

2023 Updated 12th Edition Tool 4



AUDITOR INSTRUCTIONS

Complete one entire Tool 4 and Tool 4A for each DSMT entity selected for a site validation review. Tool 4 can be initiated once the DSMT entity has been notified. The first page of the tool is provided to record information about the DSMT entity, which can be recorded during the initial call to the DSMES program/quality coordinator.

The remainder of the tool is to be completed once the documentation has been received from the DSMT entity.

Each version of Tool 4 is structured with five columns:

- **Standards** – The applicable national standard for diabetes self-management education is displayed.
- **Review Activities** – Lists the activities the reviewer should perform to evaluate adherence to the standard listed. Please make an “X” in each box as you complete each activity.
- **Review Findings** – In the checkboxes, indicate the findings resulting from the review activities. For clarification regarding scoring for each standard, please refer to the instruction box located at the bottom of each review findings column.
- **Comments/Deficiencies Noted** – Space is provided for additional comments and to record any deficiencies noted.
- **Score** – Record the score that corresponds to the review findings for each individual standard.

On the last page of the Tool 4, space is provided to note which standards or regulations were fully met, which standards or regulations were partially met, and which standards or regulations were not met. From the review findings, indicate whether each standard/regulation evaluated was fully met, partially met, or not met. This page can be utilized when conducting the post audit interview with the program coordinator, as well as when completing the audit evaluation letter.

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DSMT Audit Score Report

Audit tool for dates of application or re-application/re-accreditation after January, 2022

ORGANIZATION	
ADDRESS	
PROGRAM/QUALITY COORDINATOR	
TELEPHONE	
EMAIL	
SUBMISSION DATE	
IMS AUDITOR	
SPECIAL NOTES:	

Each version of Tool 4 is structured with five columns:

- **Standards** – The applicable national standard for diabetes self-management education is displayed.
- **Review Activities** – Lists the activities the reviewer should perform to evaluate adherence to the standard listed. Please make an “X” in each box as you complete each activity.
- **Review Findings** – In the checkboxes, indicate the findings resulting from the review activities. For clarification regarding scoring for each standard, please refer to the instruction box located at the bottom of each review findings column.
- **Comments/Deficiencies Noted** – Space is provided for additional comments and to record any deficiencies noted.
- **Score** – Record the score that corresponds to the review findings for each individual standard.

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STANDARD 1: SUPPORT FOR DSMES SERVICES				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>The DSMES team will seek leadership support for implementation and sustainability of DSMES services. The sponsor organization will recognize and support quality DSMES services as an integral component of diabetes care. Sponsor organizations will provide guidance and support for DSMES services to facilitate alignment with organizational resources and the needs of the community being served.</p>	<p><input type="checkbox"/> (ADA) The DSMES service will identify external service stakeholders and how each may provide purposeful input and/or advocacy (example: list of stakeholders)</p> <p>OR</p> <p><input type="checkbox"/> (ADCES) There is evidence of support from sponsoring organization or internal leadership of DSMES services in the form of a written letter of support (**dated within 6 months of initial and renewal DSMES application)</p> <p><i>**In cases where DSMES services are delivered and/or sponsored by a solo healthcare professional, the letter will come from a referring physician/qualified healthcare professional who will champion and refer to DSMES services.</i></p>	<p><input type="checkbox"/> Fully Meets NSDSMES (2 pts)</p> <p><input type="checkbox"/> Partially Meets NSDSMES (1 pt)</p> <p><input type="checkbox"/> Does Not Meet NSDSMES (0 pts)</p> <p><input type="checkbox"/> Unable to Assess (0 pts)</p>		

