Proposed Revisions to Inpatient Diabetes Care Advanced Certification
Disease-Specific Care Certification Program

DSPR.1
The program defines its leadership roles.

Elements of Performance for DSPR.1

1. The program identifies members of its leadership team.

2. The program defines the accountability of its leader(s).

3. The program leader(s) guides the program in meeting the mission, goals, and objectives.

4. The program leader(s) identifies, in writing, the composition of the interdisciplinary team.

5. The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.

Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting

a. The interdisciplinary program team includes at a minimum the following disciplines:
   - Licensed Independent Practitioner
   - Registered Nurse
   - Pharmacist
   - Dietician/Nutritionist
   - Diabetes Educator
   Note: If any of these members are a diabetes educator, then this requirement is fulfilled.

6. The program leader(s) provides for the uniform performance of care, treatment, and services.

7. The program leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency.

8. The program leader(s) monitors the performance of the program’s interdisciplinary team as it relates to achievement of the program’s mission, goals, and objectives.

DSPR.2
The program is collaboratively designed, implemented, and evaluated.

Elements of Performance for DSPR.2

1. The interdisciplinary team designs the program.

2. The interdisciplinary team implements the program.
30 3. The interdisciplinary team evaluates the program.
31 4. The interdisciplinary team uses the results of the program evaluation to improve performance.

DSPR.3
The program meets the needs of the target population.

Elements of Performance for DSPR.3

33 1. The leader(s) define, in writing, the program's mission and scope of service.
34 2. The leader(s) approve the program's mission and scope of service.
35 3. The program identifies its target population.
36 4. The services provided by the program are relevant to the target population.

DSPR.4
The program follows a code of ethics.

Elements of Performance for DSPR.4

38 1. The program protects the integrity of clinical decision making.
39 2. The program respects the patient's right to decline participation in the program.
40 3. The program has a process for receiving and resolving complaints and grievances in a timely manner.

DSPR.5
The program determines the care, treatment, and services it provides.

Elements of Performance for DSPR.5

42 1. The program defines in writing the care, treatment, and services it provides.
43 2. The program communicates to the patient the care, treatment, and services it provides.
44 3. The program provides care, treatment, and services to patients in a planned and timely manner.
45 4. The program complies with applicable law and regulation.
46 5. The program informs the patient and family about how to access care, treatment, and services, including after hours (if applicable).
48 6. The program has a process to provide emergency/urgent care.
49 7. The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment, and services.
51 8. The program evaluates services provided through contractual arrangement to make certain the care, treatment, and services are consistently provided in a safe, quality manner. This evaluation is documented.
54 9. Variables such as staffing, setting, or payment source do not affect outcomes of care, treatment, and services.
Disease-Specific Care Certification Program

**DSPR.6**

The program has current reference and resource materials.

**Elements of Performance for DSPR.6**

1. Practitioners have access to reference materials, including clinical practice guidelines, in either hard copy or electronic format.
2. Reference materials and resources are current and evidence-based.

**DSPR.7**

The program’s facilities are safe and accessible.

*Note: The program may use the organization’s plan and processes for safety and accessibility if they address the program’s unique needs and target population.*

**Elements of Performance for DSPR.7**

1. The program identifies its security risks.
2. The program implements strategies to minimize security risks.
3. The unique needs of the program’s patients and/or the program’s setting are included in the organization’s emergency management plan.
4. The program implements strategies to minimize the risk of disruption of care due to an emergency.
5. The program evaluates its fire risk.
6. The program implements strategies to minimize the risk of fire and address fire safety-related issues.
7. The program develops a medical equipment management plan.
8. The program implements its medical equipment management plan.
9. The program evaluates risks to its power, gas, and communication services.
10. The program implements strategies to minimize risks to its power, gas, and communication services.
11. The program educates staff on environment of care risk-reduction strategies.
12. The program tracks incidents related to the environment of care and makes changes accordingly.
**DSDF.1**

Practitioners are qualified and competent.

### Elements of Performance for DSDF.1

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>76</td>
<td>Practitioners have education, experience, training, and/or certification consistent with the program’s scope of services, goals and objectives, and the care provided.</td>
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<tr>
<td>77</td>
<td><strong>Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting</strong></td>
</tr>
<tr>
<td>78</td>
<td>a. The following groups working with patients with diabetes have had education specific to the management of diabetes:</td>
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<tr>
<td>79</td>
<td>- Dietitians, and others involved in medical nutrition therapy</td>
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<tr>
<td>80</td>
<td>- Staff involved in point-of-care testing</td>
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<td>81</td>
<td>- Medical staff</td>
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<td>82</td>
<td>- Nursing staff, including advanced practice nurses</td>
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<td>- Pharmacists</td>
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<td>84</td>
<td>- Physician assistants</td>
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<tr>
<td>85</td>
<td>a. The following groups have education specific to the policies and procedures related to the diabetes program:</td>
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<td>91</td>
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<td>92</td>
<td>2. The program verifies each practitioner’s licensure using a primary source verification process upon hire and at licensure expiration.</td>
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<td>93</td>
<td>3. The program assesses practitioner competency at time of hire. This assessment is documented.</td>
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<td>94</td>
<td>4. Orientation provides information and necessary training pertinent to the practitioner’s responsibilities. Completion of the orientation is documented.</td>
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<td>95</td>
<td>5. The program assesses practitioner competence on an ongoing basis. This assessment is documented.</td>
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<tr>
<td>96</td>
<td><strong>Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting</strong></td>
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<tr>
<td>97</td>
<td>a. Staff are trained in recognizing and responding to symptomatic hypoglycemia.</td>
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<tr>
<td>98</td>
<td>b. Education is provided to staff on safe and appropriate use of an insulin pen.</td>
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<tr>
<td>99</td>
<td>6. The program identifies and responds to each practitioner’s program-specific learning needs.</td>
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<td>100</td>
<td>7. Ongoing in-service and other education and training activities are relevant to the program’s scope of services.</td>
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**DSDF.2**

The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.

### Elements of Performance for DSDF.2

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<table>
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<tbody>
<tr>
<td>108</td>
<td>1. The selected clinical practice guidelines are evaluated for their relevance to the target population.</td>
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<tr>
<td>109</td>
<td>2. The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders.</td>
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</tbody>
</table>
3. Program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. Written protocols are developed for the management of patients on intravenous insulin infusions.

4. Practitioners are educated about clinical practice guidelines and their use.

5. The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. An A1C is drawn at the time of admission unless the results of the patient's A1C drawn within the last three months are known, or the patient has a medical condition or has received therapy that would confound the results.

b. A glycosylated hemoglobin (HbA1c) is drawn at the time of admission unless the results of the patient’s glycosylated hemoglobin (HbA1c) drawn within the last three months are known, or the patient has a medical condition or has received therapy that would confound the results.

Note: This requirement excludes the gestational diabetes population.

c. The program implements a glucose range for patients receiving intravenous insulin according to their clinical status.

6. The program implements modifications to clinical practice guidelines based on current evidence-based practice.

**DSDF.3**

The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

**Elements of Performance for DSDF.3**

1. The program establishes an interdisciplinary team based on the patient's assessed needs and direction from clinical practice guidelines.

2. The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. Nutritional assessments are conducted for patients not consistently reaching glucose targets.

b. A reassessment of blood glucose levels for patients experiencing hypoglycemia is completed according to the hypoglycemia protocol.

3. The program implements care, treatment, and services based on the patient's assessed needs.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. A plan for coordinating administration of insulin and delivery of meals is implemented.

b. A process for blood glucose monitoring is established that reflects meal distribution and medications received, including correctional doses.

b. A plan for coordinating administration of insulin and delivery of meals is implemented.
The program develops a plan of care that is based on the patient's assessed needs.

**Elements of Performance for DSDF.4**

1. The plan of care is developed using an interdisciplinary approach and patient participation.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. The program develops a plan for transitioning a patient from intravenous insulin infusion to other glucose lowering agents.

