Dexcom Virtual Advisor Forum

CGM Data in the Inpatient Setting

October 17 – November 1, 2022 As reported on January 4, 2023 at 11:29 AM MST

Karen Good MSN RN CCRN ACCNS-AG, MSN

Report Access

♠ Private Conversation

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

OPTIONS

- Yes
- No
- Unsure

October 28, 2022 at 4:45 AM

ANSWERED

Yes

PLEASE EXPLAIN YOUR ANSWER

This would be helpful.

Report Elements

♠ Private Conversation

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 Least Important

October 28, 2022 at 4:52 AM

ANSWERED

• Average glucose − 1 - Most Important

- Time in glucose range -2
- Time spent between low and high glucose alert thresholds -7
- Glucose range, min and max -8
- % Coefficient of variation (CV) -9 Least Important
- Daily glucose graphs (24-hour view) -5
- Most recent 3-hour glucose trend graph -6
- Alarm and alert history -4
- Other report element or metric (Please explain below) -3

PLEASE EXPLAIN YOUR CHOICES.

Coorelation with POCT glucose

- **△** Private Conversation
- **2.** Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of $80 \, \text{mg/dL}$ and high alert threshold of $300 \, \text{mg/dL}$.
- Other

October 28, 2022 at 4:54 AM

ANSWERED

Time between glucose range as defined by your hospital

IF "OTHER", PLEASE EXPLAIN

The range may be different per patient per hospital standards

- **♠** Private Conversation
- 3. What patient information do you need on the report?

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name

- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 28, 2022 at 4:55 AM

ANSWERED

- Patient QR / Barcode
- · Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section

IF "OTHER", PLEASE EXPLAIN

Not sure what you mean by report notes. Is this directly related to only the CGM?

Report Utility and Audience

♠ Private Conversation

1. Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

October 28, 2022 at 4:56 AM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse

- **♠** Private Conversation
- 2. How would this report be used by clinical staff?

October 28, 2022 at 4:57 AM

Patient trending and audits.

- **△** *Private Conversation*
- **3.** How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

October 28, 2022 at 4:58 AM

ANSWERED

- 6-15 mins
- **△** Private Conversation
- 4. When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

October 28, 2022 at 4:58 AM

ANSWERED

Daily

△ *Private Conversation*

5. Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 28, 2022 at 4:59 AM

May be helpful. Not sure about format

Final Question and Closing Thoughts

♠ Private Conversation

1. If you have any additional questions or comments, you may address those here with the Dexcom team.

October 28, 2022 at 4:59 AM

Not at this time. Thank you.

Matt Baker, PharmD, MS, BCPS

Report Access

♠ Private Conversation

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

- Yes
- No
- Unsure

October 22, 2022 at 1:01 PM

ANSWERED

Unsure

PLEASE EXPLAIN YOUR ANSWER

It would depend on the patient. If additional data wasn't available, dosing, eating, meds etc it would just tell me that they were controlled but not the circumstances. If that data were available the pro report or AGP report would be helpful to show when could expect high/low during the day.

Report Elements

♠ Private Conversation

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 Least Important

October 22, 2022 at 6:57 PM

ANSWERED

- Average glucose − 4
- Time in glucose range − 5
- Time spent between low and high glucose alert thresholds -7
- Glucose range, min and max -6
- % Coefficient of variation (CV) -8
- Daily glucose graphs (24-hour view) -1 Most Important
- Most recent 3-hour glucose trend graph -3
- Alarm and alert history -2
- Other report element or metric (Please explain below) -9 Least Important

PLEASE EXPLAIN YOUR CHOICES.

Looking at what has happened during inpatient stay would be more significant to make dosing adjustments under relevant circumstances. Would like to rank time in range higher but not certain how that translates to hospital outcomes yet.

- **♠** Private Conversation
- **2.** Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of $80 \, \text{mg/dL}$ and high alert threshold of $300 \, \text{mg/dL}$.
- Other

October 22, 2022 at 7:00 PM

ANSWERED

• Time between glucose range as defined by your hospital

IF "OTHER", PLEASE EXPLAIN

Time in range seems would reflect optimal care being provided by the facility and should translate to the best patient outcomes.

- **♠** *Private Conversation*
- 3. What patient information do you need on the report?

OPTIONS

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 22, 2022 at 7:02 PM

ANSWERED

- Patient Date of Birth
- Patient Name
- Admission Date
- Discharge Date
- Report Notes / Comments Section

Report Utility and Audience

- **♠** Private Conversation
- 1. Who would use a CGM report from an inpatient CGM sensor session?

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

October 22, 2022 at 7:03 PM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

IF "OTHER", PLEASE EXPLAIN

Pharmacist

- **♠** Private Conversation
- 2. How would this report be used by clinical staff?

October 22, 2022 at 10:02 PM

Insulin dose adjustments.

