

# Quality Coordinator Guide

*2017 National Standards for Diabetes  
Self-Management Education and Support  
Compliance Guide*



# ERP Quality Coordinator Guide

The ERP Quality Coordinator Guide was developed to take the guess work out of ensuring your DSMES service elements are reflective of the ten 2017 National Standards for Diabetes Self-Management Education and Support. Your service will also be audit ready at all times if the guide is current per the Annual Requirement Tracker.

## Instructions for Guide Use

- Print ERP Quality Coordinator Guide.
- Insert pages in a 3 ring binder.
- Replace Insert tab # pages with tabbed pages.
- Replace the front certificate sample with your DSMES service certificate.
- Replace the letter of support sample with your DSMES service letter of support.
- Review pages 5 – 7 demonstrating how to complete your Recognition 4 Year Cycle page.
- Complete the blank Recognition 4 Year Cycle page with your DSMES service dates.
- Use the Recognition 4 Year Cycle page to define your Recognition Year 1,2,3, and 4 dates and the top of the Annual Requirement Tracker.
- Per the Annual Requirement Tracker insert the indicated documents and check that this is complete on the tracker.
- **Three months prior to your DSMES service anniversary date set up on your outlook or electronic calendar a reminder to review the Annual Requirement Tracker.** This will guide you as to what has not been completed yet for the year and allow you time to complete these requirements.



## Review Criteria and Indicator Pages

- Please note:
  - Red underlined text indicates new elements required to meet the standard
  - Red text that is NOT underlined indicates additional language added to the indicator to better explain what is required, but these are not new requirements
  - The yellow text box at the bottom of the indicator pages reflect the date items are required to be in place.

# CERTIFICATE OF RECOGNITION

The American Diabetes Association  
recognizes the education service of

Replace with a copy of your DSMES Service Certificate

AS MEETING THE NATIONAL STANDARDS FOR DIABETES  
SELF-MANAGEMENT EDUCATION

AWARDED FOR THE PERIOD OF



ID# 000000

*Margaret A. Pover*

Margaret Powers, PhD, RD, CDE  
President, Health Care & Education

*Priscilla Faulkner*

Priscilla Faulkner, MS, MA, CNS, CDE  
Chair, Committee on Recognition



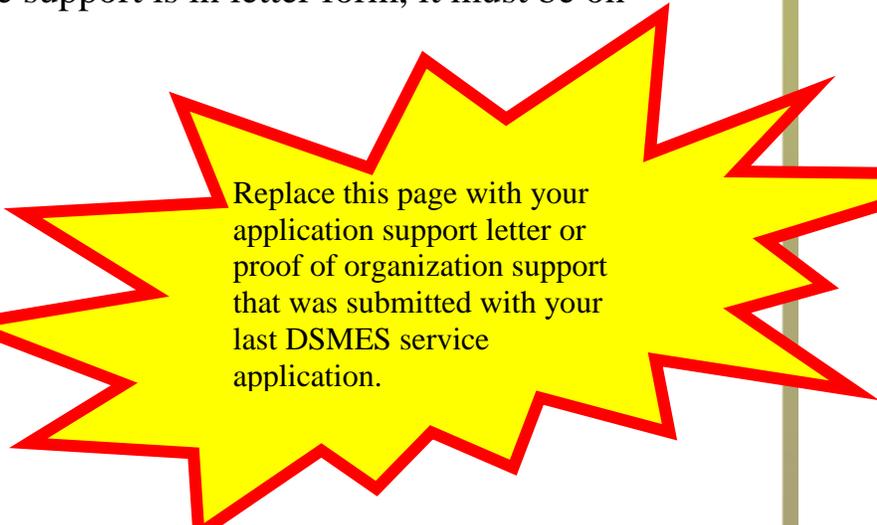
## ABC Diabetes Service

### SAMPLE LETTER – EVIDENCE OF ADMINISTRATIVE SUPPORT OF THE DSMES SERVICE

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

Date

American Diabetes Association  
Education Recognition Program  
2451 Crystal Drive Suite 800  
Arlington, VA 22202



Replace this page with your application support letter or proof of organization support that was submitted with your last DSMES service application.