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STANDARD 2: POPULATION AND SERVICE ASSESSMENT				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>The DSMES service will evaluate their chosen target population to determine, develop, and enhance the resources, design, and delivery methods that align with the target populations' needs and preferences</p>	<p>Documentation exists that reflects an <u>annual</u> assessment of:</p> <p><input type="checkbox"/> The population served (the population the program is serving and the population the program plans to serve). (e.g., demographics, cultural influences, access to healthcare services, barriers to education, diabetes type)</p> <p><input type="checkbox"/> Program resources relative to the population served (e.g., physical space, staffing scheduling, equipment, interpreter services, multi-language education materials, low literacy materials, large print education materials)</p> <p><input type="checkbox"/> A plan to address any identified needs (e.g., identification of resources for additional services, or plan for options for class times)</p>	<p><input type="checkbox"/> Fully Meets NSDSMES (2 pts)</p> <p><input type="checkbox"/> Partially Meets NSDSMES (1 pt)</p> <p><input type="checkbox"/> Does Not Meet NSDSMES (0 pts)</p> <p><input type="checkbox"/> Unable to Assess (0 pts)</p>		

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STANDARD 3: DSMES TEAM (PART 1 – QUALITY COORDINATOR)				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>All members of a DSMES team will uphold the National Standards and implement collaborative DSMES services, including evidence-based service design, delivery, evaluation, and continuous quality improvement. At least one team member will be identified as the DSMES quality coordinator and will oversee effective implementation, evaluation, tracking, and reporting of DSMES service outcomes.</p>	<p>There is documentation of one program/quality coordinator as evidenced by a job description, performance appraisal tool, or other.</p>	<p> <input type="checkbox"/> Fully Meets NSDSMES (2 pts) <input type="checkbox"/> Partially Meets NSDSMES (1 pt) <input type="checkbox"/> Does Not Meet NSDSMES (0 pts) <input type="checkbox"/> Unable to Assess (0 pts) </p>		

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STANDARD 3: DSMES TEAM (PART 2)				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>All members of a DSMES team will uphold the National Standards and implement collaborative DSMES services, including evidence-based service design, delivery, evaluation, and continuous quality improvement. At least one team member will be identified as the DSMES quality coordinator and will oversee effective implementation, evaluation, tracking, and reporting of DSMES service outcomes.</p>	<p><input type="checkbox"/> At least one RN or one RD or one pharmacist or one certified diabetes professional (e.g., CDCES or BC-ADM) is involved as an instructor in the education of program participant(s).</p> <p><input type="checkbox"/> Professional Instructor(s) must have valid, discipline-specific licenses and/or registrations.</p> <p><input type="checkbox"/> All instructors must demonstrate ongoing training in DSMES:</p> <p>a) BC-ADM® and CDCES® team member credentials must be current.</p> <p>b) Non-BC-ADM® or non CDCES® professional team members must have documentation reflecting 15 hours of continuing education (CE) from the Certification Board for Diabetes Care and Education (CBDCE) approved CE providers annually per the DSMES service’s anniversary month.</p> <p><u>DIABETES COMMUNITY CARE COORDINATORS/PARAPROFESSIONALS (IF APPLICABLE)</u></p> <p>Diabetes Community Care Coordinators (DCCC) must have supervision by a clinical instructor (identified above). Supervision can be demonstrated by job description, performance appraisal tool, or other.</p> <p>a) DCCC staff must have evidence of previous experience or training in: diabetes, chronic disease, health and wellness, healthcare, community health, community support, and/or education methods as evidenced by a resume or certificate</p> <p>b) DCCCs must accrue 15 hours of in-services before instructing participants and annually based on the program anniversary date. (internal or CEU)</p>	<p><input type="checkbox"/> Fully Meets NSDSMES (2 pts)</p> <p><input type="checkbox"/> Partially Meets NSDSMES (1 pt)</p> <p><input type="checkbox"/> Does Not Meet NSDSMES (0 pts)</p> <p><input type="checkbox"/> Unable to Assess (0 pts)</p>		

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STANDARD 4: DELIVERY AND DESIGN OF DSMES SERVICES (CURRICULUM)				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>DSMES services will utilize a curriculum to guide evidence-based content and delivery, to ensure consistency of teaching concepts, methods, and strategies within the team, and to serve as a resource for the team. DSMES teams will have knowledge of and be responsive to emerging evidence, advances in education strategies, pharmacotherapeutics, technology-enabled treatment, local and online peer support, psychosocial resources, and delivery strategies relevant to the population they serve.</p>	<p><input type="checkbox"/> Validate that the education process is guided by a reference curriculum with learning objectives, methods of delivery and criteria for evaluating learning for the populations served in the following 9 content areas:</p> <ul style="list-style-type: none"> • Pathophysiology of diabetes and treatment options • Healthy coping • Healthy eating • Being active • Taking medication • Monitoring • (2) Reducing risk (treating acute and chronic complications) • Problem solving and behavior change strategies <p><input type="checkbox"/> There is documentation in the curriculum (methods) or other supporting documentation which demonstrates that instruction is individualized and involves interaction and problem solving</p> <p><i>ADCES - Delivery and Design of DSMES Services: New applicants will provide an overview of the DSMES services that includes a description of the modes of delivery that are offered (in person, virtual, telephone, group, one on one), the types of sessions offered in each mode (Type 1, Type 2, Gestational, etc) and a brief description of how interaction, discussion, and individual questions are addressed in each mode of delivery. Renewing programs will maintain evidence that the DSMES team has reviewed overall service offerings each year.</i></p> <p><input type="checkbox"/> There is evidence of regular review and revisions as needed (at least annually) of the curriculum and/or course materials by DSMES instructor(s) and/or advisory group.</p>	<p><input type="checkbox"/> Fully Meets NSDSMES (2 pts) <input type="checkbox"/> Partially Meets NSDSMES (1 pt) <input type="checkbox"/> Does Not Meet NSDSMES (0 pts) <input type="checkbox"/> Unable to Assess (0 pts)</p>		

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STANDARD 5 : PERSON-CENTERED DSMES (PART 1 - ASSESS)				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>(USE RESULTS FROM TOOL 4A FOR SCORING THIS QUESTION)</p> <p>Person-centered DSMES is a recurring process over the life span for PWD. Each person’s DSMES plan will be unique and based on the person’s concerns, needs, and priorities collaboratively determined as part of a DSMES assessment. The DSMES team will monitor and communicate the outcomes of the DSMES services to the diabetes care team and/or referring physician/other qualified healthcare professional.</p>	<p><input type="checkbox"/> Evidence of an assessment of the participant is performed in the following domains in preparation for education:</p> <ul style="list-style-type: none"> • Health status: <i>Examples:</i> type of diabetes, clinical needs, health history, disabilities, physical limitations, SDOH and health inequities (e.g., safe housing, transportation, access to nutritious foods, access to healthcare, financial status, and limitations), risk factors, comorbidities, and age • Learning level: <i>Examples:</i> diabetes knowledge, health literacy, literacy, numeracy, readiness to learn, ability to self-manage, developmental stage, learning disabilities, cognitive/developmental disabilities (e.g., intellectual disability, moderate-severe autism, dementia), and mental health impairment (e.g., schizophrenia, suicidality) • Lifestyle practices: <i>Examples:</i> self-management skills and behaviors, health service or resource utilization, cultural influences, alcohol and drug use, lived experiences, religion, and sexual orientation <p>Psychosocial adjustment: <i>Examples:</i> emotional response to diabetes, diabetes distress, diabetes family support, peer support</p>	<p><input type="checkbox"/> Fully Meets NSDSMES (2 pts)</p> <p><input type="checkbox"/> Partially Meets NSDSMES (1 pt)</p> <p><input type="checkbox"/> Does Not Meet NSDSMES (0 pts)</p> <p><input type="checkbox"/> Unable to Assess (0 pts)</p>		

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STANDARD 5 : PERSON-CENTERED DSMES (PART 2 - PLAN)				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>(USE RESULTS FROM TOOL 4A FOR SCORING THIS QUESTION)</p> <p>Person-centered DSMES is a recurring process over the life span for PWD. Each person’s DSMES plan will be unique and based on the person’s concerns, needs, and priorities collaboratively determined as part of a DSMES assessment. The DSMES team will monitor and communicate the outcomes of the DSMES services to the diabetes care team and/or referring physician/other qualified healthcare professional.</p>	<p><input type="checkbox"/> Evidence of participants DSMES plan, topics covered at each session, and intervention outcomes are documented in the medical record</p> <p><input type="checkbox"/> There must be evidence of communication with other health care team members on patients care team (e.g., referring provider, school nurse, etc.) regarding education plan or education provided, and outcomes. <i>*EHR signatures or chart notes may suffice</i></p>	<p><input type="checkbox"/> Fully Meets NSDSMES (2 pts)</p> <p><input type="checkbox"/> Partially Meets NSDSMES (1 pt)</p> <p><input type="checkbox"/> Does Not Meet NSDSMES (0 pts)</p> <p><input type="checkbox"/> Unable to Assess (0 pts)</p>		

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STANDARD 5 : PERSON-CENTERED DSMES (PART 3 - ACTION)				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>(USE RESULTS FROM TOOL 4A FOR SCORING THIS QUESTION)</p> <p>Person-centered DSMES is a recurring process over the life span for PWD. Each person’s DSMES plan will be unique and based on the person’s concerns, needs, and priorities collaboratively determined as part of a DSMES assessment. The DSMES team will monitor and communicate the outcomes of the DSMES services to the diabetes care team and/or referring physician/other qualified healthcare professional.</p>	<p><input type="checkbox"/> The DSMES program has a process for establishing patient goal(s) to evaluate and <u>document at least one of each of the following:</u></p> <p>a) Behavioral goal (e.g., healthy eating, being active, BS monitoring, taking meds, problems solving, healthy coping and reducing risks)</p> <p><u>AND</u></p> <p>b) Other clinical or quality of life outcome goal: (e.g., A1C, weight, BP, lipids etc.)</p> <p><input type="checkbox"/> Goals are personalized and reviewed at appropriate intervals.</p>	<p><input type="checkbox"/> Fully Meets NSDSMES (2 pts)</p> <p><input type="checkbox"/> Partially Meets NSDSMES (1 pt)</p> <p><input type="checkbox"/> Does Not Meet NSDSMES (0 pts)</p> <p><input type="checkbox"/> Unable to Assess (0 pts)</p>		

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STANDARD 6: MEASURING AND DEMONSTRATING OUTCOMES OF DSMES				
2021 NATIONAL DSMES STANDARD	REVIEW ACTIVITIES	REVIEW FINDINGS	DEFICIENCIES NOTED	SCORE
<p>DSMES services will have ongoing continuous quality improvement (CQI) strategies in place that measure the impact of the DSMES services. Systematic evaluation of process and outcome data will be conducted to identify areas for improvement and to guide services optimization and/or redesign</p>	<p><input type="checkbox"/> There is evidence of aggregation of the following participant outcomes, at least one participant behavioral goal outcome and at least one o</p> <p><input type="checkbox"/> There is documentation of a CQI project which will include:</p> <ul style="list-style-type: none"> - Opportunity for DSMES service improvement or change (what are you trying to improve, fix, or accomplish) - Baseline project achievement (<u>new providers may not have a baseline measure at the time of application</u>) - Project target outcome - Outcome assessment and evaluation schedule <p><input type="checkbox"/> DSMES service providers will have documentation reflecting a regular quality improvement project assessed every 6 months to 1 year.</p>	<p><input type="checkbox"/> Fully Meets NSDSMES (2 pts)</p> <p><input type="checkbox"/> Partially Meets NSDSMES (1 pt)</p> <p><input type="checkbox"/> Does Not Meet NSDSMES (0 pts)</p> <p><input type="checkbox"/> Unable to Assess (0 pts)</p>		

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STANDARD									FINAL SCORE (OUT OF 18 PTS)	
1	2	3 <i>(Part 1)</i>	3 <i>(Part 2)</i>	4	5 <i>(Part 1)</i>	5 <i>(Part 2)</i>	5 <i>(Part 3)</i>	6		
FINAL DETERMINATION (circle one) See section 5, page 4				NOT ACCEPTABLE (0-14) (Did not meet minimum overall score <u>or</u> did not meet minimum DSMT threshold.)				ACCEPTABLE (15-18) (Met minimum overall score <u>and</u> met minimum DSMT threshold.)		

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ADDITIONAL COMMENTS:

PROGRAM IMPROVEMENTS/ACTIVITIES TO ADDRESS HEALTH DISPARITIES: