

# **Chronicle Diabetes (CD)**

Initial Comprehensive

## **DSMES** Cycle

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## **Accessing Chronicle Diabetes (CD)**

#### Program Coordinator(s):

- Only the program coordinator can grant themselves and staff members access to CD through ERP Portal <u>https://erp.diabetes.org</u>
- The Program Coordinator will manage the CD access and will be required to send staff members their login credentials.

*Full setup instructions can be found at <u>www.diabetes.org/erp</u> under the Chronicle Diabetes tab.* 

#### **Staff Members:**

- The Program Coordinator will assign you access to CD and provide you with your login credentials
- Once you have been assigned login credentials, you can access CD through the link below:

Chronicle Login: <u>https://edu.chroniclediabetes.com</u>

For assistance with Chronicle Diabetes please contact ADA staff at Chronicle@diabetes.org or 888-232-0822.



## **Initial Comprehensive DSMES Cycle**





#### First Step Create a New Patient Record

•

- Click on the Patients tab at the top of the page, and then the Create New Patient button.
- Fill in as much information as you have. Fields marked with a red dotted line under the field are required. Click **Save Changes**.

Cancel Changes

Save Changes

American Diabetes Association.	DIABETES	Education Reports		Rews
Patient List	Search:	Inactive V	Limit results by cohort 🔻 🖹 Clear F	iters
Create New Patient				
nanage Cohorts				
Patient Filter 🛛 🔂 New Filter		Create New Patient		🕑 Help
Select patient filter		Patient Name Salutation	Demographics Type of diabetes ▼	Login/Password
No filter currently applied. Patient List normal sorting is alphabetical by last		First Name	Date of Birth	Username
name.		Name	Gender <b>T</b>	Password
Generate Letters		Last Name	Language	Confirm Password
asfsdafas 🔻		Suffix	Race	Referral
Click to launch letter wizard				Check here if this patient has a referral
Launch Letter Manager		- Contact Information		Referring Provider (if not a self-referral):
<b>0</b>		Address 1	Email	No provider assigned.
		Address 2	Home Phone	Check here if this is a self-referral
		City	Work Phone	Reason for referral:
		State	▼ Cell Phone	
		Postal Code		
		Primary Provider / PCP	Assign to Cohort	
		N		



#### Referral if required by pt's insurance

Referrals can be uploaded to the patient record through the **Documents** section of the patient record. Referrals may also be filed in an EMR/HER or a paper chart.

American Diabetes CHRONICLE	DIABETES				Ş	News	💾 KRAMES Edu M
Association.	Patients Educ	ation Reports					
<<< Return to Patient List	Patient, DSME						🖨 Prin
Patient Information General Information DSME Assessment	Gender: Female Email: Home phone:	DOB: Race/ethnicity:	Apr 18, 1946 (69 years old) White/Caucasian		Diabetes type: BMI	Type 2 N/A	
Health Status DSME & Follow-Up Behavior Change Objectives Clinical and Lab Data Medications	Patient Documents You may upload relevant documen .xlsx, .ppt, .pptx). The maximum fil be automatically (and permanently	its into the patient's rec e size is 2MB. All docu ) deleted to conserve s	ord here. Note that the only allow ments will be stored for up to fou pace in the system.	wable file types are Pf ir years from the date	DF (.pdf) or Microsof of upload. After four	t Office (./ years, do	doc, .docx, .xls, cuments may
Contact History	Documents					O U	bload Document
Notes	Filename	Date Submitted		Tags	Description		
Patient Reports  Snapshot Report  Options: Notes: All Notes  All Notes  Click to generate selected report  Generate Letters  Default - Welcome Letter  Click to generate selected letter							
👩 Launch Letter Manager							
Longed in as: Test Coordinator RN				Powered by Scor	eMD		



#### Initial Assessment within Chronicle Part 1 of 2

### The Initial Assessment is completed through the **DSME** Assessment and the Health Status Section of the Patient Record

American Diabetes Association,	DIABETES Patients Education	Reports		💎 News	KRAMES Edu
< Return to Patient List	Patient, DSME				🖨 P
Patient Information	Gender: Female	DOB: Apr 18, 1946 (69 y	vears old) Diat	betes type: Type 2	
General Information	Email: Ra	ce/ethnicity: White/Caucasian		BMI: N/A	
DSME Assessment	Home phone:				
Health Status					
DSME & Follow-Up	DSME Assessment				
Behavior Change Objectives	Dome Assessment				
Clinical and Lab Data	Date on which this Health Risk Ass	essment was completed: No	value		
Medications		Clinician Signature:			6 Edit
Contact History		onnoun orginatore.			
Notes	Dishetes History		Madia al ( 11 a alth 11) at ann		
Documents	Diabetes History		Medical / Health History		
	Type of Diabetes	🥜 Edit	Barriers to Care		🥜 Edit
Patient Reports	Type of diabetes: Type 2	2	Current barriers: No value		
Snapshot Report	Year Diagnosed with Diabetes	De Edia	Difficulty With		/ Edit
C Options:	Vers seliet disessed	or ∟uk	Denver here different with ever of th	- Allen in an an an	er €uk
Notes:	Year patient diagnosed: No valu	e	Do you have difficulty with any of th	e tollowing: No valu	e
Airvoies	Blood Sugar Monitoring	🥜 Edit	General Health Feelings		🥜 Edit
Sector Click to generate selected report	Monitors blood sugar: No value	e	General feelings No value		
	Frequency of blood sugar checks: No value	e	about nearth:		
Generate Letters	Times of blood sugar checks: No value	e	Pain		🥜 Edit
Default - Welcome Letter	Usual AM blood sugar value?: No value	e	Has Chronic Pain: No	o value	
Click to generate selected letter	Usual PM blood sugar value?: No value	e	Where: No	o value	
	Blood sugar value 1-2 hours after No value	e	How long: No	o value	
Launch Letter Manager	Brand of monitor used: No val		Any treatment: No	o value	
	Model of monitor used: No vak	ne 	Treatment Description: No	o value	
	Urine Ketone Testing	2 Ed3	Rating of pain (1 being slight and 10 No being severe):	o value	
	Performs Urine Ketone Test: Mausi	e Cor	Allergies		C Edit
	Frequency of Urine Ketone Test? Mo vali	а а	Allergies: Maushe		er cut
https://adu.chronicladiahatar.com/aat	ient/detail/211/56/		Perupted by Secret D		1.5

**Initial Assessment Documenting Hospital** and ER visits **Pre Education** Part 2 of 2

**Pre Education Hospital** Admissions and Emergency Room Visits are documented within the Health Status section of the Patient Record.

	Patient Tab
American Diabetes Association.	DIABETES Patients Education Reports
<	B, S
atient Information General Information DSME Assessment	Gender:     Male     DOB:     Apr 1, 1998 (18 years)       Email:     Race/ethnicity:     American Indian or A       Home phone:     Weight:
Health Status	
DSME & Follow-Up Behavior Change Objectives Clinical and Lab Data	Hospital Admissions (pre education, not due to diabetes)       P Edit         Had a hospital admission not due to diabetes in No       No         the past 12 months (prior to starting the initial DSME education cycle)::       DSME
Medications Contact History	Number of hospital admissions <u>not</u> due to <i>No value</i> diabetes in past 12 months:
Notes Documents	Total number days <u>not</u> due to diabetes in the last No value year:
atient Reports	Reason for hospital admissions <u>not</u> due to <i>No value</i> diabetes: Hospital Admissions (pre education, due to diabetes)
Snapshot Report   Options: Notes:	Had a hospital admission due to diabetes in the Yes past 12 months (prior to starting the initial DSME education cycle)::
All Notes	Number of hospital admissions due to diabetes in 2 past 12 months:
Sector Click to generate selected report	Total number days due to diabetes in the last 5 year:
enerate Letters	Reason for hospital admissions due to diabetes: Low Blood Sugar
asfsdafas 🔹	Emergency Room Visits (pre education, not due to diabetes)
Launch Letter Manager	Had an emergency room visit in the past 12 Yes months <u>not</u> due to diabetes (prior to starting the initial DSME education cycle)::
	Number emergency room visits in past 12 2 months <u>not</u> due to diabetes:
	Reason for Emergency Room Visits not due to Low Blood Sugar diabetes:
	Emergency Room Visits (pre education, due to diabetes) 🥜 Edit
	Had an emergency room visit in the past 12 Yes months due to diabetes (prior to starting the initial DSME education cycle)::
	Number emergency room visits in past 12 3 months due to diabetes:
	Reason for Emergency Room Visits due to Low Blood Sugar diabetes:



Once the Education Plan has been created



Step 1) Create a new Group or 1:1 Class The Education Intervention is documented within the appropriate 1:1 Class or Group Class

1:1 Classes can be documented within the Education Tab or in the DSME & Follow Up section within the patient record.

## Group Classes are documented within the Education Tab

American Diabetes Association,	DIABETTS Patients Education Repor	ts
< Return to Patient List	Burdette, Jason	
Patient Information General Information DSME Assessment	Gender: Male Email: <u>sburdette@diabetes.org</u> Home phone: 5715725376	DOB: Oct 4 Race/ethnicity: Asiar Weight:
DSME & Follow-Up Behavior Change Objectives Clinical and Lab Data	DSME & Follow-Up Education Summary	© New 1:1
Medications Contact History	Burdette, Jason - fasdas (1:1 Session)	C Edit 📄 Print
Notes Documents	1 May 3, 2016 1:1 Session Burdette, Jason - Client Name (1:1 Session)	Attended
Patient Reports Snapshot Report	Location: ERP Clinic           1         Mar 29, 2016         1:1 Session           2         Mar 31, 2016         Exercise	Attended
Options: Notes: All Notes	Burdette, Jason - fgasfdsa (1:1 Session)	🥜 Edit 🔒 Print
₩ Click to generate selected report	1 Oct 6, 2015 1:1 Session	Attended

asfsdafas **Note:** Chronicle names education Interventions "Class" whether it is a 1:1 or Group



Education Intervention Step 2 of 6

### Step 2) Enter the General Group Class Information

Once you have created a new group class, you can begin by adding the general class information by clicking the **Edit** pencil link above the Class Information box.





