GLYCEMIC CONTROL SURVEY

Objective: To understand how the results of the NICE-SUGAR study (The NICE-SUGAR Study Investigators, "Intensive Veruss Conventional Glucose Control in Critically Ill Patients", N Engl J Med 2009; 360: 1283-97) have impacted glycemic control protocols (i.e., intensive insulin therapy and frequent blood glucose testing) in hospitals around the country.

Thank you for taking the time to complete this survey!

Please keep in mind the following as you are completing this survey...

1. Your answers will automatically save each time you click "Next", so that you can return to the survey at a later time.

2. If there is someone else in your facility who would be better suited to complete a survey on glycemic control in the inpatient setting or if you have any questions, please email us at tgcsurvey@epsilongroup.com.

3. The survey link is unique to you. Please do not forward it.

The Epsilon Group Virginia, LLC

Demographics

1. Please enter your contact information and hospital information below.

First Name	
Last Name	
Title	
Role in Hospital	
Years of Experience	
Hospital Name	
Address	
City	
State	
Zip Code	
Bed Size of Hospital (i.e., Number of Beds)	
Hospital Type (e.g., Academic, Urban, Rural)	

2. Are you familiar with the findings from the NICE-SUGAR study?

- Yes
- No
- Somewhat

Plans to Change

3. Has your hospital taken OR is your hospital planning to take any action to change its glycemic control program in the near future (e.g., within the next few months)?

- Yes
- No

4. What is the interpretation by clinicians in your hospital for the findings of the NICE-SUGAR study?

- Tight glycemic control is not beneficial
- Tight glycemic control is beneficial BUT dangerous
- Tight glycemic control is beneficial
- The findings of the study are inconclusive regarding the relative merits of tight glycemic control
- Moderate glycemic control is beneficial
- Moderate glycemic control is beneficial BUT dangerous
- Moderate glycemic control is not beneficial
- Do not know the interpretations of the clinicians

5. Has your hospital taken OR is your hospital planning to take any action to change its glycemic control program in response to the findings of NICE-SUGAR?

- Yes
- No

* 6. What action has your hospital taken? (check the one that most closely applies)

- Discussed making changes to hospital's glycemic control protocol, but nothing planned
- Discussed making changes to hospital's glycemic control protocol, and changes in planning stages
- Discussed making changes to hospital's glycemic control protocol, but decided to maintain glucose target range already in place
- Made decision to change the hospital's glycemic control protocol, and loosened glycemic target range by increasing upper-limit (ex. former upper limit 120 mg/dL, now 150 mg/dL)
- Made decision to change the hospital's glycemic control protocol, and loosened glycemic target range by adopting open-ended lower-limit (ex. former range 80-140 mg/dL, now <140 mg/dL)
- Made decision to change the hospital's glycemic control protocol, and relaxed glycemic target range by increasing lower limit (e.g., 80-180 mg/dL, now 110-180 mg/dL)
- Decided to terminate glycemic control protocol
- Other (please specify)

Glycemic Protocol Changes

7. In CRITICALLY ILL patients (those in the ICU or intermediate care/stepdown units), what glucose range do you PLAN to set as your target?

- 80 - 110 mg/dL
- 80 - 140 mg/dL
- 80 - 180 mg/dL
- <200 mg/dL
- <140 mg/dL
- No targeted glucose level
- Do not know, but plan to change
- Other glucose level (please specify)

8. During the PERIOPERATIVE PERIOD (24 hours prior to surgery through the first 48 hours after surgery), what glucose range do you PLAN to set as your target?

- 80 - 110 mg/dL
- 80 - 140 mg/dL
- 80 - 180 mg/dL
- <200 mg/dL
- <140 mg/dL
- No targeted glucose range
- Do not know, but plan to change
- Other glucose range (please specify)

Ideal Glucose Target Range

9. If it could be achieved safely, what LOWER LIMIT to a glucose target range do you believe would most benefit patients in ICU, Non-ICU, and Perioperative units?

ICU: LOWER LIMIT of Target Range (mg/dL)

Non-ICU: LOWER LIMIT of Target Range (mg/dL)

Perioperative: LOWER LIMIT of Target Range (mg/dL)

10. If it could be achieved safely, what UPPER LIMIT to a glucose target range do you believe would most benefit patients in ICU, Non-ICU, and Perioperative units?

ICU: UPPER LIMIT of Target Range (mg/dL)

Non-ICU: UPPER LIMIT of Target Range (mg/dL)

Perioperative: UPPER LIMIT of Target Range (mg/dL)

Glycemic Control Tools

11. If you had an automated, glucose monitoring system that enabled frequent glucose measurements at the bedside and reduced the amount of nursing time needed for glucose monitoring by 50 percent, how would it impact the glycemic control of your inpatients?

- Would not impact how we manage our inpatients
- Do not know
- Measure more frequently (e.g., hourly, every two hours)
- More aggressive glucose target ranges
- Other (please specify)

12. How valuable would an automated tool descibed above be to your hospital?

- Very valuable
- Valuable
- Somewhat valuable
- Not valuable
- Not valuable at all

Thank you

Thank you for taking the time to complete this survey. Please email us if you have any questions about the material presented at tgcsurvey@epsilongroup.com.

Please click "Done" below to submit your survey results.