Dear Sir or Madam:

The application of education Recognition for the diabetes self-management education and support (DSMES) service 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 DSMES service).

Sincerely,  
Name of Administrative Overseer  
Title

# CERTIFICATE OF RECOGNITION

The American Diabetes Association  
recognizes the education service of

Diabetes Self-Management Education Program

ABC Diabetes Program

AS MEETING THE NATIONAL STANDARDS FOR DIABETES  
SELF-MANAGEMENT EDUCATION

AWARDED FOR THE PERIOD OF

March 4, 2015 - March 4, 2019



*Geraldyn Spollett*

Geraldyn Spollett, MSN, ANCP-CS, CDE  
President, Health Care & Education

*Janice Koshinsky*

Janice Koshinsky, RN, MS, CDE  
Chair, Committee on Recognition

# Original Application

## Application Information

<p><i>Signature Statement signed by</i></p> <p>Name: <u>John Doe</u></p> <p>Title: <u>Chief Operating Officer</u></p> <p>Phone: <u>999-999-9999</u></p>	<p><i>Reporting Period</i></p> <p>Start Date: <u><b>March 4, 2015</b></u></p> <p>End Date: <u><b>September 4, 2015</b></u></p>
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## Program Information

### Sponsoring Organization

*Sponsoring Organization Name:*

ABC Diabetes Program

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*Administrative Officer:*

Name: John Doe

Title: Chief Operating Officer

Email: abc@abc.com

Phone: 999-999-9999

Fax: 999-999-9999

Add 1: 1701 North Beauregard Street

Add 2: Alexandria, VA 22311

### Program Coordinator

*Contact Information:*

Name: Cindy Coordinator

Title: Program Coordinator

Email: coordinator@abc.com

Phone: 999-999-9999

Fax: 999-999-9999

Add 1: 1701 North Beauregard Street

Add 2: Alexandria, VA 22311

Certifications: \_\_\_\_\_

Credentials: RD, CDE

Cont'ing Ed: \_\_\_\_\_

### DSME Oversight / Planning

*DSME Advisory System:*

Verify that there is evidence that the established advisory system provides input at least annually for planning DSME operations and oversight for quality of services provided by the DSME.

Verify that there is documentation that an established DSME advisory system exists which involves external stakeholders (If the program is single discipline, at least one stakeholder must be healthcare provider of a different discipline). Verification that there is documented evidence of at least annual input from external stakeholders of the program.

*Population Served:*

Population served assessment

Program Resources relative to the population served

*Methods of Oversight Involvement:*

Group Meetings       Phone calls       Email

Ballots       Surveys

Other: \_\_\_\_\_

*If the Program Coordinator is not a CDE or BC-ADM:*

There is documentation to support that this Staff member has received 15 or 20 contact hours in any one or a combination of diabetes specific topics, diabetes related topics, psychosocial topics, or educational topics within the 12 months prior to the date this application is being entered online.

*Job Description:*

Has academic preparation and/or experiential preparation in program management.

Has academic preparation and/or experiential preparation in the care of persons with a chronic disease.

Oversees the planning, implementation, and evaluation of the DSME entity at all sites.