### Education Intervention Step 3 of 6

#### Step 3) Create Group class sessions

**Click** the **Add Sessions** link above the Class Schedule box to bring up the entry window. Enter a name for the session. *Tip:* Choose a name that you will logically associate with your class session. **Note:** Each class must have one or more sessions.





Education Intervention Step 4 of 6

#### Step 4 ) Update Group Class Roster

A) Above the Class Roster and Attendance box: Click **Update Roster** to bring up the patient selector.

B) In the left recently Added Patients list find each patient that will be in the class and click on the patient to move her to the Current Roster list.

**Education Tab** 

C) When you have selected all the patients in the class; click Save Changes.

American Diabetes Association	HRONICLE	DIABETES Patients	Educatio	n Reports							•	News	P
<<< Return to Class List		The Yankees (G	oup Class)	May 11, 2016 - J	Jun 14, 20 <sup>-</sup>	16		_					E
Class Information		General Inform	ation							$\mathbf{N}$			
General Information		oonorar morm											
Lesson Plan		Class Information			🥜 Edit	Class §	Sessions				📑 Add	Session	6
Notes		Class Name:				1 🧷	1st inning	DSME	May 11, 2016	10:00 AM	2 hours	0	
		The Yankees											
Patients						2 🦉	2nd inning	DSME	May 20, 2016	8:30 AM	2 hours		
Smith, Mr		Class Type: Comprehensive and	/or Initial	Education Locat	tion:	3	3rd inning	DSME	Jun 14, 2016	9:15 AM	2 hours	٢	
Testing 123, Test				1 400-10-1 400									
Woods, Raul	The Yankees »	Education Format		Education Langu	iade.		Time Spe	ent		🥔 U	pdate Educa	tor Time	ŧ
	The column on th	e left lists all of the patients recently add	led to the system. The	column on the right lists the p	atients that are on	this class's	Jame		1	2		1	1
	this class. To rem Changes" button	patient to this class, find their name in th nove a patient from this class's roster, clic	e left column and click k on the patient's nam	on their name. This will add th e in the column on the right. V	e patient to the Cu Vhen you're done,	irrent Roster for click the "Save			20. min	60 min	C.O. main	·	
	Search for patier	nt to add:	Current Roster				or		30 min.	60 min.	ou min.		
			Smith, Mr				ra		60 min.	30 min.	60 min.		
	Recently Added	Patients	Testing 123, T	est									
	© B, S		Woods, Raul										
	Patient, Tes	sting									· \		
	O McTesters	on, Tester									7	1	
	O Burdette, J	ason											
	C Test Patien	it, ERP							🖉 Unda	te Attendance	A Undat	o Doctor	
	Clarkson k	/all:							Ø Opua	te Attenuarite	Opuar	e Ruster	
	Not Comple	ete, Edu					R - Cance	elled / resc	heduled N/A - N	ot Applicable			
	C Test2, Tes	t1						004.01					
	O Doefds, Jo	hn					one	PSA Sta	atus	1	2	3	
	Presentation	on, Powerpoint						Not Sta	rted	ATT	ATT	ATT	
	O DSME, Nev	w 🔻											
								Not Sta	rted	ATT	AIT	ATT	
				Cancel	Changes Sa	ive Changes		Not Sta	rted	ATT	ATT	ATT	





### Education Intervention Page 5 of 6

### Step 5) Create the Group Class Lesson Plan

The Learning Objectives are documented within the Lesson Plan section of the Education Record for both Group and 1:1. Click on the Edit Lesson Plan link to create the class lesson plan and to assign educators to the appropriate session and topic.

American Diabetes Association.	DIABETES Patients Education Rep	orts	🔍 News 👖	KRAMES Edu Materials	
< Return to Class List	The Yankees (Group Class) May 11,	2016 - Jun 14, 2016		🖨 Print All Pages	
Class Information General Information	Lesson Plan		Z	Cit Lesson Plan	
Notes	Topic / Learning Objective		Dates of Instruction		
Patients	Diabetes disease process and Treatment opt Define diabetes and identify own type of diabetes	tions ; list 3 options for treating diabetes			
Smith, Mr	Incorporating nutritional management into Describe effect of type, amount and timing of fo	Update Class Lesson Plan			🕑 Help
Testing 123, Test Woods, Raul	Incorporating physical activity into lifestyle State effect of exercise on blood glucose levels	Topic / Learning Objective	Dates of I Apr 1, 2015	Apr 22, 2015	^
	Using medications safely State effect of diabetes medicines on diabetes;	Quick Entry:	6:15 AM Test Coordinator RN	7:45 AM Test Paraprofessional	
	Monitoring blood glucose, interpreting and Identify recommended blood glucose targets an	Diabetes disease process and Treatment options	Test Coordinator RN V	Test Paraprofessional V	
	Prevention, detection and treatment of acut List symptoms of hyper- and hypoglycemia; de	Incorporating nutritional management into lifestyle	Test Coordinator RN 🔻	Test Paraprofessional 🔻	
	blood glucose levels Prevention, detection and treatment of chro	<ol> <li>Incorporating physical activity into lifestyle</li> </ol>	Test Coordinator RN 🔻	Test Paraprofessional 🔻	
	Define the natural course of diabetes and descr complications of diabetes	Using medications safely	Test Coordinator RN 🔻	Test Paraprofessional 🔻	
	Developing strategies to address psychoso Describe feelings about living with diabetes; ide	Monitoring blood glucose, interpreting and using results	Test Coordinator RN V	Test Paraprofessional 🔻	
	Developing strategies to promote health/ch Define the ABCs of diabetes: identify appropriat	Prevention, detection and treatment of acute complications	Test Coordinator RN 🔻	Test Paraprofessional 💌	
		Prevention, detection and treatment of chronic complications	Test Coordinator RN 🔻	Test Paraprofessional 🔻	
		Overloping strategies to address psychosocial issues	Test Coordinator RN 🔻	Test Paraprofessional 🔻	-
				Cancel Changes	Save Changes



