

7TH EDITION APPLICATION CHECKLIST

DOCUMENTATION

- Evidence of Administrative Support
- Coordinator's Professional License/Registration/Certification (if applicable) and/or Proof of CEUs
- Instructor(s)' Professional License/Registration/Certification/Degree (as applicable) and/or Proof of CEUs
- Paper Audit Item (Original [new] Applicants must submit all five paper audits)
 - Coordinator's Job Description and Resume
 - CQI Process and/or Project
 - Section of the Curriculum
 - Evidence of Advisory Group Input
 - Copy of a De-Identified Patient Education Chart

INFORMATION TO GATHER

- Data:
 - # of participants: Comprehensive/Initial and Post Program
 - Average Number of hours participants spend in DSME
 - Participants by Age
 - Participants by Type of DM and Age
- Auxiliary Staff
 - Type
 - # hours per week
- Statistics
 - # of years the program has provided DSME
 - # of participants seen in one year
 - Other services provided at site
- Ethnic/Racial Groups Served
- Special Needs and Unique Program Features Identified
- Behavioral Outcomes and Other Outcomes
 - Target and Actual Outcomes by %

SAMPLE EVIDENCE OF ADMINISTRATIVE SUPPORT

Date

American Diabetes Association
Education Recognition Program
1701 North Beauregard Street
Alexandria, VA 22311

Dear Sir or Madam:

The application for Education Recognition for the diabetes self-management education program at (insert name of sponsoring organization) was (or will be) submitted on or about (insert date).

(Insert name of sponsoring organization) supports the efforts of (insert name of program).

Sincerely,

Name of Administrative Overseer
Title

Note: If evidence of administrative support is in letter form, it must be on company letterhead.

RESUME TEMPLATE

Personal: Name
Address
Telephone - daytime
Fax # Email Address:

Education: Month/Year: Academic degree or professional credential
From which college/university
Major field of study

(Repeat this Section for each academic degree and professional credential)

Professional Registration: List all professional registration/licenses and/or certifications. Include the state and number.

Professional Experience: Month/Year to present: Include place, address and your title.
Brief summary of job duties/responsibilities
(Example: Diabetes Program Coordinator- Oversees day-to-day operations, including planning, implementing and evaluating of program.)

Month/Year to Month/Year: Begin with the most recent to the earliest
Include the place, address and your title.
Brief summary of job duties/responsibilities
(Example: Director of Clinical Nutrition Services – Responsible for developing policies & procedures related to nutrition assessment, treatment and education of patients, staff supervision.)

Memberships: Include all professional memberships and academic memberships.

Personal: Include any personal information that will show your professional, leadership, and or any quality that describes you. Include awards, internships, leadership roles that you have had in the past.

References: Upon request

**PROGRAM COORDINATOR
JOB/POSITION DESCRIPTION TEMPLATE**

- 1. The title of this position should be one that indicates leadership, such as coordinator, manager or director.**
- 2. The following must be included in the description of the tasks:**
 - Oversight of the planning, implementation and evaluation of the DSME program (at all sites, if there is more than one site in the program).
- 3. The following must be included in the qualifications for this position:**
 - Academic and/or experiential preparation in program management.
 - Academic and/or experiential preparation in the care of people with a chronic disease.
 - Education Requirements
 - Licenses/Registrations/Certifications as applicable.

EXAMPLE

JOB TITLE: Diabetes Program Coordinator

DEPARTMENT: Outpatient Clinic

REPORTS TO: VP of Nursing

JOB SUMMARY

The Diabetes Program Coordinator is responsible for overseeing the day-to-day operations of the DSME program at all sites. Ensures that the National Standards (NSDSME) are met and maintained at all times.

DUTIES AND RESPONSIBILITIES

- 1.) Oversees the planning, implementation and evaluation of the DSME program.
- 2.) Arranges and Coordinates the activities of the Advisory Group.
- 3.) Liaises between the staff, the Advisory Group, other departments and administration.
- 4.) Monitors and facilitates maintenance of staff qualification (CE credits, licensures, registrations).
- 5.) Responsible for maintaining ADA Recognition and participating in the evaluation of the program's effectiveness.

QUALIFICATIONS

- 1.) Required/expected academic preparation (e.g. minimum of Bachelor's degree required, Master's preferred, etc).
- 2.) Required licenses, registrations, certifications for area of specialty
- 3.) Required experience in clinical practice
- 4.) Required experience in program management

ANNUAL PROGRAM REVIEW & PLAN—XX-XX-200X

(The Annual Program Review is the yearly evaluation by the DSME of operations and performance. Using that review, an Annual Program Plan may be developed. This may serve as the document requiring approval or input from the advisory group. Programs that are just beginning should use this template to record their initial/planning meeting.)

Mission statement of DSME

Review the mission statement and appropriateness to DSME operations.
Revise if necessary. Program goals related to the Mission Statement.

Organizational structure of DSME

Assess or review the organizational structure for its ability the needs of the DSME operations. Document where the DSME fits into the overall organization and what the lines of authority/communication are.

ITEMS THAT MUST BE REVIEWED ANNUALLY

Review item	Review item
1.	Goal achievement of DSME operations Review status of operational goals and/or objectives established for the DSME entity and, based on the review, develop new goals for the upcoming year as needed.
2.	Data analysis of DSME operations Analysis and review of participant data, e.g. # referrals, # completed program, follow-up rates, etc. This is not behavioral or other outcomes analysis.
3	Population served by DSME Analysis and review of your program's <u>target</u> population, and how the DSME program is meeting the needs of the population it is serving. Target population refers to the community at large, not just those presently taking part in your program (Race, ethnicity, education, income, transportation, literacy, special needs, etc.) Include barriers to program access if identified.
4.	Resources of DSME Review the adequacy of resources and plan for any needs (based on analysis of population/community) in the upcoming year, e.g. <ul style="list-style-type: none"> a. Personnel (adequacy for # of patients seen) b. Budget (adequacy to cover costs of delivering program) c. Equipment/Space/Supplies
5.	Curriculum Review Review the curriculum to ensure that it is current and that the handouts support the curriculum and are appropriate for the target population. Revise as needed, including addition of new supporting handouts/education materials.
6.	Outcome data measurements of DSME participants and operations Evaluate effectiveness of DSME program based on the data collected from the participants' individualized behavioral goal and the program outcome measure. <ul style="list-style-type: none"> a. Behavior Change Objectives—data analysis (target % and actual % achieved) b. Other Outcome Measure—data analysis (target % and actual % achieved)
7.	Continuous Quality Improvement—project analysis/review and assessment against benchmark. Plan for application of results to program for improvement purposes. Review the Continuous Quality Improvement process and current project, analyzing data.

A Written Complete Curriculum

The application criteria requires a program to have a written complete curriculum based on the 9 core content areas listed in Standard 6 of the 2007 National Standards for Diabetes Self-Management Education (NSDSME).

Each content area includes the following components for Pre-Diabetes, Type 1, Type 2, Gestational Diabetes and Pregnancy Complicated by Diabetes:

- ✓ Goal/purpose of the section (optional)
- ✓ Learning objectives: What the patient will be able to do after completing the section.
- ✓ Method of delivery/instruction: i.e., lecture discussion, games, demo, etc.
- ✓ Lesson plans or content outlines that address
 - Concepts
 - Details (optional)
 - Instructor's notes and responsibilities (optional)
- ✓ Planned time frame for delivery of each content area (optional)
- ✓ List of the materials and equipment needed for each content area (optional)
- ✓ Methods or processes for evaluation and re-assessment: how it will be determined that learning has taken place.
- ✓ Education documentation plan: There is written documentation of the education process

EXAMPLE

CONTENT AREA: *Incorporating Physical Activity Into Lifestyle***

Purpose: To provide information regarding the effects of physical activity on blood glucose and the possible dietary changes necessary with changes in activity. The opportunity to create an individual physical activity plan will be provided.

Learning Objectives: at the end of this session, the participant will be able to:

1. List three benefits of physical activity.
2. Describe the effects of activity on blood glucose
3. State signs and symptoms of hypoglycemia
4. Describe how to make adjustments in food intake or insulin dose to account for activity.
5. Develop a personal activity plan.

Method of Instruction:

Discussion
Exercise video
Q & A

Content:

- 1) Benefits of regular exercise
- 2) Effects on blood glucose
- 3) Choosing/creating an exercise program
- 4) Aerobic vs. anaerobic exercise
- 5) Hypoglycemia and exercise
- 6) Food/insulin adjustments for exercise
- 7) Tips for staying with your program

Methods of Evaluation:

Responses to questions
Questions asked by participants
Application of knowledge evidenced by review of exercise plan (if selected goal)

Documentation:

Date, content area, initials of instructor and post-education evaluation will be documented on the education record

**** Taken, in part, from “Life with Diabetes,” 3rd Edition, 2004 by the American Diabetes Association.**

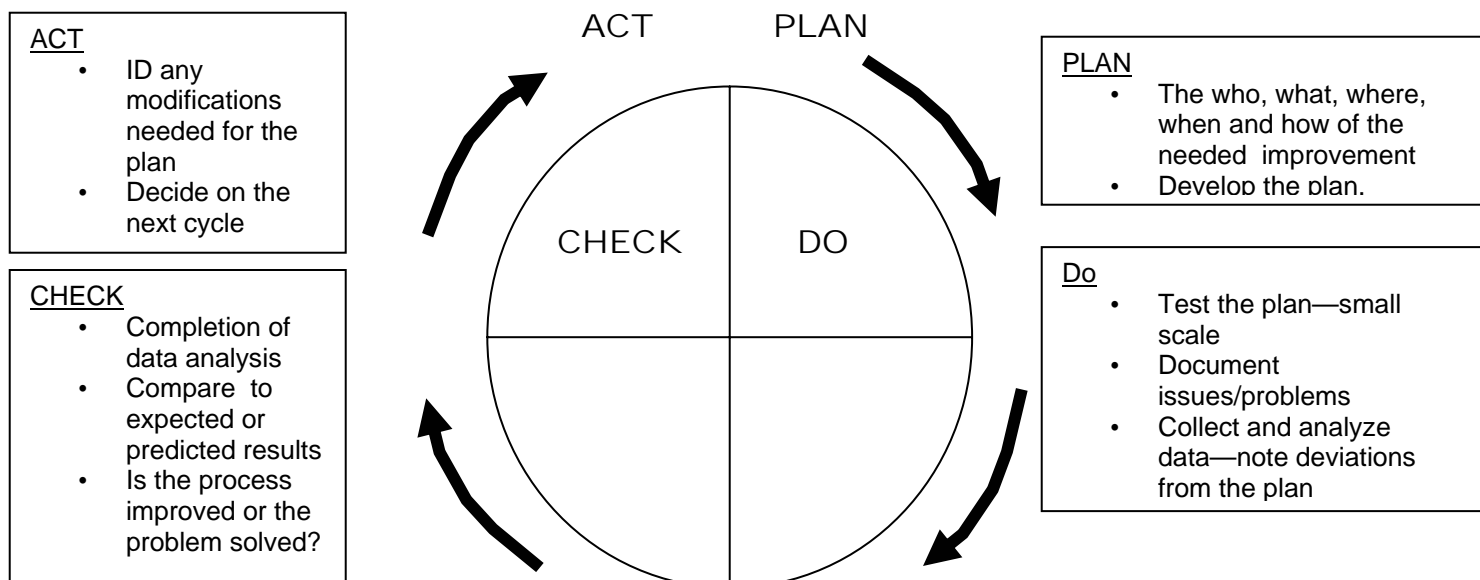
Continuous Quality Improvement Process (sample)

Continuous Quality Improvement (CQI) is a formal process/plan that is a cyclic series of steps designed to enhance DSME processes leading to improved participant and DSME outcomes. Steps include identifying opportunities for improvement, collecting data, analyzing data, choosing a new approach based on data analysis, developing concepts and processes for change, implementing processes, data collection, data analysis and evaluation of new processes. There are many formal processes available for a program to adopt or program can develop its own, as long as the above essential elements are captured.

EXAMPLES:

Ask—what needs to be fixed, improved or accomplished? Will the change improve outcomes (process or participant) and how will improvement be determined?

Plan → Do → Check → Act



OTHER EXAMPLES OF PROCESSES:

1.) DMAIC Cycle

D – Define
M – Measure
A – Analyze
I – Improve
C – Control

2.)FADE

F - FOCUS
A - ANALYZE
D - DEVELOP
E - EVALUATE

EXAMPLE OF CQI PROJECT

Identified Problem: Decreasing number of program participants; provider referral data analyzed-trends noted.

PLAN: Increase provider referrals

DO: Visit physician offices to explain program and referral process
Identify mid-level providers for inclusion in program marketing efforts
Create and distribute easy to use referral form
Send program brochures to provider offices
Attend medical staff meetings every 3 months to increase awareness of program

CHECK: Monitor referrals on a monthly basis by physician practice
Analyze effect of each strategy by # of referrals received

ACT: Continue to practice those strategies with the greatest effect/create new ones and repeat cycle.

Example of a Complete Patient Education Record

1. Referral from Primary Care Provider

Date

Diagnosis

Order for DSME

2. Comprehensive Assessment

Clinical

Cognitive

Psychosocial/Self Care Behaviors

3. Education Plan

Based on Assessed Needs

Includes Patient-Selected Objective(s)

4. Educational Interventions

Dates

Content Taught

Name/Initials of Instructors

5. Evaluation of Progress

Learning Objectives and Outcomes

Patient Selected Objectives

6. Communication with Referring Provider

Includes Diabetes Self-Management Support Plan