Hospital Guidelines for Diabetes Management and the Joint Commission-American Diabetes Association Inpatient Diabetes Certification

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ABSTRACT

Background: The Joint Commission Advanced Inpatient Diabetes Certification Program is founded on the American Diabetes Association's Clinical Practice Recommendations and is linked to the Joint Commission Standards. Diabetes currently affects 29.1 million people in the USA and another 86 million Americans are estimated to have pre-diabetes. On a daily basis at the Medical University of South Carolina (MUSC) Medical Center, there are approximately 130-150 inpatients with a diagnosis of diabetes.

Methods: The program encompasses all service lines at MUSC. Some important features of the program include: a program champion or champion team, written blood glucose monitoring protocols, staff education in diabetes management, medical record identification of diabetes, a plan coordinating insulin and meal delivery, plans for treatment of hypoglycemia and hyperglycemia, data collection for incidence of hypoglycemia, and patient education on self-management of diabetes.

Results: The major clinical components to develop, implement, and evaluate an inpatient diabetes care program are: I. Program management, II. Delivering or facilitating clinical care, III. Supporting self-management, IV. Clinical information management and V. performance measurement. The standards receive guidance from a Disease-Specific Care Certification Advisory Committee, and the Standards and Survey Procedures Committee of the Joint Commission Board of Commissioners.

Conclusions: The Joint Commission-ADA Advanced Inpatient Diabetes Certification represents a clinical program of excellence, improved processes of care, means to enhance contract negotiations with providers, ability to create an environment of teamwork, and heightened communication within the organization.

Key Indexing Terms: Diabetes; Hospital; Standards; American Diabetes Association; Joint Commission. **[Am J Med Sci 2016;351(4):333–341.]**

The Joint Commission Inpatient Diabetes Certification Program is based on the American Diabetes Association (ADA) Clinical Practice Guidelines (CPGs) and recognizes hospitals that have the infrastructure and fostered the culture necessary for long-term success in caring for patients with diabetes.[1]This article focuses on how to develop hospital guidelines based on the Joint Commission-ADA (JC-ADA) *Advanced Disease-Specific Care Certification Requirements for Inpatient Diabetes Care*.[2] This is a large undertaking that requires time to develop, implement and evaluate. Administrative support including monies to support additional staff is critical to the success of the program. The following sections, as outlined in the *Advanced Disease-Specific Care Certification Requirements for Inpatient Diabetes Care*, would address the major clinical components to develop, implement and evaluate an inpatient diabetes care program that meets the standards necessary to achieve Joint Commission certification (1) program management (DSPR), (2) delivering or facilitating clinical care (DSDF), (3) supporting self-management (DSSE), (4) clinical information management (DSCT) and (5) performance measurement (DSPM). The standards receive guidance from a Disease-Specific Care Certification Advisory Committee, and the Standards and Survey Procedures Committee of the Joint Commission Board of Commissioners.[3]

PROGRAM MANAGEMENT (DSPR)

Program Management involves the creation of a program, the implementation of care and the subsequent evaluation of the process.[3] The first requirement is to identify the membership of the interdisciplinary team and designate team leadership. Interdisciplinary diabetes teams must include the following disciplines: licensed independent practitioner, registered nurse, pharmacist, dietitian/nutritionist and diabetes educator.[2] Other disciplines may be needed based on patient and family assessment including social worker, case manager, behavioral healthcare provider and laboratory personnel.