2. The program individualizes the plan of care for each patient.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. Written blood glucose monitoring protocols for patients with known diabetes are developed and include, at a minimum, the following:
   - Measuring blood glucose upon admission
   - A plan for subsequent monitoring based on the patient's:
     - Type of diabetes
     - Desired level of control
   - Current treatment(s) (for example, use of steroids, TPN, etc.)
   - Co-morbidities and medical illnesses
   - Dietary status including patients who are NPO
   
   b. Plans for the treatment of hypoglycemia and hyperglycemia are established for each patient.

3. The individualized plan of care is based on the patient's goals and the time frames to meet those goals.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. The program establishes a process to transition the patient to the medication regimen the patient will follow post discharge.

4. The individualized plan of care reflects coordination of care with other programs, as determined by patient co-morbidities.

5. The program explains the plan of care to the patient in a manner he or she can understand.

6. The program informs patients of all potential consequences of not complying with recommended care, treatment, and services.

7. The program informs patients of their responsibility to provide information to facilitate treatment and cooperate with practitioners.

8. The program continually evaluates, revises, and implements revisions to the plan of care to meet the patient's ongoing needs.
Disease-Specific Care Certification Program

DSDF.5
The program manages co-morbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to other practitioners.

Elements of Performance for DSDF.5

1. The program coordinates care for patients with multiple health needs.
2. Patients with co-morbidities and co-occurring conditions needing clinical and/or psychosocial care, treatment, and services are managed by the program’s practitioners or referred to other practitioners for care.
3. The program communicates to other practitioner(s) important information regarding co-occurring conditions and co-morbidities that are needed to manage the patient’s conditions.

DSDF.6
The program initiates discharge planning and facilitates arrangements for subsequent care, treatment, and services to achieve mutually agreed upon patient goals.

Elements of Performance for DSDF.6

1. In preparation for discharge, the program discusses and plans with the patient and family the care, treatment, and services that are needed in order to achieve the mutually agreed upon self-management plan and goals.

Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting

a. Prior to discharge, a follow-up diabetes management appointment is made for the patient.

2. In preparation for discharge, the program considers the patient’s anticipated needs and goals when identifying the setting and practitioners for continuing care, treatment, and services.

3. In preparation for discharge, the program communicates the patient’s needs and goals to other practitioners who will continue to support the patient in achieving the desired outcomes.

4. The program provides education and serves as a resource, as needed, to practitioners who are assuming responsibility for the patient’s continued care, treatment, and services.

DSSE.1
The program involves patients in making decisions about managing their disease or condition.

Elements of Performance for DSSE.1

1. The program involves patients in decisions about their care, treatment, and services.

Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting

a. The program has a policy for determining whether patients will continue to use their insulin pump therapy while hospitalized.

b. If insulin pump therapy is continued while the patient is hospitalized, the policy includes at least the following:
   - A list of contraindications for continuation of a patient’s insulin pump
   - Responsibilities of staff for continuation of insulin pump
   - A list of patient responsibilities for continuation of insulin pump therapy

2. The program assesses the patient’s readiness, willingness, and ability to engage in self-management activities.

3. The program assesses the family and/or caregiver’s readiness, willingness, and ability to provide or support self-management activities when needed.
The program utilizes the assessment of the patient and family and/or caregiver to guide the development of a self-management plan.

Patients and practitioners mutually agree upon goals.

**DSSE.2**

The program addresses the patient's self-management plan.

**Elements of Performance for DSSE.2**

1. The program promotes lifestyle changes that support self-management activities.
2. The program evaluates barriers to lifestyle changes.
3. The program engages family and community support structures in the patient’s self-management plan, as directed by the patient.
4. The program assesses and documents the patient’s response to recommended lifestyle changes.
5. The program addresses the education needs of the patient regarding disease progression and health promotion.
6. The program revises the self-management plan according to the patient’s assessed needs.

**DSSE.3**

The program addresses the patient's education needs.

**Elements of Performance for DSSE.3**

1. The program's education materials comply with recommended elements of care, treatment, and services, which are supported by literature and promoted through clinical practice guidelines and evidence-based practice.
2. The program presents content in an understandable manner according to the patient's level of literacy.
3. The program presents content in a manner that is culturally sensitive.
4. The program makes initial and ongoing assessments of the patient's comprehension of program-specific information.
5. The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. Patients with newly diagnosed diabetes or educational deficits have at least the following educational components reflected in the plan of care:

- Medication management, including how to administer insulin (when appropriate) and potential medication interactions
- Nutritional management, including the role of carbohydrate intake in blood glucose management
- Exercise
- Signs, symptoms, and treatment of hyperglycemia and hypoglycemia
- Treatment of hyperglycemia and hypoglycemia
- Importance of blood glucose monitoring and how to obtain a blood glucose meter; instruction on use of blood glucose meter if available
- Sick day guidelines
- Information for who to contact in case of emergency or for more information
- Plan for post-discharge education or self-management support

b. Patients with newly diagnosed diabetes or educational deficits have at least the following educational components reflected in the plan of care:

- Medication management, including how to administer insulin (when appropriate)
- Nutritional management, including the role of carbohydrate intake in blood glucose management
- Exercise
- Signs, symptoms, and treatment of hyperglycemia and hypoglycemia
- Treatment of hyperglycemia and hypoglycemia
- Importance of blood glucose monitoring, how to obtain a blood glucose meter, and instruction on use of the blood glucose meter.
- Sick day guidelines
- Information for who to contact in case of emergency or for more information
- Plan for post-discharge education or self-management support

**DSCT.1**

Patient information is confidential and secure.

**Elements of Performance for DSCT.1**

1. Patients are made aware of how data and information related to them will be used by the program.
2. The program discloses health information only as authorized by the patient or as otherwise consistent with law and regulation.
3. Records and information are safeguarded against loss, destruction, tampering, and unauthorized access or use.
4. The program identifies, in writing, who is authorized to access, use, and disclose patient information.
5. The program defines a process for responding to a violation of confidentiality or security.
6. The program implements its process addressing a violation of confidentiality or security.

**DSCT.2**

Information management processes meet the program’s internal and external information needs.

**Elements of Performance for DSCT.2**

1. Data are easily retrieved in a timely manner without compromising security and confidentiality.
276  2. The program uses aggregate data and information to support leadership decisions.
277  3. The program uses aggregate data and information to support operations.
278  4. The program uses aggregate data and information to support performance improvement activities.
279  5. The program uses aggregate data and information to support patient care.

**DSCT.3**

Patient information is gathered from a variety of sources.

*Elements of Performance for DSCT.3*

280  1. Information is gathered directly from the patient and family.
281  2. Information is gathered from relevant practitioners and/or health care organizations.

**DSCT.4**

The program shares information with relevant practitioners and/or health care organizations about the patient’s disease or condition across the continuum of care.

*Elements of Performance for DSCT.4*

283  1. The program shares information directly with the patient.
284  2. The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care.

*Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting*

285  a. The patient and the practitioner managing his or her diabetes care after discharge are informed about the patient’s A1C results and any unresolved issues related to glucose management.
288  a. The patient and the practitioner managing his or her diabetes care after discharge are informed about the patient’s glycosylated hemoglobin (HbA1c) results and any unresolved issues related to glucose management.

**DSCT.5**

The program initiates, maintains, and makes accessible a medical record for every patient.

*Elements of Performance for DSCT.5*

293  1. All relevant practitioners have access to patient information as needed.

*Requirement Specific to Management of Patients with Diabetes in the Inpatient Setting*

295  a. Results of blood glucose monitoring are available to all members of the health care team.

296  2. The medical record contains sufficient information to identify the patient.

*Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting*

297  a. Patients with diabetes are identified as having diabetes in the medical record at admission and at discharge.
3. The medical record contains sufficient information to support the diagnosis.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. For those patients who continue to use their insulin pump while hospitalized, at a minimum, the following are documented:
- Basal rates
- Bolus doses, including correctional doses
- Pump-site dressing change schedule

4. The medical record contains sufficient information to justify the care, treatment, and services provided.

**Requirements Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. Documentation reflects the individual’s:
- Type of diabetes (if possible to determine)
- Preadmission medications for the control of diabetes, including dosages as stated by the patient
- Nutritional screening results
- Nutrition management plan
- Degree of control prior to admission and severity of hyperglycemia on admission
- Current weight
- Current and anticipated nutritional status (for example, NPO, etc.)
- Level of comprehension and competence related to diabetes self-management activities

5. The medical record contains sufficient information to document the course and results of care, treatment, and services.

6. The medical record contains sufficient information to facilitate continuity of care.

7. The program reviews its medical records for completeness and accuracy.

**DSPM.1**

The program has an organized, comprehensive approach to performance improvement.

**Elements of Performance for DSPM.1**

1. The program leader(s) identifies goals and sets priorities for improvement in a performance improvement plan.

2. The program leader(s) involves the interdisciplinary team and other practitioners across disciplines and/or settings in performance improvement planning and activities.

3. The program has a written performance improvement plan.

4. The program leader(s) shares the program performance improvement plan with organizational leadership.
The program collects data related to its target population to identify opportunities for performance improvement.

**Requirement Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. Episodes of hypoglycemia are identified and contributing reasons for these are captured.

Note: Hypoglycemia is defined as a blood sugar below 70 mg/dL (ADA).

The program analyzes its performance measurement data to identify opportunities for performance improvement.

**Requirement Specific to Management of Patients with Diabetes in the Inpatient Setting**

a. The program has a process for reviewing episodes of hypoglycemia and determining their contributing factors.

Note: Hypoglycemia is defined as a blood glucose level below 70 mg/dL (ADA).

The program documents actions taken to achieve improvement.

The program determines if improvements have been achieved and are being sustained.

**DSPM.2**

The program maintains data quality and integrity.

**Elements of Performance for DSPM.2**

1. The program uses standardized data, definitions, and measure specifications in a consistent manner.
2. Data collection is timely, accurate, complete, and relevant to the program.
3. The program minimizes data bias.
4. The program monitors data reliability and validity.
5. The program uses sampling methodology based on measurement principles.
6. The program uses data analysis tools.

**DSPM.3**

The program collects measurement data to evaluate processes and outcomes.

Note: Measurement data must be internally trended over time and may be compared to an external data source for comparative purposes.

**Elements of Performance for DSPM.3**

1. The program selects valid, reliable performance measures that are relevant to the target population and based on clinical practice guidelines or other evidence-based practice.
2. The program collects data related to processes and/or outcomes of care.
3. The program collects patient satisfaction data relevant to its target population.
4. Data are aggregated at the program level.
5. The program reports aggregated data results to The Joint Commission at defined intervals.
6. The program communicates to staff and organizational leaders the identified improvement opportunities.
7. The program incorporates identified improvement opportunities into the performance improvement plan.
Disease-Specific Care Certification Program

The program demonstrates improvement in processes and patient outcomes.

**DSPM.4**

The program collects and analyzes data to determine variance from the clinical practice guidelines.

**Elements of Performance for DSPM.4**

1. The program tracks data variances at the patient level.

   **Requirement Specific to Management of Patients with Diabetes in the Inpatient Setting**
   
   a. Contributing reasons for episodes of hypoglycemia are evaluated for systemic trends (for example, difficulty having food trays delivered, improper ordering or timing of insulin or antidiabetic medications, drug interactions, etc.)

2. The program evaluates variances that affect program performance and outcomes.

3. The program uses data analysis to modify performance improvement activities in support of clinical practice guidelines.

**DSPM.5**

The program evaluates patient satisfaction with the quality of care.

**Elements of Performance for DSPM.5**

1. The program evaluates patient satisfaction with and perception of quality of care at the program level.

2. Patient satisfaction data are utilized for program-specific performance improvement activities.

**DSPM.6**

The program has a sentinel event process that includes identifying, reporting, managing, and tracking sentinel events.

**Elements of Performance for DSPM.6**

1. A process exists for identifying sentinel events related to the program.

2. A process exists for internally tracking sentinel events if and when they occur.

3. A process exists for analyzing sentinel events as they relate to program activity.

4. The program leader(s) implements changes to the program based on the analysis of sentinel events.