- **♠** Private Conversation
- **3.** How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

October 22, 2022 at 10:05 PM

ANSWERED

Other

IF "OTHER", PLEASE EXPLAIN

Assuming this is a static once daily report a few minutes on patients who were not well controlled or had severe hypo/hyperglycemia.

- **△** *Private Conversation*
- 4. When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

October 22, 2022 at 10:10 PM

ANSWERED

• Other time frequency during inpatient stay

PLEASE EXPLAIN

If the only option was to do once a day would generate overnight so the previous day would be available when the individual responsible for dose adjustments saw the patient. Would also include a final copy at discharge.

- **♠** Private Conversation
- **5.** Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 22, 2022 at 10:15 PM

Yes- right now we participate in a program that we submit all of our POC data in to which is provided back to us broken down into our glucometrics by unit. These are very important for QA/QI work, we would want to be able to mine this data as well. Excel documents that are retrievable from clarity now are reasonable (for our glucometric data we submit four values-patient ID, date/time, unit, and POC value).

Magdalena Bogun, MD,

Report Access

♠ Private Conversation

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

OPTIONS

- Yes
- No
- Unsure

October 28, 2022 at 4:27 PM

ANSWERED

• No

PLEASE EXPLAIN YOUR ANSWER

If/when CGM will be used in the inpatient setting, it would be used on a large scale- meaning non-endocrinology teams would be using it. Most of the communication related to patient care happens via EHR and it would be very difficult to have a system which does not integrate with the EHR.

Report Elements

△ *Private Conversation*

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

• There are eight elements listed below as well as an Other category.

- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 6
- /
- 8
- 9 Least Important

November 1, 2022 at 3:25 PM

ANSWERED

- Average glucose 6
- Time in glucose range -1 Most Important
- Time spent between low and high glucose alert thresholds -1 Most Important
- Glucose range, min and max -1 Most Important
- % Coefficient of variation (CV) -4
- Most recent 3-hour glucose trend graph -5
- Alarm and alert history -2
- Other report element or metric (Please explain below) -9 Least Important

PLEASE EXPLAIN YOUR CHOICES.

In the hospital setting, most patients who have high glucose levels are admitted for other conditions. Therefore, often providers spend more time for management of other conditions than managing glucose levels. For that reason, the CGM report should be less detailed, easy to use. The most important information is time in range, frequently of hyper and hypo-glycemic events. Alarms would be very useful but mostly for hypoglycemia. If alarms are included for hyperglycemia, they should be for severe hyperglycemia. Otherwise providers can develop "alarm fatigue" and respond less to alarms.

- **△** Private Conversation
- **2.** Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of 80 mg/dL and high alert threshold of 300 mg/dL.
- Other

October 28, 2022 at 4:40 PM

ANSWERED

Other

IF "OTHER", PLEASE EXPLAIN

100-180 mg/dl. Although target glucose range for hospitalized patients is 140-180 mg/dl as ADA standards of care, to get this target, most of the time pre-meal glucose level needs to be <140 mg/dl (but preferable >100 mg/dl)

- **△** Private Conversation
- 3. What patient information do you need on the report?

- Patient OR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials
- Admission Date
- Discharge Date

- Report Notes / Comments Section
- Other

October 28, 2022 at 4:41 PM

ANSWERED

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name
- Report Notes / Comments Section

Report Utility and Audience

♠ Private Conversation

1. Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

October 28, 2022 at 4:42 PM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse

♠ Private Conversation

2. How would this report be used by clinical staff?

October 28, 2022 at 4:44 PM

The report would be used to review glucose data from the past 24 hours, to make insulin adjustments for the next 24 hours, unless patient has hypoglycemia or severe hyperglycemia- then the report might be used more frequently.

♠ Private Conversation

3. How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

October 28, 2022 at 4:45 PM

ANSWERED

- 1-5 mins
- **♠** Private Conversation
- 4. When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

October 28, 2022 at 4:46 PM

ANSWERED

Daily

PLEASE EXPLAIN

Daily for most patients, but more frequently if patients have severe hyperglycemia or hypoglycemic events

- **△** *Private Conversation*
- **5.** Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 28, 2022 at 4:48 PM

This is an interesting question- as an endocrinologist I am used to interpreting the current CGM reports and I don't need raw data. However, hospital providers are used to looking at the raw data, and it would probably be helpful to have the raw numbers.

Final Question and Closing Thoughts

- **♠** Private Conversation
- **1.** If you have any additional questions or comments, you may address those here with the Dexcom team.

October 28, 2022 at 4:52 PM

I think the integration of the CGM report with the EHR is very important. It would be hard to use it if it was not integrated; especially that if patients are not admitted for hyperglycemia but for other reasons, management of hyperglycemia is sometimes (unfortunately) overlooked, and if the CGM report was not integrated with the EHR, it would be likely that the providers would not review it.

