

Site/Location/Date:

Auditors:

Review Criteria and Indicator Listing
For the American Diabetes Association
7th Edition

Standard #1: The DSME entity will have documentation of its organizational structure, mission statement and goals, and will recognize and support quality DSME as an integral component of diabetes care.				
Review Criteria:	Indicator(s):	Yes	No	N/A
a. <i>The DSME entity will have documentation that addresses its organizational structure, mission and goals and its relationship to the larger, sponsoring organization.</i>	1) There is written evidence of the following: <ul style="list-style-type: none">• The organizational structure• The mission of the program• Mission-related goals. 2) There is evidence of organizational support and commitment to the DSME entity. (e. g. Letter of support, participation of senior administrative personnel in the advisory process)			
		Yes	No	
Standard met?				

Finding/Notes:

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Standard #2: The DSME entity shall appoint an advisory group to promote program quality. This group shall include representatives from the health professions, people with diabetes, the community and other stakeholders.				
Review Criteria:	Indicator(s):	Yes	No	N/A
a. <i>An Advisory Group is appointed that is representative of the diabetes community and includes people affected by diabetes, health professionals, community members and other stakeholders.</i>	1) A document exists (e.g. policy) which identifies members of the Advisory Group. At a minimum, the advisory group must include: <ul style="list-style-type: none"> • Health professional(s) • Person(s) affected by diabetes • Community Member(s) 2) For single discipline staffed programs, the health professional member(s) of the advisory group must belong to a second discipline. (different from the discipline of the program staff) (Members can fulfill multiple roles)			
b. <i>Activities of the Advisory Group, reflecting its role as quality overseer are documented at least annually.</i>	1) There shall be documentation of the activities of the committee, at least annually, which demonstrates how it contributed to the quality of the DSME. Members of the committee may contribute either as part of group meetings and/or be consulted on an individual basis (e.g. ballot, surveys, phone consults, emails)			
		Yes	No	
		Standard met?		

Findings/Notes:

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Standard #3: The DSME entity will determine the diabetes education needs of the target population(s) and identify resources necessary to meet these needs.				
Review Criteria:	Indicator(s):	Yes	No	N/A
a. <i>The target population/service community is identified and its needs assessed and/or re-assessed periodically.</i>	1) Documentation exists that reflects an assessment, at least annually, of the target population or service community and program resources, and identification of resources to address specific needs of the target population. This document must include: <ul style="list-style-type: none"> • Target population/service community assessment (e. g. access, demographics, cultural influences, barriers to education) • Assessment of program resources relative to services provided for the target population/service community. (e. g. physical space, staffing, equipment) • A plan to address the identified needs. (e. g. identification of referral sources for additional services, plan for options for class times) 			
		Yes	No	
		Standard met?		

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Standard #6: A written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes will serve as the framework for the DSME program. Assessed needs of the individual with pre-diabetes and diabetes will determine which of the content areas (listed below) are to be provided.

Review Criteria:	Indicator(s):	Yes	No	N/A
<p>a. <i>A written curriculum, with learning objectives and criteria for specifying methods of delivery and evaluating successful learning outcomes, is the framework for the DSME.</i></p>	<p>1) 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 (including pre-diabetes, diabetes type 1, type 2, GDM or pregnancy complicated by diabetes) in the following 9 content area:</p> <ul style="list-style-type: none"> • Describing the <i>diabetes disease process</i> and <i>treatment options</i> • Incorporating <i>nutritional management</i> into lifestyle • Incorporating <i>physical activity</i> into lifestyle • Using <i>medication</i> safely and for maximum therapeutic effectiveness • <i>Monitoring blood glucose</i> and other parameters and interpreting and using the results for self-management decision making • Preventing, detecting, and treating <i>acute complications</i> • Preventing detecting, and treating <i>chronic complications</i> • Developing personalized strategies to address <i>psychosocial issues and concerns</i> • Developing personalized strategies to promote <i>health and behavior change(risk reduction)</i> 			
<p>b. <i>There is periodic review and revisions of the curriculum and/or course materials to reflect current evidence.</i></p>	<p>1) There is documentation at least annually, of review and revisions as needed of the curriculum and/or course materials by DSME instructor(s) and/or advisory group. (For single discipline staffed program, advisory group must review curriculum and or course materials at least annually)</p>			
	Yes	No		

Standard met?			
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Standard #7: An individual assessment and education plan will be developed collaboratively by the participant and instructor(s) to direct the selection of appropriate educational interventions and self-management support strategies. This assessment and education plan and the intervention and outcomes will be documented in the education record.

Review Criteria:	Indicator(s):	Yes	No	N/A
<i>a. Participants receive a comprehensive assessment, including baseline Diabetes Self-Management knowledge and skills, and readiness for behavior change.</i>	1) An assessment of the participant is performed in the following domains: clinical (diabetes and other pertinent clinical history), cognitive (diabetes self management skills, functional health literacy) and psychosocial and self care behaviors (support systems, lifestyle practices and behavior change potential) in preparation for education. Parts of the complete assessment may be deferred if applicable and the rationale for deferment documented.			
<i>b. Participants have an education plan based on their individual assessment.</i>	1) There is evidence of an ongoing education planning and behavioral goal-setting based on the assessed and/or re-assessed needs of the participant.			
<i>c. There is evaluation of the education plan after the educational intervention.</i>	1) The DSME has a process for evaluating the educational intervention to determine success of the education plan, including evaluation of behavioral goal achievement.			
<i>d. The education process is documented in the permanent record.</i>	1) Documentation includes other evidence of the education process: referral from provider, assessments, education plan, with dates of implementation/interventions, learning outcomes and plans for follow-up as indicated.			
		Yes	No	
Standard met?				

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Standard #10: The DSME entity will measure the effectiveness of the education program and determine opportunities for improvement using a written continuous quality improvement (CQI) plan that describes and documents a systematic review of the programs' process and outcome data.				
Review Criteria:	Indicator(s):	Yes	No	N/A
<i>a. The DSME entity has a quality improvement process and plan in place for evaluating the education process and program outcomes.</i>	1) There is documentation of a CQI plan/process.(e. g. written policy, annual program plan, CQI meeting minutes)			
<i>b. Quality improvement projects are developed and implemented according to the plan.</i>	1) There is documentation of at least one project following the quality improvement plan.			
<i>c. Results are used to make improvements in the DSME.</i>	1) There is evidence of application of the results of the quality improvement project to the DSME upon completion.			
		Yes	No	
		Standard met?		

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SUMMARY:

PROGRAM STRENGTHS:

PROGRAM WEAKNESSES:

RECOMMENDATION: