| 1. What are we trying to accomplish? | Improved blood glucose management to prevent:  
  - Symptomatic hyperglycemia  
  - Episodes of moderate or severe hypoglycemia  
  - Long-term complications |
| 2. How will we know that a change is an improvement? |  
  - A1C values reach target levels  
  - Self-monitored blood glucose values are in pre-prandial and postprandial target ranges  
  - Hyperglycemia symptoms are absent  
  - Moderate or severe hypoglycemic episodes are absent |
| 3. What changes can we make that will result in improvement? |  
  - Changes in meal plan  
  - Changes in physical activity  
  - Change in medication/insulin |

Select a single intervention and test it through a PDSA cycle.

Note: It is essential that A1C targets (and other clinical management targets) be customized to each individual patient according expected benefits and risk of harm. For example, in the case of A1C, benefit from reduced chronic complications and harm from hypoglycemia. Health systems should define targets that are appropriate for the clinical setting in which care is delivered.