Erin Christina

Report Elements

- **△** *Private Conversation*
- 3. What patient information do you need on the report?

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials

- · Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 24, 2022 at 11:15 AM

In response to James Krinsley, MD:

ANSWERED

- · Patient Date of Birth
- · Patient Name
- · Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

IF "OTHER", PLEASE EXPLAIN

It would obviously be awesome to get information about insulin dosing and nutrition integrated into the report!. It would be useful to provide the hospital unit where the patient is being treated.

Unit-level reports would also be useful to have. Such a unit-level report would ideally be g...

James Krinsley Thank you for your participation and insights!

Regarding the report notes/comment section, the idea is that the clinical staff would be able to manually enter any notes into the app at the time of report generation (see attached image). The notes would then show on the generated patient CGM report.

Thanks again!

· 1 Attachment:

ReportGenerationSample.png

Report Utility and Audience

♠ Private Conversation

5. Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 24, 2022 at 11:07 AM

In response to Matt Baker, PharmD, MS, BCPS:

Yes- right now we participate in a program that we submit all of our POC data in to which is provided back to us broken down into our glucometrics by unit. These are very important for QA/QI work, we would want to be able to mine this data as well. Excel documents that are retrievable fr...

Matt Baker Thank you again for your contributions! Our team appreciates the insights.

Final Question and Closing Thoughts

- **△** *Private Conversation*
- **1.** If you have any additional questions or comments, you may address those here with the Dexcom team.

October 20, 2022 at 10:18 AM

In response to Kathleen Dungan, MD, MPH:

None

Thank you for your participation, Dr. Dungan! We appreciate your insights and quick response.

October 28, 2022 at 12:47 PM

In response to Karen Good MSN RN CCRN ACCNS-AG, MSN:

Not at this time. Thank you.

Karen Good MSN RN CCRN ACCNS-AG Thank you for participating in this session! We appreciate your insights!

Daniel DeSalvo, MD,

Report Access

△ Private Conversation

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

OPTIONS

- Yes
- No
- Unsure

October 26, 2022 at 9:46 AM

ANSWERED

• Yes

PLEASE EXPLAIN YOUR ANSWER

While EHR integration would be preferred, we would still use the retrospective CGM data report. In fact, we are already doing this with Dexcom Clarity and pasting screenshots into progress notes.

Report Elements

♠ Private Conversation

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 0
- 7
- 8
- 9 Least Important

October 26, 2022 at 9:50 AM

ANSWERED

- Average glucose − 3
- Time in glucose range − 2
- Time spent between low and high glucose alert thresholds -4
- Glucose range, min and max -5
- % Coefficient of variation (CV) -7
- Daily glucose graphs (24-hour view) -1 Most Important
- Most recent 3-hour glucose trend graph -6
- Alarm and alert history -8
- Other report element or metric (Please explain below) -9 Least Important

PLEASE EXPLAIN YOUR CHOICES.

In the inpatient setting, insulin adjustments are made on a daily (or more often basis), so the daily glucose graphs are most important (as with Existing Reports 1&2).

△ Private Conversation

2. Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of $80 \, \text{mg/dL}$ and high alert threshold of $300 \, \text{mg/dL}$.
- Other

October 26, 2022 at 9:52 AM

ANSWERED

- Time between glucose range as defined by your hospital
- **♠** Private Conversation
- 3. What patient information do you need on the report?

OPTIONS

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 26, 2022 at 9:53 AM

ANSWERED

- Patient Date of Birth
- Patient Name
- Admission Date
- Other

IF "OTHER", PLEASE EXPLAIN

Patient MRN

Patient room number could also be helpful; however, this often changes during the course of a hospitalization

Report Utility and Audience

♠ Private Conversation

1. Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

October 26, 2022 at 9:53 AM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Bedside nurse
- **♠** *Private Conversation*
- 2. How would this report be used by clinical staff?

October 27, 2022 at 7:42 AM

The daily view would be most helpful to guide daily therapy adjustments including insulin doses, nutrition, fluids, etc.

- **△** Private Conversation
- **3.** How much time would you or other team members spend reviewing a report per patient?

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

October 27, 2022 at 7:42 AM

ANSWERED

- 6-15 mins
- **△** *Private Conversation*
- 4. When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

October 26, 2022 at 9:55 AM

ANSWERED

Daily

PLEASE EXPLAIN

daily on morning pre-rounds to guide therapy adjustments

- **♠** Private Conversation
- **5.** Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 26, 2022 at 9:55 AM

No, I cannot think of any reason that raw CGM glucose data would be needed for clinical purposes. Perhaps for a research study, but not for routine clinical care.

Final Question and Closing Thoughts

♠ Private Conversation

1. If you have any additional questions or comments, you may address those here with the Dexcom team.

October 26, 2022 at 9:57 AM

Providers and staff "live" in the EHR, so integration would be ideal. The diabetes care team could easily access data outside the EHR, but I worry about non-diabetes team members being able to.

Kathleen Dungan, MD, MPH

Report Access

△ Private Conversation

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

OPTIONS

- Yes
- No
- Unsure

October 19, 2022 at 10:16 AM

ANSWERED

Yes

PLEASE EXPLAIN YOUR ANSWER

Diabetes specialty teams would probably still use it but not primary teams. However, this may be more targeted use based upon symptoms or glucose variability

Report Elements

△ Private Conversation

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 0
- 7
- 8
- 9 Least Important

October 20, 2022 at 9:31 AM

ANSWERED

- Average glucose 9 Least Important
- Time in glucose range -1 Most Important
- Time spent between low and high glucose alert thresholds -7
- Glucose range, min and max -6
- % Coefficient of variation (CV) -8
- Daily glucose graphs (24-hour view) -2
- Most recent 3-hour glucose trend graph -3
- Alarm and alert history -7
- Other report element or metric (Please explain below) -4

PLEASE EXPLAIN YOUR CHOICES.

- 4 % time in hypoglycemia <70 mg/dl
- 5 % time in hypoglycemia <54 mg/dl

Time in range and goals for various settings will need to be defined. the current standard is 140-180 mg/dl for most patients but this should be individualized.

October 20, 2022 at 9:45 AM

Another potential concern is whether one would cause confusion about multiple types of targets (ambulatory, inpatient, pregnancy) vs. varying the goals for % of time in target.

- **♠** Private Conversation
- **2.** Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of 80 mg/dL and high alert threshold of 300 mg/dL.
- Other

October 19, 2022 at 10:28 AM

ANSWERED

• Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care

- **♠** Private Conversation
- 3. What patient information do you need on the report?

OPTIONS

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 19, 2022 at 10:29 AM

ANSWERED

- · Patient Date of Birth
- Patient Name
- Other

IF "OTHER", PLEASE EXPLAIN

medical record number

Report Utility and Audience

- **△** Private Conversation
- **1.** Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

October 19, 2022 at 10:29 AM

ANSWERED

- Diabetes provider
- Hospital medicine provider
- **♠** Private Conversation
- 2. How would this report be used by clinical staff?

October 19, 2022 at 10:33 AM

It seems unlikely that clinical staff (eg nurses) would use retrospective reports, perhaps to identify trends and communicate to providers.

- **♠** Private Conversation
- **3.** How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

October 19, 2022 at 10:38 AM

ANSWERED

Other

IF "OTHER", PLEASE EXPLAIN

reviewing daily reports would take 1-5 minutes; however logging on to a system, copying/pasting a report to a care plan/note, integrating and synthesizing information with medication administration in the EMR, coming up with a plan takes much more time.

- **△** Private Conversation
- 4. When would you generate an inpatient CGM report?

- Daily
- · Other time frequency during inpatient stay

- At discharge only
- Never

October 19, 2022 at 10:39 AM

ANSWERED

Daily

PLEASE EXPLAIN

daily, or targeted based upon patient characteristics, depending on the degree of integration within other workflows.

- **♠** *Private Conversation*
- **5.** Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 19, 2022 at 10:41 AM

This might be necessary in very specialized cases (reporting, analyses) but in general would not be routine. A CSV format is sufficient.

Final Question and Closing Thoughts

- **♠** *Private Conversation*
- **1.** If you have any additional questions or comments, you may address those here with the Dexcom team.

October 19, 2022 at 10:44 AM

None

Eileen Faulds, PhD, RN, CNP, CDCES

Report Access

♠ *Private Conversation*

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

OPTIONS

- Yes
- No
- Unsure

October 26, 2022 at 8:51 AM

ANSWERED

Yes

PLEASE EXPLAIN YOUR ANSWER

I think retrospective data could be clustered time frames for use:

- (1) 24-72 hours: used by hospital providers to make insulin dosing adjustments
- (2) Full hospitalization report: Used to summarize glycemic control during hospitalization likely used for hospital data metrics

Report Elements

♠ *Private Conversation*

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.

• Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 0
- 7
- 8
- 9 Least Important

October 26, 2022 at 8:58 AM

ANSWERED

- Average glucose − 6
- Time in glucose range -1 Most Important
- Time spent between low and high glucose alert thresholds -2
- Glucose range, min and max -8
- % Coefficient of variation (CV) -7
- Daily glucose graphs (24-hour view) -3
- Most recent 3-hour glucose trend graph -9 Least Important
- Alarm and alert history -4
- Other report element or metric (Please explain below) -5

PLEASE EXPLAIN YOUR CHOICES.

Isolating glucose range from MN-6am would guide prescribers on basal insulin adjustments which are often made daily in the inpatient setting. So 24 hour overnight (MN-6am) time in range

- **△** Private Conversation
- **2.** Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of $80 \, \text{mg/dL}$ and high alert threshold of $300 \, \text{mg/dL}$.
- Other

October 26, 2022 at 9:02 AM

ANSWERED

- Time between glucose range as defined by your hospital
- **♠** Private Conversation
- 3. What patient information do you need on the report?

OPTIONS

- Patient OR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 26, 2022 at 9:04 AM

ANSWERED

• Patient Date of Birth

- Patient Name
- Admission Date
- Discharge Date

Report Utility and Audience

- **△** *Private Conversation*
- 1. Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

October 26, 2022 at 9:05 AM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Other

IF "OTHER", PLEASE EXPLAIN

Floor clinical nurse specialist to summarize/track glycemic metrics; hospital administration to track hospital glycemic metrics

- **△** Private Conversation
- 2. How would this report be used by clinical staff?

October 26, 2022 at 9:08 AM

Hospitalist services would use the report to make daily insulin dosing decisions and discharge insulin recommendations; It would be good if the report could be queried daily or was sent daily; If not, the hospitalist service prescriber would need to at least be able to log into a portal to see the described data.

△ *Private Conversation*

3. How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

October 26, 2022 at 9:09 AM

ANSWERED

• 1-5 mins

IF "OTHER", PLEASE EXPLAIN

Daily 1-5 minutes by prescribers

For administration or hospital floor clinical nurse specialists might spend 6-15 minutes at discharge to log and review the data

- **♠** Private Conversation
- 4. When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

October 26, 2022 at 9:10 AM

ANSWERED

- Daily
- Other time frequency during inpatient stay

PLEASE EXPLAIN

Daily, on transfer to new service or provider, and at discharge

△ *Private Conversation*

5. Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 28, 2022 at 9:57 AM

Yes, raw data would be very valuable to hospital administrators and floor clinical nurse specialists to summarize hospital and floor glycemic metrics.

Example: CNS could run glucose data on all post-op cardiac patients; Additionally could isolate first 24 or 48 hours for these patients

Example: Hospital system could run data on rates of hypoglycemia by floor or speciality

Final Question and Closing Thoughts

♠ Private Conversation

1. If you have any additional questions or comments, you may address those here with the Dexcom team.

October 26, 2022 at 9:16 AM

Hospital targets will likely need to be adjusted based on floor or patient population but will certainly not be ADA outpatient targets.

David Klonoff, MD

Report Access

△ *Private Conversation*

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

- Yes
- No
- Unsure

October 31, 2022 at 8:23 PM

ANSWERED

Yes

PLEASE EXPLAIN YOUR ANSWER

I would use ithe retsospectice data report, but I greatly prefer an automatic integration process of CGM data into the EHR, like iCoDE is ceating.

Report Elements

- **♠** *Private Conversation*
- **1.** For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph

- · Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 6
- •
- 8
- 9 Least Important

October 31, 2022 at 9:23 PM

ANSWERED

- Average glucose − 5
- Time in glucose range − 2
- Time spent between low and high glucose alert thresholds -3
- Glucose range, min and max -8
- % Coefficient of variation (CV) -4
- Daily glucose graphs (24-hour view) -7
- Most recent 3-hour glucose trend graph -9 Least Important
- Alarm and alert history -6
- Other report element or metric (Please explain below) -1 Most Important

PLEASE EXPLAIN YOUR CHOICES.

The Glycemia Risk Factor presents a single number assessment of glycemia as a compsite metric which weights times in severe hypoglycemia and severe hyperglycemia as more significant that ime in mild hypogycemia andm ild hyperglycemia. This metric more closely reflects clincan opinon and more closely tracks with glycemic variability than any other metric, such as TIR. Most people say TIR is the most important single metric, but these peole are simply not familiar with GRI and I question the value of the opinion of someone who is not familiar with this metric. TIR is good for this purpose, but GRI is better. For predicting long term outcomes, the article by Benhamou shows that GRI can be more sensitive and more dynamic than TIR.

· 2 Attachments:

Article GRI Benhamou JDST 2022.pdf GRI Article (1) (1).pdf

♠ Private Conversation

2. Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of $80 \, \text{mg/dL}$ and high alert threshold of $300 \, \text{mg/dL}$.
- Other

October 31, 2022 at 8:35 PM

ANSWERED

• Time between glucose range as defined by your hospital

IF "OTHER", PLEASE EXPLAIN

One generally must follow hospital poicy if it is not unreasonable.

- **♠** Private Conversation
- 3. What patient information do you need on the report?

