

Standard 1: Support for DSMES Services

The Diabetes Self-Management Education and Support (DSMES) team will seek leadership support for implementation and sustainability of DSMES services.

Interpretive Guidance	Indicator	Yes	No
<p>1. <i>Support can also be from expert stakeholders, who can provide purposeful input and advocacy to promote awareness, value, access, increase utilization, and quality.</i></p>	<p>1. The DSMES service will identify external service stakeholders and how each may provide purposeful input and/or advocacy.</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. This selection of external stakeholders will be reviewed/revised annually.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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Standard 2: Population and Service Assessment

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 population's needs and preferences.

Interpretive Guidance	Indicator	Yes	No
<p><i>A. The DSMES service will identify their target population DSMES needs, preferences, and barriers and have a plan to address.</i></p>	<p>Documentation exists that reflects annual assessment of:</p> <ul style="list-style-type: none"> a) The demographics of the target population b) The target population's diabetes type c) The DSMES preferences and needs, and d) Target population's barriers to DSMES services. 	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<p><i>B. The DSMES service will use resources and delivery methods that align with the target population's needs and preferences.</i></p>	<p>1. Documentation exists that reflects annual assessment of DSMES service resources relative to the target population.</p> <p><i>(e.g. physical space, staffing, scheduling, equipment, interpreter services, multi-language culturally relevant education materials, low literacy materials, large font education materials, mobile devices, upload devices and DSMES clinic portal accounts, virtual education equipment and platforms)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. Annual documentation exists reflecting a plan to address any DSMES gaps to serve the target population.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 3: DSMES Team

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. Other members of the DSMES team must have proper qualifications to provide DSMES services.

Interpretive Guidance	Indicator	Yes	No
A. <i>The DSMES service has a designated coordinator who oversees the planning, implementation, and evaluation of the service at all sites.</i>	There is documentation of one quality coordinator as evidenced by a position description or performance appraisal tool.	<input type="checkbox"/>	<input type="checkbox"/>
B. <i>The DSMES team includes one or more healthcare professional with current credentials: Registered Nurse (RN), Registered Dietitian Nutritionist (RDN), pharmacist, Board Certified Advanced Diabetes Management professional (BC-ADM®), or Certified Diabetes Care and Education Specialist (CDCES®).</i>	1. At least one DSMES team member is a RN or RDN, or pharmacist or BC-ADM®, or CDCES®.	<input type="checkbox"/>	<input type="checkbox"/>
	2. All healthcare professional DSMES team members must have current licensures and/or registration	<input type="checkbox"/>	<input type="checkbox"/>
C. <i>Professional team members must demonstrate mastery of diabetes knowledge and training.</i>	Professional team members must demonstrate ongoing training in DSMES topics per the CBDCE examination content areas. a) BC-ADM® and CDCES® team member credentials must be current.	<input type="checkbox"/>	<input type="checkbox"/>
	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.	<input type="checkbox"/>	<input type="checkbox"/>

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	c) Non-BC-ADM® or non CDCES® professional team members who do not have 15 hours CE's within the 12 months prior to joining the DSMES team must accrue the 15 hours of CE's within the first four months of joining the DSMES service as a professional team member.	<input type="checkbox"/>	<input type="checkbox"/>
D. <i>Diabetes Community Care Coordinators (DCCC), previously referred to as paraprofessionals, must be qualified and provide diabetes care and education within their scope of practice and training.</i>	1. DCCC team members 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. (e.g., community health worker, health promotor, pharmacy, lab or diet technician, medical assistant, peer education, trained peer leader)	<input type="checkbox"/>	<input type="checkbox"/>
	2. DCCC team members must have supervision by a professional DSMES team member. Supervision can be demonstrated by a position description or performance appraisal tool.	<input type="checkbox"/>	<input type="checkbox"/>
	3. DCCC team members must have documentation reflecting competency and 15 hours of training prior to providing DSMES services and annually per the DSMES service's anniversary month. (e.g., <i>documented in-service training, medication or device training, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>

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Standard 4: Delivery and Design of DSMES Services

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. Providers of DSMES 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.

Interpretive Guidance	Indicator	Yes	No
<p>A. <i>A written curriculum guides evidence-based content and delivery of DSMES services.</i></p>	<p>An evidence-based curriculum with content, learning objectives, method of delivery and criteria for evaluating learning is in place and covers the following 9 topics.</p> <p>a) Diabetes pathophysiology</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>b) Healthy eating</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>c) Being active</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>d) Taking medications – oral, injectable, insulin pump, inhaled</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>e) Monitoring glucose</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>f) Acute complications prevention, detection, and treatment including hypoglycemia, hyperglycemia, diabetes ketoacidosis, sick day guidelines and severe weather or situation crisis and diabetes supply management</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>g) Chronic complications prevention, detection, and treatment including immunizations and preventative eye, foot, dental care, and renal screens and examinations as indicated per the individual’s duration of diabetes and health status</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>h) Lifestyle and healthy coping</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>i) Diabetes distress and support <i>Note: Problem solving is person centered and addressed within each topic area when appropriate.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

