Complete each field below to assess your organization’s commitment to preventing antidiabetic ADEs. Download the [Plan-Do-Study-Act Worksheet](https://hqin.org/resource/plan-do-study-act-worksheet/) to assist in your improvement efforts.

| **What are your program strengths?** |
| --- |
| **What areas need improvement?** |
| **Are you willing to commit to implementing or reviewing your existing huddle process with direct care staff?** |
| **Question*****(Check the “Y” and/or “NI” box(es) to designate*** ***Yes and if the area Needs Improvement)*** | **Y** | **NI** | **Comments** |
| Is blood glucose testing and insulin administration coordinated with meals? |  |  |  |
| Has the facility addressed any pharmacy recommendations? |  |  |  |
| If sliding scale insulin is used, does the medical record contain documentation or risk vs. benefits? Clinical rationale? |  |  |  |
| Is there a system for routine monitoring of blood sugars? |  |  |  |
| If an EHR is used, are finger stick glucose testing results incorporated into it? |  |  |  |
| Are finger stick glucose testing results routinely reviewed for effectiveness as part of the care plan? |  |  |  |
| Is there a system to ensure lab results, including fingerstick blood glucose results, are appropriately communicated to the physician and the dietician, including when panic values are obtained? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question*****(Check the “Y” and/or “NI” box(es) to designate******Yes and if the area Needs Improvement)*** | **Y** | **NI** | **Comments** |
| Are low blood sugar protocols in place? |  |  |  |
| Are elevated blood sugar protocols in place? |  |  |  |
| Are caregivers routinely educated on risk factors and signs/symptoms of hypoglycemia? |  |  |  |
| Is blood glucose monitoring equipment maintained and does staff technique meet standards of practice? |  |  |  |
| Are the resident and family educated regarding the signs/symptoms of hypoglycemia and regarding the resident’s diabetes management plan? |  |  |  |
| Does the care plan reflect interdisciplinary monitoring for:* Signs/symptoms of hypoglycemic episodes?
* Changes in oral intake?
 |  |  |  |
| If the resident refuses antidiabetic medication or consumes foods not included in the usual/planned diet, is there an interdisciplinary plan to address refusals that includes the prescriber and the family? |  |  |  |
| For residents with risk factors for ketoacidosis, does the care plan reflect multi-disciplinary monitoring for signs/symptoms of ketoacidosis? |  |  |  |

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