OPTIONS

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 31, 2022 at 8:37 PM

ANSWERED

- Patient Date of Birth
- Patient Name
- Discharge Date

• Report Notes / Comments Section

Report Utility and Audience

- **♠** Private Conversation
- 1. Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

October 31, 2022 at 8:39 PM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- · Bedside nurse
- Other

IF "OTHER", PLEASE EXPLAIN

QI administator.

- **△** Private Conversation
- 2. How would this report be used by clinical staff?

October 31, 2022 at 8:43 PM

Real time information can be applied to patient care and can also be applied to research to see which treatmentd are best for the overall glycemic picture

- **♠** *Private Conversation*
- **3.** How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

October 31, 2022 at 8:44 PM

ANSWERED

• 6-15 mins

IF "OTHER", PLEASE EXPLAIN

About 5-10 minutes.

- **△** Private Conversation
- 4. When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

October 31, 2022 at 8:48 PM

ANSWERED

· Other time frequency during inpatient stay

PLEASE EXPLAIN

As needed -- just like a rhythym strip woud be generated only if needed to illustrate a problem or soution.

- **△** Private Conversation
- **5.** Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 31, 2022 at 9:24 PM

Combine CGM data streams with data streams for oher measurements.

Final Question and Closing Thoughts

♠ *Private Conversation*

1. If you have any additional questions or comments, you may address those here with the Dexcom team.

October 31, 2022 at 9:22 PM

I recommend that you add GRI to your AGP report.

James Krinsley, MD

Report Access

♠ Private Conversation

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

OPTIONS

- Yes
- No
- Unsure

October 19, 2022 at 10:56 AM

ANSWERED

Yes

PLEASE EXPLAIN YOUR ANSWER

EHR integration is preferable but access to the data via a CGM would still be very useful. This would promote safety and quality. It is impossible to change behaviour in the hospital without actionable data.

Report Elements

△ *Private Conversation*

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers 1 9 once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5

- 6
- 7
- 8
- 9 Least Important

October 19, 2022 at 11:08 AM

ANSWERED

- Average glucose 3
- Time in glucose range -2
- Time spent between low and high glucose alert thresholds -6
- Glucose range, min and max -9 Least Important
- % Coefficient of variation (CV) -8
- Daily glucose graphs (24-hour view) -1 Most Important
- Most recent 3-hour glucose trend graph -4
- Alarm and alert history -5
- Other report element or metric (Please explain below) -7

PLEASE EXPLAIN YOUR CHOICES.

Time spent in hypo and hyper ranges would be useful.

It would also be useful to have clinician-generated hypo and hyper limits. Recent literature has documented the importance of relative hypoglycaemia - for some patients there is signal of increased mortality risk at BG levels above the threshold typically defined as hypo (<70~mg/dL). This would also be important for clinical units that had more than one BG target range.

Of the 3 sample reports, I like the first best. It would be good to be able to expand the time interval beyond 24 hours - either graphically, or by generating a table that reports daily metrics - mean, time in range, CV, time in hyper range, time in hypo range, for example.

- **♠** Private Conversation
- 2. Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of $80 \, \text{mg/dL}$ and high alert threshold of $300 \, \text{mg/dL}$.
- Other

October 19, 2022 at 11:16 AM

ANSWERED

• Time between glucose range as defined by your hospital

IF "OTHER", PLEASE EXPLAIN

Time in 70-180 mg/dL range may be an alternative "default" range to consider, but clinician-chosen range is preferable to 140-180 mg/dL as the default. I know that I am extrapolating from ICU data, but I suspect that the "one size fits all" paradigm of care will eventually be debunked for non-ICU care, as recent literature has

- **♠** Private Conversation
- 3. What patient information do you need on the report?

OPTIONS

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 19, 2022 at 11:23 AM

ANSWERED

- Patient Date of Birth
- Patient Name
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

IF "OTHER", PLEASE EXPLAIN

It would obviously be awesome to get information about insulin dosing and nutrition integrated into the report!.

It would be useful to provide the hospital unit where the patient is being treated.

Unit-level reports would also be useful to have. Such a unit-level report would ideally be generated daily, weekly, monthly, quarterly, yearly, or by user-chosen time interval, and would include aggregate BG metric data - number of patients being monitored, those with hypo events, sustained hyper (to allow

quick "drill downs" by a BG "manager"), median value of mean BG, median value of time in range. I do not understand the "Report notes/comments" section - will this be summary BG data (metrics, etc.) or will clinicians have the opportunity to manually enter data, or will there be the opportunity to link the report to the EHR?

Report Utility and Audience

- **△** *Private Conversation*
- 1. Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- · Bedside nurse
- Other

October 21, 2022 at 7:29 AM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

IF "OTHER", PLEASE EXPLAIN

Ideally there would be the potential to create an aggregated report that would be reviewed at multiple levels - nursing and medical leadership, Chief Quality Officer. This report would include summary stats for the entire medical or surgical unit.

