

Target: Type 2 DiabetesSM

RECOGNITION

W M k²] M M pP^@qk²ŮP»^akÊ ,s^fk²k⁻5¢~¢@M¢{{^aqk a

T a r g e t : T y p e 2 D i a b e t e s i s a n a d d i t i o n a

W_s{ { } » r^{-a}s²Λ{ @kgk_s, k^{Λ~}»^Λ i i s²s^{Φ~}Λ{ a[@]Φ } Φ²s^{Φ~}Λ{ f k~k^{À²}p^{Φ@} } » P^{Λ@}qk²ŲP»^ak^Ê , s^Λf k²k⁻
5^{Φ~}Φ[@]M^Φ{ { @kg^Φq~s²s^{Φ~}à

Yes, as a Target: Type 2 Diabetes Honor Roll hospital, you will receive an award recognition toolkit that includes your award icon, sample press releases, ads and other materials you can use to promote your award. The AHA looks for opportunities each year to promote award winning hospitals in national advertisements and at AHA conferences. These benefits will be like those of [Target: Stroke](#) and [Target: Heart Failure](#).

W_s{ { } » r^{-a}s²Λ{ P^{Λ@}qk²ŲP»^ak^Ê , s^Λf k²k⁻ @kg^Φq~s²s^{Φ~} ⁻²Λ²3⁻s } a^Λg² Φ^{3@} !gr^sk_s, k } k^{~2} ! ¹Λ[@]i ⁻²Λ²3⁻à

No, your hospital must first qualify for a Silver level or higher Achievement Award in the related GWTG module in order to be eligible for Target: Type 2 Diabetes Honor Roll consideration. Your hospital will be eligible for Achievement Award status regardless of Target: Type 2 Diabetes Honor Roll recognition status.

RECOGNITION MEASURES

W^rΛ²s⁻²rk^õB_s, k[@]Λ{ { , s^Λf k²k⁻ *Λ[@]i s^Φ, Λ⁻g³{Λ[@]6~s²s^{Λ²} k

RECOGNITION MEASURES *continued*

W^rΛ² } kΛ⁻³ kΛ⁰ k s~g{³ i k i s~² r k ϕ, kΛ[{] , sΛ f k² k⁻ *Λ⁰ i s ϕ, Λ⁻ g³ {Λ⁰ 6~s² sΛ² s, k * ϕ } a ϕ⁻ s² k Ng ϕ⁰ k p ϕ⁰ 4 k²
W^s r Pr k 4³ s i k { s~k⁻ ð N² ϕ z k à

Hospitals must achieve 80% compliance for 12 consecutive months for a composite of the below measures:

- 6V ! {² k a {Λ⁻ k ! ϕ ϕ s, k f » È Ì 5 ϕ³ ð P ϕ kΛ² f » Ì Ì 5 ϕ³ ϕ (Patients with Diabetes) - Percent of acute ischemic stroke patients with diabetes who arrive at the hospital within 210 minutes (3.5 hours) of time last known well and for whom IV thrombolytic was initiated at this hospital within 270 minutes (4.5 hours) of time last known well.
- .Λ⁰ { » ! ~² s² r ϕ ϕ } f ϕ² s g⁻ p ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ î Percent of patients with ischemic stroke or TIA and diabetes who receive antithrombotic therapy by the end of hospital day two.
- VP. J ϕ ϕ^a r » {Λ⁰ s⁻ p ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ î Percent of patients with diabetes and an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified who receive VTE prophylaxis the day of or the day after hospital admission.
- ! ~² s² r ϕ ϕ } f ϕ² s g⁻ p ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ î Percent of patients with an ischemic stroke or TIA and diabetes prescribed antithrombotic therapy at discharge.
- ! ~² s g ϕ Λ q³ {Λ⁻ ² p ϕ ϕ ! 3 s f æ ! 3 {³ ²² k ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ î Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter and diabetes discharged on anticoagulation therapy.
- N } ϕ z s~q * k⁻ Λ² s ϕ~ p ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ î Percent of patients with ischemic or hemorrhagic stroke or TIA and diabetes and a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay.
- 6~² k~⁻ s, k N² Λ² s~ J ϕ k⁻ g ϕ s f k i Λ² , s⁻ g r Λ⁰ q k p ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ î Percent of ischemic stroke or TIA patients with diabetes who are discharged on statin medication.
- , sΛ f k² k⁻ P ϕ kΛ² } k~² î Percent of diabetic patients or newly-diagnosed diabetics receiving diabetes treatment in the form of glycemic control (diet or medication or follow up appointment for diabetes management scheduled at discharge).
- Pr k ϕ Λ^a k³ s g s p k⁻ ² » { k M k g ϕ } } k~ i Λ² s ϕ~ p ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ î Percent of ischemic stroke or TIA patients with diabetes who receive therapeutic lifestyle recommendations at discharge.
- ! ~² s r » a k ϕ { » g k } s g } k i s g Λ² s ϕ~ ⁻¹ s² r a ϕ ϕ, k~ * V, f k~ k À² ð Percent of ischemic stroke or TIA patients with type 2 diabetes who are discharged on an antihyperglycemic medication with proven cardiovascular disease benefit (glucagon-like peptide-1 receptor/GLP-1 Receptor Agonist or sodium glucose cotransporter 2/SGLT-2 Inhibitor).

W^rΛ² } kΛ⁻³ kΛ⁰ k s~g{³ i k i s~² r k ϕ, kΛ[{] , sΛ f k² k⁻ *Λ⁰ i s ϕ, Λ⁻ g³ {Λ⁰ 6~s² sΛ² s, k * ϕ } a ϕ⁻ s² k Ng ϕ⁰ k p ϕ⁰ 4 k²
W^s r Pr k 4³ s i k { s~k⁻ î * ϕ ϕ ϕ~Λ⁰ » ! ϕ² k ϕ » , s⁻ kΛ⁻ k à

Hospitals must achieve 75% compliance for 12 consecutive months for a composite of the below measures:

- ! * . î 6 ϕ ϕ ! M) p ϕ ϕ = V N , Λ² , s⁻ g r Λ⁰ q k p ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ - Percentage of Acute Myocardial Infarction (AMI) patients with diabetes and left ventricular systolic dysfunction (EF < 40% or with moderate or severe LVSD) who are prescribed an ACEI or ARB at hospital discharge.
- ! i³ { N } ϕ z s~q * k⁻ Λ² s ϕ~ ! i , s g k p ϕ ϕ JΛ² s k~² ⁻¹ s² r , sΛ f k² k⁻ - Percentage of Acute Myocardial Infarction (AMI) patients with diabetes who

