Form Approved
OMB No. 0920-0666
Exp. Date: 06/30/2026
www.cdc.gov/nhsn

Glycemic Control Module—Annual Hospital Survey

Instructions for this form are available at:

*required for saving

Tracking #:

Facility ID:

*Survey Year:

Section 1. Facility Characteristics

1. Ownership (check one):

☐ For profit ☐ Not for profit, including church ☐ Government

☐ Military ☐ Veterans Affairs ☐ Physician owned

If facility is a Hospital:

*Number of patient days: _____

*Number of admissions: _____

For any Hospital:

2. Is your hospital a teaching hospital for physicians and/or physicians-in-training? ☐

If Yes, what type: ☐ Major ☐ Graduate ☐ Undergraduate

3. Number of beds set up and staffed in the following location types (as defined by NHSN):

a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____

b. All other inpatient locations: _____

Section 2. Glycemic Control Program

3. Does your facility have an inpatient glycemic control quality improvement or safety program in place as demonstrated

- ☐ Special team(s) dedicated to consulting on patients with diabetes that actively assist in the management of inpatients with di
- ☐ Senior executive who serves as a point of contact or "champion" to help ensure the glycemic control program has resources
- ☐ Clinician (physician, nurse, or pharmacist) leader with dedicated time to manage the program and conduct daily intervention
- ☐ Allocation of dedicated resources to support glycemic control activities

- ☐ Staff from key support departments and groups who contribute to glycemic control activities
- ☐ At least annual presentation of information on glycemic control activities and outcomes to facility leadership and/or board
- ☐ At least annual opportunity to address glycemic control resource needs with facility leadership and/or board
- ☐ Facility communication mechanisms about glycemic control activities, via email, newsletters, events, or other avenues
- ☐ Provision of facility staff training and development on glycemic control activities
- ☐ Documented statement of facility support for glycemic control activities (e.g., a written policy or statement approved by the b
- ☐ Our facility does not have a glycemic control quality improvement or safety program in place

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NHSN National Healthcare Safety Network

☐ Our facility has other glycemic control programmatic components, please describe briefly: _____

Section 3. Glycemic Control Practices*

4. Does your facility have inpatient glycemic control quality improvement or safety practices as demonstrated by: (Chec

☐ Provider education
☐ Patient education
☐ Provider reminder systems
☐ Active surveillance for glucose control metrics, such as hypoglycemia/hyperglycemia events or other facilitated relay of clin
☐ Audit and feedback on performance to providers
☐ Incentives, regulation, or policy that are provider- or health system-directed
☐ Insulin orders/protocols that are standardized across units or the facility
☐ Our facility does not have practices specific to glycemic control quality improvement or patient safety
☐ Our facility has other glycemic control practices, please describe briefly: _____

Section 4. Insulin and Hypoglycemia/Hyperglycemia Management Practices**

5. Describe the current state of hypoglycemia management / prevention protocols at your facility: (Check one.)

☐ Nurse driven protocols for hypoglycemia management / prevention are not available at our facility
☐ Standardized nurse driven protocols for hypoglycemia management / prevention are available, but use of the protocols are
☐ Standardized nurse driven protocols for hypoglycemia management / prevention are available and use of the protocols are

6. Describe the level of coordination between point of care glucose testing, insulin delivery, and nutrition delivery on the (Check one.)

☐ There is not a systematic mechanism or protocol to coordinate glucose testing, insulin administration, and meal/nutrition sc
☐ There is a systematic mechanism or protocol to coordinate glucose testing, insulin administration, and meal/nutrition sched
☐ There is a systematic mechanism or protocol to coordinate glucose testing, insulin administration, and meal/nutrition sched

7. Select the description that most accurately reflects the approach to glycemic control and insulin management in the n (Check one.)

☐ No protocol is available in the non-critical care units at our facility
☐ Our facility has a protocol for insulin and hyperglycemia management (including subcutaneous insulin orders) that outlines situations; however, the protocol guidance is not embedded in order sets
☐ Our facility has a protocol for insulin management and hyperglycemia (including, subcutaneous insulin orders) that is integr providers must "opt in"
☐ Our facility has an institutionally-endorsed protocol for insulin and hyperglycemia management (including, subcutaneous ins standardized order sets and that require providers to "opt out"
☐ Our facility has an institutionally-endorsed protocol for insulin and hyperglycemia management (including, subcutaneous ins standardized order sets that require the provider to "opt out" and hyperglycemia/ hypoglycemia are monitored on a regular in insulin / diabetes management
☐ Protocol-driven insulin management and hyperglycemia protocols are reinforced by other methods at our facility. Please bri
_____

Section 5. Glycemic Control Software Tools & Additional Information

8. Does your facility have an EHR-based glycemic control ("glucometrics") software or tool to support a glycemic control one.)

☐ Yes
If yes, what is the name of the software / tool: _____
☐ No
☐ Unsure

9. Approximately what percentage of your inpatient population with diabetes is utilizing continuous glucose monitoring (

☐ _____ %
☐ Unsure

*Adapted from Society for Hospital Medicine. The Glycemic Control Implementation Guide. 2nd ed. Ed. Maynard G, Berg K, Kulasa K, O'Malley C, Rogers KM. Available at: https://www.hospitalmedicine.org/globalassets/clinical-topics/clinical-pdf/gcmi-guide-m4.pdf.
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