By Diabetes and Hospital Medicine provider I assume that we mean the physician or physicians who are writing orders (and the medical team caring for the team if it is a teaching hospital).

- **△** Private Conversation
- 2. How would this report be used by clinical staff?

October 21, 2022 at 7:31 AM

Frequent use. Behavior does not change without actionable data. The individual patient reports would be part of daily rounds, and available to clinicians seeing the patient during the day (to help guide treatment decisions) and the aggregate reports would be reviewed at weekly and monthly staff meetings.

October 21, 2022 at 7:33 AM

The report would be used to promote a culture of safe (low hypoglycaemia rates) and effective (high time in range, low out of control hyperglycaemia rates) glucose control.

The data could also be shared with the patient to heighten awareness of good BG control practices and, as a consequence, increase the chance of better glucose control practices after hospital discharge.

- **△** Private Conversation
- **3.** How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

October 21, 2022 at 7:34 AM

ANSWERED

- 1-5 mins
- **♠** Private Conversation
- 4. When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

October 21, 2022 at 7:35 AM

ANSWERED

- Daily
- Other time frequency during inpatient stay

PLEASE EXPLAIN

For patients with prolonged stay, the report can also be generated weekly. Finally, it should be generated at hospital discharge.

- **△** Private Conversation
- **5.** Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 21, 2022 at 7:41 AM

For research purposes, as well as quality control purposes, the raw data could be very useful, providing the opportunity for calculation of multiple patient-level glucose metrics. Then these could be aggregated for analysis of specific patient cohorts.

Excel would be an acceptable format.

Final Question and Closing Thoughts

- **A** Private Conversation
- **1.** If you have any additional questions or comments, you may address those here with the Dexcom team.

October 21, 2022 at 7:43 AM

Integration into the EHR is an important goal.

Integration into bedside monitoring systems is perhaps an equally important goal (allowing CGM data to be placed, discreetly, on the monitor screen, along with HR, BP, SpO2, etc.

Suzanne Lohnes, BSN, MA

Report Access

△ Private Conversation

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

OPTIONS

- Yes
- No
- Unsure

October 30, 2022 at 5:25 PM

ANSWERED

• Yes

PLEASE EXPLAIN YOUR ANSWER

Yes, as this is the information used currently to guide insulin management decisions.

Report Elements

♠ Private Conversation

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 Least Important

October 30, 2022 at 5:43 PM

ANSWERED

- Average glucose 5
- Time in glucose range -4
- Time spent between low and high glucose alert thresholds -3
- Glucose range, min and max -6
- % Coefficient of variation (CV) -8
- Daily glucose graphs (24-hour view) -1 Most Important
- Most recent 3-hour glucose trend graph -2
- Alarm and alert history -7
- Other report element or metric (Please explain below) -9 Least Important

PLEASE EXPLAIN YOUR CHOICES.

Items 1-4 are the key items I use to manage a patient's glucose. Items 5-6 just give me an idea of the patient's overall management. Items 7-9 I really don't use.

△ Private Conversation

2. Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of $80 \, \text{mg/dL}$ and high alert threshold of $300 \, \text{mg/dL}$.
- Other

October 30, 2022 at 5:45 PM

ANSWERED

- Time between glucose range as defined by your hospital
- **△** *Private Conversation*
- 3. What patient information do you need on the report?

OPTIONS

- Patient QR / Barcode
- Patient Date of Birth
- Patient Name
- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

October 30, 2022 at 5:48 PM

ANSWERED

- Patient Date of Birth
- Patient Initials
- Admission Date
- Discharge Date
- Other

IF "OTHER", PLEASE EXPLAIN

Patient's MRN.

Report Utility and Audience

♠ *Private Conversation*

1. Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

October 30, 2022 at 5:48 PM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse

♠ *Private Conversation*

2. How would this report be used by clinical staff?

October 30, 2022 at 5:49 PM

To assess clinical trends to make treatment decisions.

- **♠** Private Conversation
- **3.** How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins

Other

October 30, 2022 at 5:50 PM

ANSWERED

• 6-15 mins

IF "OTHER", PLEASE EXPLAIN

But it depends on the patient.

- **△** *Private Conversation*
- **4.** When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

October 30, 2022 at 5:50 PM

ANSWERED

- Daily
- **△** Private Conversation
- 5. Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

October 30, 2022 at 5:51 PM

Yes, to keep a record if needed for audits.

Final Question and Closing Thoughts

♠ Private Conversation

1. If you have any additional questions or comments, you may address those here with the Dexcom team.

October 30, 2022 at 5:51 PM

I don't have any questions at this time.

Athena Philis-Tsimikas, MD

Report Access

△ Private Conversation

1. Thinking about a retrospective CGM data report for inpatient use, would you or other hospital staff use this report if it did not directly integrate with your EHR?

The CGM report would be generated from the device running the hospital CGM app. It could be sent to a healthcare provider or EHR manually.

OPTIONS

- Yes
- No
- Unsure

November 1, 2022 at 1:04 AM

ANSWERED

Yes

PLEASE EXPLAIN YOUR ANSWER

We currently use the Clarity report to determine dosing updates. A report that generates the last 24 hours, and a broader time frame would be helpful if sent directly to the provider or nurse specialists making these clinical decisions.

Report Elements

♠ Private Conversation

1. For a retrospective report of a hospital patient's CGM data, what elements are most important? Please rank the elements in order of importance, with 1 being most important and 9 being the least important.

Important: Please do not re-use numbers as you are going through and ranking the elements.

- There are eight elements listed below as well as an Other category.
- For each element select the importance: **1 Very Important** to **9 Not Important**. Use the numbers **1 9** once so we can easily see the order of importance to you.
- Reference sample CGM reports designed for the outpatient setting are below if needed.

ITEMS TO RATE

- Average glucose
- Time in glucose range
- Time spent between low and high glucose alert thresholds
- Glucose range, min and max
- % Coefficient of variation (CV)
- Daily glucose graphs (24-hour view)
- Most recent 3-hour glucose trend graph
- Alarm and alert history
- Other report element or metric (Please explain below)

RATING SCALE

- 1 Most Important
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 Least Important

November 1, 2022 at 1:13 AM

ANSWERED

- Average glucose − 5
- Time in glucose range -2
- Time spent between low and high glucose alert thresholds -1 Most Important
- Glucose range, min and max -4
- % Coefficient of variation (CV) -8
- Daily glucose graphs (24-hour view) -3
- Most recent 3-hour glucose trend graph -6
- Alarm and alert history -7
- Other report element or metric (Please explain below) -9 Least Important

PLEASE EXPLAIN YOUR CHOICES.

We currently use time in hypo and time in hyper to determine changes in the insulin dosing. It would help if the default ranges were changed to 100-180 as these are the more common target ranges in the hospital. Also if time below 100 and time below 70 were broken out, to assist in calculating how much time is spent in these ranges to allow direction to adjusting the insulin to prevent time below 100.

- **♠** Private Conversation
- **2.** Thinking about use in the non-ICU setting, which would be most helpful for reviewing how well glucose data stays within the desired range?

OPTIONS

- Time between glucose range as defined by your hospital
- Time between glucose range using 140-180 mg/dL as defined by the ADA Standards of Care
- Time between CGM alert thresholds. This would show the time spent between the low and high glucose alert set on the device. For example, time between low alert threshold of 80 mg/dL and high alert threshold of 300 mg/dL.
- Other

November 1, 2022 at 1:16 AM

ANSWERED

- Time between glucose range as defined by your hospital
- **♠** Private Conversation
- 3. What patient information do you need on the report?

OPTIONS

- Patient QR / Barcode
- Patient Date of Birth

- Patient Name
- Patient Initials
- Admission Date
- Discharge Date
- Report Notes / Comments Section
- Other

November 1, 2022 at 1:18 AM

ANSWERED

- Patient Date of Birth
- Patient Name
- Admission Date
- Other

IF "OTHER", PLEASE EXPLAIN

Insulin dosages given in the last 24 hours.

Report Utility and Audience

♠ *Private Conversation*

1. Who would use a CGM report from an inpatient CGM sensor session?

OPTIONS

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider
- Bedside nurse
- Other

November 1, 2022 at 1:18 AM

ANSWERED

- Diabetes provider
- Certified Diabetes Care and Education Specialist
- Hospital medicine provider

- **♠** Private Conversation
- 2. How would this report be used by clinical staff?

November 1, 2022 at 1:19 AM

to determine insulin dosing changes

- **△** Private Conversation
- **3.** How much time would you or other team members spend reviewing a report per patient?

OPTIONS

- 1-5 mins
- 6-15 mins
- More than 15 mins
- Other

November 1, 2022 at 1:20 AM

ANSWERED

- 1-5 mins
- **△** Private Conversation
- 4. When would you generate an inpatient CGM report?

OPTIONS

- Daily
- Other time frequency during inpatient stay
- At discharge only
- Never

November 1, 2022 at 1:20 AM

ANSWERED

Daily

♠ Private Conversation

5. Would you or other team members need the ability to export the raw CGM glucose data? If so, what type of file or format would be most helpful? What would you do with the information? Please explain.

November 1, 2022 at 1:21 AM

Yes, so we can review our data as aggregate reports and to analyze them for more details when needed.

Final Question and Closing Thoughts

♠ Private Conversation

1. If you have any additional questions or comments, you may address those here with the Dexcom team.

November 1, 2022 at 1:23 AM

no further comments