Education Intervention Page 6 of 6

#### **Group Class Snapshot of a Complete Group Class**

On the **General Information page** of the record, the Class Roster and Attendance table lists each patient's attendance. Each colored column represents a specific class session as listed in the Class Schedule section.

**Note:** By default all patients are marked as being in attendance (ATT) at each session.



#### Education Plan per pt's assessed needs and concerns

Once a patient has at least one education session documented or scheduled, the **Pre Assessment** can be documented.

**Patient Tab** 

The Pre Assessment is located in the **DSME & Follow** up section.

		-					
<	Patient, DSME				G		
Patient Information	Gender: Female	808: Apr 18, 1	1946 (69 years old)	Diabetes type: Type	2		
General Information	Email:	Race/ethnicity: White/Ca	aucasian	BMI: N/A			
DSME Assessment	Home phone:						
Health Status							
DSME & Follow-Up	Patient Education Record						
Behavior Change Objectives	Key: 1 - Needs instruction	2 - Ner is review Com	prehends key points 4 - Der	monstrates competency N/A -	Not applicable		
Clinical and Lab Data	Topic / Learning Objective	Pre Assess. P	ost Eval.				
Medications	Disease Process	No value No	value				
Contact History	Nutritional Management	No value No	value				
Notes	Physical Activity/Being Active						
Documents	Taking medications	Update Patient Education Reco	rd				() Help
Patient Reports	Monitoring	Key: 1 - Needs instruction 2	- Needs review 3 - Comprehends	key points 4 - Demonstrates compe	tency N/A - No	t applicable	Î
Snapshot Report	Acute complications/Problem Sol	Topic / Learning Objective	Pre Assessment 1 2 3 4 N/A	Assessed During		Clinician Sig	Inature
Options:	Psychosocial Adjustment/healthy	Quick Entry:		Initial Assessment (4/1)	Ŧ		Ŧ
All Notes	Promote health/change hehavior	1 Disease Process		Initial Assessment (4/1)	T		T
	Tremere neutarenange benarier	Comments:					
HAC Click to generate selected report	Education Plan	() Nutritional Management		Initial Assessment (4/1)	•		•
Generate Letters		Comments:					
Default - Welcome Letter	There have not been an Education Plan link abov	Physical Activity/Being     Active		Initial Assessment (4/1)	Ŧ		<b>Y</b>
Click to generate selected letter		Comments:					
A Launch Letter Manager	D 414 A 14	Taking medications		Initial Assessment (4/1)	•		T
- Cauncil Letter manager	DSMS Plan	Comments:					
	There have not been an	Monitoring		Initial Assessment (4/1)	٣		Ŧ
	Plan link above.	Comments:					
		Acute		Initial Assessment (4/1)	•		¥ *
	Identified Barriers to learning					Cancel Changes	Save Changes



### Education Learning Outcomes

The **Post Education Evaluation** is located under the patient tab. This allows each patients education learning outcome to be captured individually.

Patient, DSME				¢		
Gender: Female	DOB: Apr 18, 19	6 (69 years old)	Diabetes type: Type 2			
Email:	Race/ethnicity: White/Cauc	asian	BMI: N/A			
Home phone:						
Patient Education Record						
Key: 1 - Needs instruction	2 - Needs review 3 - Com	hends key points 4 - [	Demonstrates competency N/A - Not a	pplicable		
Topic / Learning Objective	Pre Assess. Post	Eval				
Disease Process	No yaka					
Nutritional Management	Mo value No valu	10				
Dhueical Activity/Reing Active	Mo value No valu					
Taking medications	No value No val	ie				
Manifesting	Update Patient Education Record	อาจาอาจาอาจาอาจาอาจาอาจาอาจาอาจาอาจาอาจ				() Help
Monitoring						
Acute complications/Problem	Key: 1 - Needs instruction 2 - Ne	eds review 3 - Compreher	nds key points 4 - Demonstrates compete	ncy N/A - Not app	licable	
Chronic complication/Reducin	Topic / Learning Objective	Post Evaluation	Assessed During		Clinician Signature	
Psychosocial Adjustment/hea	1	2 3 4 N/A				
Promote health/change behav	Quick Entry:		Initial Assessment (4/1-4/22/15)	T	•	
	Disease Process		Initial Assessment (4/1-4/22/15)	•	<b>T</b>	
Education Plan	Commente:		· · · · · · · · · · · · · · · · · · ·			
There have not been	Nutritional Management			-	-	
Education Plan link ab	Wutional Management		Initial Assessment (4/1-4/22/15)	•	· · · · ·	1
	Comments:					
	Physical Activity/Being     Active		Initial Assessment (4/1-4/22/15)	•	<b>T</b>	
DSMS Plan	Comments:					
There have not been	Taking medications		Initial Assessment (4/1-4/22/15)	•	T	
Plan link above.	Commente					
	Comments:					
	() Monitoring		Initial Assessment (4/1-4/22/15)	•	•	
Identified Barriers to learn	Comments:					
	Acute		Initial Assessment (4/1-4/22/15)	Ŧ	<b>T</b>	-
	Patient, DSME         Gender: Female         Email:         Home phone:         Patient Education Record         Key:       1 - Needs instruction         Topic / Learning Objective         Disease Process         Nutritional Management         Physical Activity/Being Active         Taking medications         Monitoring         Acute complication/Reducin         Psychosocial Adjustment/hea         Promote health/change behavior         Education Plan         There have not been         Education Plan link ab         DSMS Plan         There have not been         Plan link above.	Patient, DSME         Gender: Female       DOB: Apr 18, 194         Email:       Race/ethnicity: White/Cauch         Home phone:       Race/ethnicity: White/Cauch         Patient Education Record       Image: Second Second         Key:       1 - Needs instruction       2 - Needs review       3 - Composition         Topic / Learning Objective       Image: Process       Post         Nutritional Management       No value       No value         Physical Activity/Being Active       No value       No value         Acute complications/Problem       Monitoring       Update Patient Education Record         Acute complication/Reducin       Psychosocial Adjustment/hea       Promote health/change behav       Comments:         Promote health/change behav       Ouick Entry:       Image: Second Se	Patient, DSME         Gender: Female       DOB: Apr 18, 1946 (69 years old)         Email:       Race/ethnicity: White/Cau casian         Home phone:       Patient Education Record         Key:       1 Needs instruction       2 - Needs review         Topic / Learning Objective       Pre Assess       Post Eval         Disease Process       No value       No value         Nutritional Management       No value       No value         Physical Activity/Being Active       No value       No value         Monitoring       Acute complication/Problem       Key:       1 - Needs instruction       2 - Needs review       3 - Compreher         Chronic complication/Problem       Monitoring       Acute complication/Reducin       Post Evaluation       9 - Ocomments:         Promote health/change behav       Quick Entry:       1 - 2 - 4 - NA       Quick Entry:       1 - 2 - 4 - NA         Outer tion Plan       Comments:       1 - 2 - 4 - NA       Quick Entry:       1 - 2 - 4 - NA         Obsease Process       Imagement       Imagement       Imagement       Imagement         Disease Process       Imagement       Imagement       Imagement       Imagement         Objective       Post Evaluation       Imagement       Imagement       Imagement	Patient, DSME         Gender: Female       DOB: Apr 18, 1986 (69 years old)       Diabetes type: Type 2         Email:       Racelethnicity: White/Caucasian       BMI: N/A         Patient Education Record       A: Demonstrates competency       N/A - Not at the second of th	Patient, DSME       Gender: Female       DOB: Apr 18, 1546 (65 years old)       Diabetes type: Type 2         Email:       Racelethnicity: White/Catcasian       BMI: N/A         Home phone:       BMI: N/A         Patient Education Record       Free Assession       BMI: N/A         Merey:       1 - Needs instruction       2 - Needs review       3 - Comprehends key points       4 - Demonstrates completency       N/A - Not applicable         Topic / Learning Objective       Pre Assession       Post Eval       No value       No value         Nutritional Management       No value       No value       No value       No value         Nutritional Management       No value       No value       No value       No value         Precesse       No value       No value       No value       No value         Nutritional Management       No value       No value       No value       No value         Promote health/change belay       Chorois complication/Reducin       Post Evaluation       Assessed During         Previousocial Adjustmenther       Initial Assessment (4/1-4/22/15) Imitial Assessement (4/1-4/22/15) Imitial Assessment (4/	Patient, DSME       Gende:: Female       DOB: Apr 18, 1965 (69 years old)       Diabetes type: Type 2         Email:       Racelethnicity: White/Caucasian       BMI: N/A         Home phone:       BMI: N/A         Patient ducation Record       Pre Assess       Poster Education Record         Fogi: 1 = Needel instruction       2 - Meeds key points       4 - Demonstrates competency       N/A - Not applicable         Disease Process       No value       No value       No value       No value         Physical Activity/Being Active       No value       No value       No value         Acute complication/Reducer       Monitoring       Monitoring       Clinician Signature         Prychosocial (Agistmenthe)       Post / Learning Objective       2 - Meeds review       3 - Competended key point       4 - Demonstrates competency       N/A - Not applicable         Chronic complication/Reducer       Monitoring       Clinician Signature       Topic / Learning Objective       Post Evaluation       Assessed During       Clinician Signature         Promote health/change behan       Outick Entry:       Initial Acceament (4/1-4/22/15)       Initial Acceament (4/1-4/22/15)       V         OSMS Plan       Comments:       Initial Acceament (4/1-4/22/15)       V       V       V       V       V       V       V       V </td



### Behavioral Goal/s Set

Behavior Change Objectives are documented through theBehavior Change Objectives section of the Pt. Record. Click on theAdd New Objective link to create a new objective.

American Diabetes Association.	DIABETES Patients Educa	tion Reports	🤜 News 📙 KRAMES Ed
< Return to Patient List	Patient, DSME		e.
Patient Information General Information DSME Assessment Health Status	Gender: Female Email: Home phone:	DOB: Apr 18, 1946 (69 years of 4) Race/ethnicity: White/Caucasian	Diabetes type: <b>Type 2</b> BMI: N/A
Defice a Follow-Op Behavior Change Objectives Clinical and Lab Data Medications	Behavior Change Obje Personal Goals Hopes to gain the following from	Add/Update Objective Behavior Change Objective Area: Please Select	🕑 Help 🥒 Edit
Contact History Notes Documents	Objectives	Behavioral Change Objective:	Add New Objective
Patient Reports	There have not been any New Objective link above.	Expected Outcome:	dd a new Objective, click the
Snapshot Report   Options: Notes:	DSMS Plan	Baseline Objective Achievement: Objective Status: Objective Set Date:	New DSMS Plan
All Notes	There have not been any Plan link above.	Barriers for this objective were addressed Notes:	Plan, click the New DSMS
Generate Letters			
Default - Welcome Letter   Click to generate selected letter			
👩 Launch Letter Manager		Cancel Changes Save Cha	nges



### Behavioral Goal/s Follow Up

Behavior Goal Follow-up is documented through the Behavior Change Objectives section of the Pt. Record. Click on the Update This Objective link to document the Pts. Follow-up success.

American Diabetes Association, CHRONICLE	DIABETES Patients Ed	ucation Reports	🔍 News 🛛 💾 KRAMES Ed
< Return to Patient List	Patient, DSME		۹ 🖨
Return to Patient List         Patient Information         General Information         DSME Assessment         Health Status         DSME & Follow-Un         Behavior Change Objectives         Clinical and Lab Data         Medications         Contact History         Notes         Documents         Patient Reports         Snapshot Report         Notes:         Notes:	Patient, DSME Gender: Female Email: Home phone: Behavior Change O Personal Goals Hopes to gain the following Two things patient needs Objectives Nutritional Management Established/Updated Mar 5, 2015 Plan: Read Foor Outcome: Understan	DOB: Apr 18, 1946 (69 years old)         Race/ethnicity: White/Caucasian         Add/Update Objective         Behavior Change Objective Area:         Nutritional Management/Healthy Eating         Behavioral Change Objective:         Carb Counting         Plan (real-world how-to-get to your objective):         Read Food Labels         Expected Outcome:         Understanding how Carbohydrates affect B5         75% (Most of the time)         To bjective Achievement:         Objective Status:         Objective Update Date:         05/01/2015         Stations of the time)         Image:         Image:<	Diabetes type: Type 2 BMI: N/A Control Control Contro
Sector Click to generate selected report	Notes:	Cancel Changes Save Changes	Delete this Objective

### Patient Selected DSMS Plan

The DSMS Plan is documented within the DSME & Follow Up Section of the Patient Record. Click on **New DSMS Plan** to enter data.

**Patient Tab** 

American Diabetes Association,	DIABETES Patients Education	Reports		Rews 💾 KRAMES I
<<< Return to Patient List	Patient, DSME			
Patient Information General Information DSME Assessment	Gender: Female Email: Home phone:	DOB: Race/ethnicity:	Apr 18, 1946 (69 years old) White/Caucasian	Diabetes type: <b>Type 2</b> BMI: <b>N/A</b>
Health Status				
DSME & Follow-Up	Disease Process	No value	No value	
Behavior Change Objectives	Nutritional Management	No value	No value	
Clinical and Lab Data	Physical Activity/Being Active	No value	No value	
Medications	Taking medications	No value	No value	$\mathbf{A}$
Contact History	Monitoring	No value	No value	
Notes	Acute complications/Problem Solving	No value	No value	
Documents	Chronic complication/Reducing Risks	No value	No value	
Datient Reports	Psychosocial Adjustment/healthy Coping	No value	No value	
Patient Reports	Promote health/change behavior	No value	No value	$\mathbf{h}$
Snapshot Report	Education Plan There have not been any Educ	cation Plans	documented for this patient. T	New Education Plan
Sector Click to generate selected report	Education Plan link above.			
Generate Letters				
Default - Welcome Letter	DSMS Plan			S New DSMS Plan
Click to generate selected letter	There have not been any DSM Plan link above	IS Plans doo	cumented for this patient. To a	dd a new DSMS Plan, click the New DSMS
👩 Launch Letter Manager				



Clinical Outcomes Measured Part 1 of 2 Initial and Post Education Lab Values are documented through the **Clinical and Lab Data** section of the Patient Record. Click on the appropriate lab value to enter initial and/or post lab value.



Clinical Outcomes Documenting Post Education Hospitalizations and ER Visits Part 2 of 2



Post Education Hospitalizations and ER Visits are documented thorough the Follow-Up Summary within the DSME & Follow Up tab of the Patient Record.

<<< Return to Patient List	Burdette, Jason			E
Patient Information	Gender: Male	DOB: Oct 4,	1916 (99 years old)	Diabetes type: Type 1
General Information	Email: sburdette@diabetes.org	Race/ethnicity: Asian	/Chinese/Japanese/Korean	BMI: N/A
DSME Assessment	Home phene: 5715725376	Weight:	$\mathbf{X}$	A1c: 7.5%
Health Status				
DSME & Follow-Up	DSME & Follow-Up	_		
Rehavior Change Objectives	Dome of onon op			
Clinical and Lab Data	Education Summary	🔘 New 1:1	Follow-Up Summary	🕙 New F
Medications	Burdette, Jason - fasdas (1:1 Session)	🖉 Edit 🕒 Print	This patient does not have	e any follow une assign
Contact History	Location: EPP Clinic		To add a follow-up, click t	he "New Follow-Up" bu
Notes	1 May 3, 2016 1:1 Session	Attended	above to add.	
Documents	Burdette, Jacon, Client Neme (4.4 Section)			
Dationt Poports	Leasting: EDB Office	ar Eait 📺 Print	Education Status	
Patient Reports	1 Mar 29 2016 1:1 Session	Attended		
Snapshot Report 🔹	2 Mar 31 2016 Exercise	Attended	Patient's total educated hours	
Options:			Total: 3 hours	45 minutes
All Notes	Burdette, Jason - fgasfdsa (1:1 Session)	🧹 Edit 📄 Print	Total (last 12 months): 3 hours	45 minutes
	Location: ERP Clinic	Attended	Patient completed education p	rogram
Holick to generate selected report	1 Oct 6, 2015 1:1 Session	Απεπαεα	Education Complete: No	
Generate Letters			Date Completed: No value	
			Education Status Note: No value	
astsdafas 🔹			Patient follow up success	
Click to generate selected letter			Patient Lost to Follow-Up: No	
Launch Letter Manager				

🥜 Pre Assess. 🥜 Post Eval.

Topic / Learning Objective

#### Patient Tab

Communication with other HCP (Pt's DSMS Plan and other DSME Matters) Part 1 of 3

#### Patient Reports for Communication to HCP

- 1. Patient Snapshot Report
- 2. DSME Record Report

These reports are located under the **Patient Reports** tab within the patient record.

Examples of the two reports are on the next two pages.

American Diabetes Association, CHRONICLI	DIABETES Patients Educat	tion Reports			Rews
< Return to Patient List	Patient, DSME				
Patient Information	Gender: Female	DOB: Apr 18, 1946 (7)	) years old)	Diabetes type: Type	2
General Information	Email:	Race/ethnicity: White/Caucasia	in	BMI: 18.1	
DSME Assessment	Home phone:	Weight: 145.00lbs		A1c: 5.8%	
Health Status					
DSME & Follow-Up	General Information				
Behavior Change Objectives	Solicial Information				
Clinical and Lab Data	Patient Name / ID	🖉 Edi	t Patient Type		🦉 Edit
Medications	DOME Detient		Patient Type: /	No value	
Contact History			Demographics		🖉 Edit
Notes	Patient ID: No value		Date of Birth:	Apr 18, 1946 (70 yrs, old)	<u>a</u> r
Documents	Status: Active		Gender:	Female	
-tit Dt-	Chronicle ID (internal): 211456		Race: V	White/Caucasian	
atient Reports		0	Occupation: /	No value	
Diabetes Self-Management Er 🔻	Web Login	a Edi	Preferred Language: E	English	
Options:	Username: dsmepatient211456	B Password: ***************	Education: /	No value	
Notes:	Contact Information	🖉 Edi	it		0
	Address 1: No value		Sites		🦉 Edit
🖋 Click to generate selected report	Address 2: No value		ERP Clinic		
Sonorato Lottore	City: No value		Deferrale		
	State: No value		Deferral Date:	Deferring Dravidary	W Add Releftar
asfsdafas 🔻	Postal Code: No value		Referral Date.	Steven Burdette	
Click to generate selected letter	Email: No value		1 CD 10, 2010	Steven burdette	9
l aunch Letter Manager	Work Phone: No value		Health Insurance Info	ormation	🥜 Edit
- caunon couor managor	Home Phone: No value		На	is Insurance: No value	
	Cell Phone: No value				
	Provider / Physician		Cohorts	Add/Remove from Cohord	is 🥜 Edit Cohorts
	Primary Physician (PCP)	🥜 Assign   🥥 Unassign			

Patient Tab

Communication with other HCP (Pt's DSMS Plan and other DSME Matters) Part 2 of 3

#### Patient Reports for Communication to HCP

- 1. Patient Snapshot Report
- 2. DSME Record

#### 4/11/2016 Patient, DSME DOB: 4/18/1946 DSME Patient (ID:211456) Printed on: 4/11/2016 at 2:44 PM Diabetes: DOB: BMI: Waist: Referring Provider: Gender: Last edu, visit: Height: Weight: May 3, 2015 75,00 18.1 36.0 Steven Burdette Type 2 Female 4/18/1946 (70) 145.00 Current Medications HbA1c Glipizide 10MG Value(%) Date 7,00 A 4/08/2016 Glucophage 500MG 5,8 \$ Lipitor EQ 10MG BASE в 5/01/2015 6,2 A1C С 2/03/2015 6.7 allergies: No Data Recent Interventions ntervention Result / Date Weight Dental Exam Yes as of 4/06/2016 Eye Exam Yes as of 4/04/2016 Date Value(pounds) Foot Exam No Data 4/08/2016 145,00 A Urine Protein No Data B 5/01/2015 187,00 Urine microalb No Data C 2/03/2015 200.00 Flu Vaccine Vac as of 4/04/2016 Pneumonia Vaccine No Data EKG No Data Blood Pressure Educational Topics Addressed Date Value(mmHq) 130 Topic Most recently covered A 4/08/2016 117/76 Disease Process 5/03/2015 B 1/04/2016 130/80 Nutritional Management 5/03/2015 Being Active 5/03/2015 Taking medications 5/03/2015 5/03/2015 Monitoring Cholestero - Total and HDL 5/03/2015 Acute complications Chronic complication 5/03/2015 No data available \_\_\_\_\_ Psychosocial Adjustment 5/03/2015 Cholesterol - LDL and Trigs 5/03/2015 Promote health No data available Behavior Change Objectives Objective Current Leve Assessed Self Foot Checks 100% (All) 4/04/2016 Quality of Life 25% (Very Little) 5/06/2015 5/01/2015 Carb Counting 75% (Most) \_\_\_\_\_

#### DSMS Plan

None	
None	i -

Participant Name: Patient, DSME

Referring Provider: Steven Burdette

#### **Patient Tab**

**Communication with** other HCP (Pt's DSMS Plan and other DSME Matters) Part 3 of 3

#### **Patient Reports for Communication to HCP**

- Patient Snapshot 1. Report
- 2. **DSME** Record

Topics/Learning Objectives	Pre-Session Assessment	Comments	Instr. Date	Post- Session Evaluation	Comments
Diabetes disease process and Treatment options	1		05/03/2015	3	
Incorporating nutritional management into lifestyle	1		05/03/2015	3	
Incorporating physical activity into lifestyle	1		05/03/2015	3	
Using medications safely	1		05/03/2015	3	
Monitoring blood glucose, interpreting and using results	1		05/03/2015	3	
Prevention, detection and treatment of acute complications	1		05/03/2015	4	
Prevention, detection and treatment of chronic complications	1		05/03/2015	4	
Developing strategies to address psychosocial issues	1		05/03/2015	4	
Developing strategies to promote health/change behavior	1		05/03/2015	4	

Ratings: 1=Needs instruction 2=Needs review 3=Comprehends key points 4=Demonstrates competency N/A=Not applicable

#### Education plan:

Education Plan has been created - Test [Source: aarwsaefasd (5/3/15)]

#### Instruction Method:

Lecture/Discussion, Video, Demonstration [Source: aarwsaafasd (0503/2015)]

#### **Education Materials/Equipment Provided:**

Medical Interpreter, Printed materials, Written instructions [Source: aarwaaafasd (05/03/2015)]

#### Identified Barriers to learning/adherence to self management plan:

#### DSMS Plan:

Diabetes Forecast- 800-342-2383- www.diabetesforecast.org Ueight Watchers-800-621-6000-www.

#### **Diabetes Self-Management Education Record**

### **De-Identified Participant Record**

# Four CD de-identified patient reports are required to reflect a DSMES chart

### On left menu within the Patient Record:

- 1. DSME Assessment (Print Current Page)
- 2. Health Status (Print Current Page)
- 3. Patient Snapshot Report (Left Menu Dropdown
- 4. Diabetes Self-Management Education Record (Left Menu Dropdown)

American Diabetes Association.	DIABETES Patients Education	n Reports					News 👎
< Return to Patient List	Patient, DSME						
Patient Information	Gender: Female	DOB: Ap	or 18, 1946 (70 ye	ears old)	Diabetes type:	Type 2	
General Information	Email:	Race/ethnicity: Wh	hite/Caucasian		BMI:	18.1	
DSME Assessment	Home phone:	Weight: 14	5.00lbs		A1c:	5.8%	
Health Status DSME & Follow-Up Rebring Change Objectives	General Information						
Clinical and Lab Data	Patient Name / ID		🥜 Edit	Patient Type			🥜 Edit
Medications	DSME Datient			Patient Type:	No value		
Contact History	Patient ID: No value			Demographics			🥜 Edit
Notes	Medicaid ID: No value			Date of Birth:	Apr 18, 1946 (70 yrs. old)		
Documents	Status: Active			Gender:	Female		
Patient Reports	Chronicle ID (internal): 211456			Race:	White/Caucasian		
Diabetes Self-Management E	Web Login		🥜 Edit	Occupation:	No value		
Options:	Username: dsmepatient211456	Password: ***	*****	Education:	Logiison No value		
Notes: All Notes////////////////////////////////////	Contact Information		🥜 Edit	Sites			/ Edit
	Address 1: No value			EDD OF-in			er Eun
See Click to generate selected report	Address 2: No value			ERP Clinic			