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<i>B. There is evidence that the teaching approach is interactive, patient centered, and incorporates problem solving.</i>	The curriculum or other supporting documents are tailored/individualized and involves interaction and problem solving.	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. The curriculum and/or supporting materials are reviewed/ revised to ensure they align with current evidence.</i>	There is documentation reflecting at least annual review/revision of the curriculum and/or supporting materials by the DSMES team and/or the DSMES service stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>
<i>D. For services outside of the scope of practice of the DSMES team or services, the DSMES team should document communication with referring providers and/or other qualified healthcare professionals to support person -centered care.</i>	There must be documentation reflecting a procedure for meeting participants' needs when they are outside the scope of practice of the DSMES team or service.	<input type="checkbox"/>	<input type="checkbox"/>

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Standard 5: Person-Centered DSMES

Person-centered DSMES is a recurring process over the life span for a PWD. Each person's DSMES plan will be unique, based on their 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 provider.

Interpretive Guidance	Indicator	Yes	No
<p>A. An assessment of the participant is performed in the following areas to develop the person centered DSMES plan. <i>Participants receive a comprehensive assessment that includes baseline diabetes self-management knowledge, skills, and readiness for behavioral change</i></p>	<p>1. An assessment of the participant is performed in the following areas to develop the person centered DSMES plan.</p> <p>a) Diabetes pathophysiology and treatment options</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>b) Healthy eating</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>c) Being active</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>d) Taking medications</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>e) Monitoring glucose</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>f) Acute complications</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>g) Chronic complications</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>h) Lifestyle and healthy coping</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>i) Diabetes distress and support</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>j) Clinical history (diabetes and other pertinent clinical history)</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>k) Health literacy (ability to understand and interpret) <i>(e.g. glucose targets, A1C target, carb awareness, carb counting, carb choices etc.)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. Parts of the initial assessment may be deferred if applicable and the rationale for deferment is documented.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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Interpretive Guidance	Indicator	Yes	No
<p><i>B. Each DSMES participant has a person centered DSMES plan with outcomes measured</i></p>	1. Participant's DSMES plan is documented in the medical record.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Each DSMES session is documented in the medical record.	<input type="checkbox"/>	<input type="checkbox"/>
	3. The outcome evaluation of the DSMES is documented for the topic areas covered during each session.	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>C. Each participant will develop an action oriented behavioral change plan to reach their personal behavioral goal/s.</i></p>	1. DSMES participants will develop at least one action oriented behavioral change goal.	<input type="checkbox"/>	<input type="checkbox"/>
	2. The outcome of the behavioral change goal/s will be measured and documented. The outcome measurement timing will vary based on the individual and the outcome to be measured.	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>D. Clinical outcome measures reflect the impact of the DSMES services on the health status of the participant.</i></p>	<p>The DSMES service will determine at least one participant clinical, or quality of life outcome and it will be measured and documented at baseline and post DSMES for each participant. The outcome assessment timing will vary based on the individual and the outcome to be measured.</p> <p><i>(e.g. clinical, quality of life, hospital days, ER visits, baby weight, C-section delivery rates, DKA, A1C, missed school work or school days etc.).</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>E. The DSMES team will monitor and communicate the outcomes of the DSMES services to the participant's diabetes care team.</i></p>	<p>There is evidence that the DSMES planned or provided, and outcomes will be communicated to the referring provider and/or other members outside of the DSMES service of the participant's diabetes care team.</p> <p><i>Note: The outcomes may include one or more of the following: education, behavioral goal/s, and/or other outcome/s.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

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Standard 6: Measuring and Demonstrating Outcomes of DSMES

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 redesign and optimization.

Interpretive Guidance	Indicator	Yes	No
<p><i>A. To demonstrate the benefit of DSMES, members of the team track and aggregate relevant participant outcomes</i></p>	<p>1. At least one category (healthy eating or being active or taking medication, etc..) of participant behavioral goal outcome will be identified and aggregated at a minimum annually. <i>Note: All participants are not required to select a behavioral goal for this category but for those that did select a goal in this category the outcomes will be aggregated.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. At least one other participant clinical or quality of life outcome will be identified and aggregated at a minimum annually. <i>Note: For the other outcome, the DSMES provider will attempt to collect this for all participants.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>B. Formal CQI strategies provide a framework to strive for excellence, quantify successes and identify future opportunities.</i></p> <p>By measuring and monitoring outcome data on an ongoing basis, the Recognized DSMES team can identify areas for improvement. They can then adjust engagement strategies and service offerings to optimize outcomes.</p>	<p>The DSMES provider will always have a documented quality improvement project and implement new projects when appropriate. The project will include:</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>a) Opportunity for DSMES service improvement or change (<i>What are you trying to improve, fix, or accomplish?</i>)</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>b) Recognized DSMES services will have baseline CQI project data</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>c) Project outcome targets</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>d) Project assessment and evaluation schedule at a minimum every 6 months</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>e) Recognized services will have project outcomes measured, assessed and evaluated at a minimum every 6 months</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f) Recognized DSMES services will have a plan to address gaps identified or service change needs</p>	<input type="checkbox"/>	<input type="checkbox"/>	