres the patients' needs for continuous care, treatment and services after discharge or transfer.	☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: Structured discharge communication: Information on medication changes, pending tests and studies, and follow-up needs must be communicated to outpatient physicians.

Comments: POC:

4.00 The facility utilizes a structured approach to assess/ provide diabete

11.00-4.00-1.00*	Patient education is coordinated between medicine, nursing, food and nutrition and pharmacy such that the patient receives the same message from all care givers.	LD.03.08.01 New or modified services or processes are designed.	☐ MET ☐ PARTIALLY MET ☐ NOT MET

Rationale: This is necessary because sometimes the patients can receive differing information from one discipline versus another or even one unit versus another.

Comments: POC:

11.00 Glycemic Safety PSAT

References

4.00 The facility utilizes a structured approach to assess/ provide diabete

11.00-4.00-2.00 * Various materials and modes (leaflets, videos, handouts, etc. are regularly reviewed, assessed updated to assure consistency and accuracy of information.

IM.02.02.03 The hospital retrieves, disseminates and transmits health information in useful formats.

IM.03.01.01 Knowledge-based information resources ar available, current, and authoritative.

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: This is necessary to keep the patient information up to date with the latest evidence based medicine. Videos can vary from the products used at the site and even the types of insulin commonly used can change. This disparity can confuse the patients and lead to safety hazards.

Comments: POC:

11.00-4.00-3.00 * The facility provides education about: 1) Diabetes and Your A1C Number 2) Insulin Information 3) How to use your glucose meter 4) Hypoglycemia 15-15 Rule 5) Sick Day Guide 6) Wher to Call Your Provider.

ADA Standard 14: Diabetes Care in the hospital: Standa Medical Care in Diabetes - 2018 Page S149.

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: It is recommended that these areas of knowledge be reviewed and addressed prior to discharge.

Comments: POC:

11.00-4.00-4.00 * The facility provides education about: 1) Diabetes and Your A1C Number 2) Insulin Information 3) How to use your glucose meter 4) Hypoglycemia 15-15 Rule 5) Sick Day Guide 6) Wher to Call Your Provider.

The Joint Commission Requirements for Advance Certif for Inpatient Diabetes Care. DSSE.3 EP 5

☐ MET
☐ PARTIALLY MET
☐ NOT MET

Rationale: General educational components of TJC Advanced Inpatient Diabetes Certification.

Comments: POC: