

# APPROVED: Revisions to Advanced Certification Requirements for Inpatient Diabetes Care


To keep its certification programs up-to-date, The Joint Commission regularly reviews program requirements alongside the latest standards of practice and professional literature for important developments that may necessitate modifications to requirements. The Joint Commission recently revised requirements for the Inpatient Diabetes Care (IDC) Certification (an advanced **disease-specific care** certification program) to reflect the 2016 American Diabetes Association's *Standards of Medical Care in Diabetes*. Reviewing the ADA recommendations resulted in strengthening the program in the following areas:

- Requiring groups of staff/practitioners to have education specific to policies, procedures, and patient management related to the diabetes program (*see* Delivering or Facilitating Clinical Care [DSDF] Standard DSDF.1, EP 1a)
- Identifying a target glucose range for patients who are critically ill (*see* DSDF.4, EP 2b)
- Following protocols regarding insulin therapy for persistent hyperglycemia and the treatment of patients with poor oral intake (*see* DSDF.4, EP 2d and DSDF.4, EP 2e)
- Scheduling follow-up appointments for patients who

have had hyperglycemia during their hospitalization (*see* DSDF.6, EP 1a)

- Reflecting particular educational topics in the plan of care for patients who are newly diagnosed with diabetes or have educational deficits related to their care (*see* Supporting Self-Management [DSSE] Standard DSSE.3, EP 5a)
- Requiring documentation of insulin pumps for patients continuing to use them in the hospital (*see* Clinical Information Management [DSCT] Standard DSCT.5, EP 3)

The IDC revisions, which become **effective July 1, 2017**, are posted on The Joint Commission website at [http://www.jointcommission.org/standards\\_information/prepublication\\_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx). The revisions below (new text is underlined and deleted text is shown in ~~strike through~~) will appear in the fall E-dition® update and the *2017 Comprehensive Certification Manual for Disease-Specific Care*.

Questions may be directed to Tabitha Vieweg, RN, MBA, associate project director, Department of Standards and Survey Methods, The Joint Commission, at [tvieweg@jointcommission.org](mailto:tvieweg@jointcommission.org). 



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## Revisions to Advanced Certification Requirements for Inpatient Diabetes Care

APPLICABLE TO INPATIENT DIABETES CARE CERTIFICATION

Effective July 1, 2017

### Program Management (DSPR)

Standard DSPR.1

The program defines its leadership roles.

#### Elements of Performance for DSPR.1

1. The program identifies members of its leadership team.

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

- a. ~~An interdisciplinary program team is identified, and a team leader is designated.~~ The program identifies a leader(s).
- b. The program leader(s) has the knowledge and experience in the care of patients with diabetes to provide administrative leadership and clinical guidance to the program.

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. If insulin pens are used in the organization, a policy on insulin pen use is developed, which includes at least the following:
  - Patient identifiers required for labeling of an insulin pen
  - Process for storing insulin pens
  - Education of staff on safe and appropriate use of an insulin pen, including infection control
  - Information on maintaining the integrity of an insulin pen, which can only be used for a single patient
- b. The program has a protocol in place to address when a patient is unable to manage his or her insulin pump.

# Revisions to Advanced Certification Requirements for Inpatient Diabetes Care (continued)

## Delivering or Facilitating Clinical Care (DSDF)

### Standard DSDF.1

Practitioners are qualified and competent.

#### Element of Performance for DSDF.1

1. Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided.

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

- a. The following groups who care for patients with diabetes have education specific to policies, procedures, and patient management related to the diabetes program:
  - Dietitians and others involved in medical nutrition therapy
  - Staff involved in point-of-care testing
  - Medical staff Physicians involved in the management of patients' diabetes
  - Nursing staff, including advanced practice nurses
  - Pharmacists
  - Physician assistants
  - Interdisciplinary team

### Standard 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.

#### Element of Performance for DSDF.2

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. A glycated hemoglobin (HbA1c) is drawn at the time of during the admission unless the results of the patient's glycated 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.*
- b. A hypoglycemia protocol is developed and implemented.
- c. The program determines a glucose range for patients receiving intravenous insulin according to their clinical status.
- d. The program has an insulin safety protocol in place for preventing insulin errors.

### Standard DSDF.4

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.

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

- a. The program develops a plan written protocol 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, total parenteral nutrition [TPN])
    - Comorbidities and medical illnesses
    - Dietary status, including when the patient cannot have anything by mouth (NPO)
- b. The program identifies a target glucose range for patients who are critically ill.
- ~~b.c.~~ A plan for the treatment of hypoglycemia and hyperglycemia based on clinical practice guidelines is established for each patient.
- d. The program follows a protocol for initiating insulin therapy to treat persistent hyperglycemia.
- e. The program follows a protocol for treatment of patients with poor oral intake or who are NPO.

### Standard DSDF.6

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

#### Element 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.

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

- a. Prior to discharge, a program team member collabo-

*Continued on page 10*

## Revisions to Advanced Certification Requirements for Inpatient Diabetes Care (continued)

rates with patients to arrange a follow-up diabetes-management appointment is made for the for those patients who have had hyperglycemia in the hospital.

**Note 1:** The program defines criteria for identifying patients for follow-up appointments based on clinical practice guidelines.

**Note 2:** The follow-up appointment should be within one month of discharge with the patient's primary care provider, endocrinologist, or diabetes educator.

**Note 3:** A follow-up appointment does not need to be made if the patient is discharged to another facility with a primary care provider, endocrinologist, or diabetes educator who is able to manage the patient's diabetes.

obtain a blood glucose meter, and instruction on use of the blood glucose meter

- Importance of HbA1c monitoring
- Sick day guidelines
- Proper use and disposal of lancets and needles/syringes or insulin pens, if appropriate
- Information about whom to contact in case of emergency or for more information
- Potential long-term complications (such as retinopathy, kidney disease, neuropathy, foot care)
- Plan for post-discharge education or self-management support

### Supporting Self-Management (DSSE)

Standard DSSE.3

The program addresses the patient's education needs.

#### Element of Performance for DSSE.3

5. The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.

#### Requirement 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
  - Prevention, recognition, and treatment of hyperglycemia and hypoglycemia
  - Importance of blood glucose monitoring, how to

### Clinical Information Management (DSCT)

Standard DSCT.5

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

#### Element of Performance for DSCT.5

3. The medical record contains sufficient information to support the diagnosis.

#### Requirement 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:
  - Assessment of the patient's ability to manage his or her insulin pump
  - ~~Physician o~~Order for insulin pump therapy to continue while hospitalized
  - Basal rates
  - Bolus doses, including correctional doses
  - Frequency at which to change infusion set
  - Date of each infusion set change
  - Date of insertion site change (if not the same as set change date)
  - Condition of the insertion site
  - Location of the insertion site