The second task of this group is to develop the scope of services, goals and objectives, and to identify the target population. The interdisciplinary team is responsible for developing, implementing and evaluating all program services and elements. Our academic medical center, the Medical University of South Carolina (MUSC), chose to call the interdisciplinary team the Hospital Diabetes Task Force (HDTF), which originated in 2003.[4] The HDTF meets monthly for approximately 60-90 minutes and discusses all matters relevant to hospital diabetes. Other aspects of Program Management include the means to provide access to care, to conduct all matters relating to the program in an ethical manner and to provide reference resources to staff.[3]

DELIVERING OR FACILITATING CLINICAL CARE (DSDF)

DSDF includes the use of qualified and competent hospital personnel, the delivery of care using the evidence-based CPGs and Joint Commission Standards, the creation of personalizing care to meet the requirements of the participant and the use of performance measurement to improve practices and services.[3]

There are many Joint Commission Standards and the following 8 Joint Commission Standards would be discussed:

1. JC-ADA requires that practitioners have education, experience, training or certification or all of these consistent with the program's scope of services, goals and objectives and the care provided.[2] Competency is assessed and documented upon hire, and orientation is provided on an ongoing basis. Our facility performs this by using an interactive, web-based training and tracking system with assessment and education occurring annually. All personnel directly or indirectly involved in the care of patients with diabetes are required to complete this training. The education focuses on documenting the type of diabetes in the medical record on admission and discharge, by utilizing current nomenclature, setting a target range for the blood glucose, documenting a hemoglobin A1C within the last 90 days with new order if necessary, formulary insulins, insulin concepts (basal, prandial/nutritional and correction), scheduled insulin requirements in health and illness, carbohydrate (CHO) counting diets, process for ordering Point of Care Blood Glucose (POC BG), policies, hypoglycemia protocol, diabetes nursing assessment, diabetes nursing survival-level education, diabetes plan of care, process for nutritional assessments/reassessments, criteria for consulting the dietitian and Certified Diabetes Educator and transitioning the patient from intravenous (IV) to subcutaneous (SQ) insulin, insulin pumps and discharge planning.[5,6]
2. JC-ADA emphasizes the use of a standardized process utilizing CPGs.[2] There are many CPGs and those developed in the MUSC program are listed in Table. A standardized insulin order set incorporated the first 8 CPGs. The HDTF and Pharmacy and Therapeutics Committee in our institution limited insulin products in the hospital to the following 5: Neutral Protamine Hagedorn, glargine, aspart, regular insulin (for IV use only) and U-500 (prescribed only by the diabetes management service). The diabetes management service is operated by the Division of Endocrinology at MUSC and provides consultative or concurrent diabetes care to all adult inpatient services on request.
3. A hypoglycemia prevention and treatment standing order and protocol were developed, implemented in 2003 and evaluated over time.[7] Further description of these order sets are given in Figures 1 and 2.

TABLE. Clinical practice guidelines.

(1) Diabetes diagnosis: type 1 diabetes mellitus, suspect type 1 diabetes mellitus, type 2 diabetes mellitus, suspect type 2 diabetes mellitus, gestational DM in chart on admission and on discharge (do not use terms IDDM, NIDDM, AODM or just "diabetes")
(2) A1C done on admission, during admission or within 90 d of admission
(3) All patients with diabetes ordered POC BG monitoring
(4) Established glycemic targets in hospital patients for ICUs and non-ICUs
(5) Standardized insulin order sets utilizing concepts: basal, prandial and correction
(6) Transition IV to SQ insulin order set
(7) Medical nutrition therapy in hospital: level 1, 2 or 3 CHO counting diets, diabetic clear liquids
(8) IV insulin infusion protocols with evidence-based glycemic targets
(9) Adult and pediatric hypoglycemia standing order and protocol
(10) Diabetes admission assessment completed by the admitting/bedside nurse
(11) Diabetes-individualized plan of care
(12) Diabetes survival-level education
MUSC booklet for patients "MUSC Guide for People with Diabetes" (English/Spanish)
GetWellNetwork videos or Krames patient education handouts or both
(13) Insulin pump orders, competency assessment, agreement and flow sheet
(14) Adult and pediatric diabetes management service
(15) Diabetes discharge planning: addendum, follow-up needs and appointment

AODM, adult-onset diabetes mellitus; DM, diabetes mellitus; IDDM, insulin-dependent diabetes mellitus; NIDDM, noninsulin-dependent diabetes mellitus.

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