### General Information

*Type of Electronic Health Record:*

Epic       Cerner

Centricity       Chronicle

E-Clinical Works (ECW)       Meditech

All Scripts       Diaweb

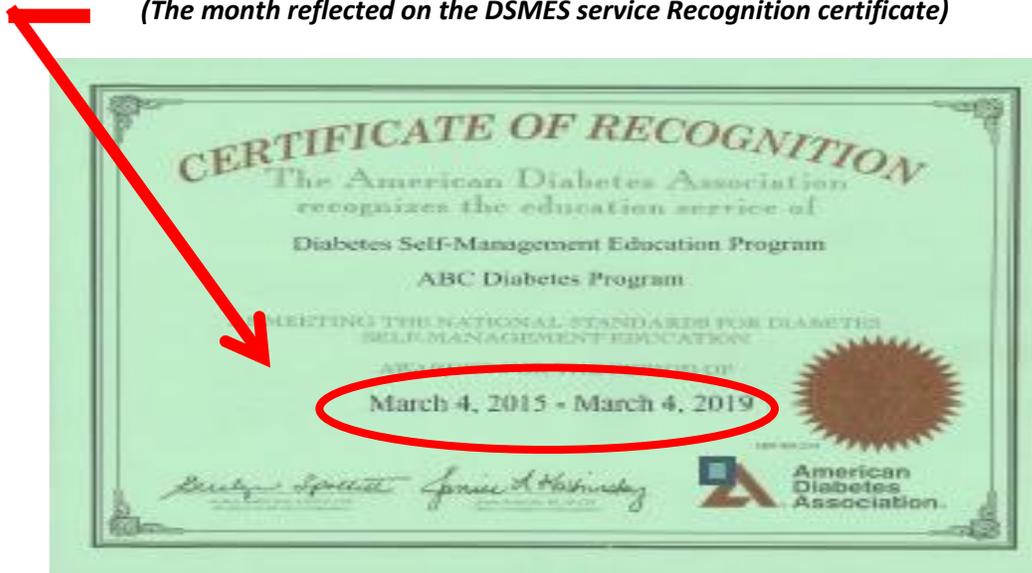
Other: \_\_\_\_\_

### DSMES Service 4 Year Recognition Cycle

March 4 2015 to March 4 2019

Month \* Year \*\* 4 years later Month\* Year

*(The month reflected on the DSMES service Recognition certificate)*



**Application Reporting Period (see top of sample application page)**

March 4 2015 to September 4 2015

**Recognition Year 1**

March 4 2015 to March 4 2016

**Recognition Year 2**

March 4 19 2016 to March 4 2017

**Recognition Year 3**

March 4 2017 to March 4 2018

**Recognition Year 4**

March 4 2018 to March 4 2019

- The renewal application can be initiated in the ERP portal up to 6 months prior to the DSMES service’s Recognition expiring.
  - It is recommended that renewal applications be submitted at least 60 days prior to the DSMES service’s Recognition expiring to allow ERP to processes and the DSMES service to notify their Medicare MAC with new certificate.

**DSMES Service 4 Year Recognition Cycle**

\_\_\_\_\_ to \_\_\_\_\_  
*Month \**                      *Year \*\**                      4 years later                      *Month\**                      *Year*  
*(see the month indicated on the DSMES service Recognition certificate)*

**Application Reporting Period**

\_\_\_\_\_ to \_\_\_\_\_  
*Month*                      *Year*                      *Month*                      *Year*

**Recognition Year 1**

\_\_\_\_\_ to \_\_\_\_\_  
*Month \**                      *Year \*\**                      *Month\**                      *Year*

**Recognition Year 2**

\_\_\_\_\_ to \_\_\_\_\_  
*Month\**                      *Year*                      *Month\**                      *Year*

**Recognition Year 3**

\_\_\_\_\_ to \_\_\_\_\_  
*Month\**                      *Year*                      *Month\**                      *Year*

**Recognition Year 4 – \*Renewal Application Year**

\_\_\_\_\_ to \_\_\_\_\_  
*Month\**                      *Year*                      *Month\**                      *Year*

- The renewal application can be initiated in the ERP portal up to 6 months prior to the DSME service’s Recognition expiring.
  - It is recommended that renewal applications be submitted at least 60 days prior to the DSMES service’s Recognition expiring to allow ERP to processes and the DSMES service to notify their Medicare MAC with new certificate.

**Note all required Recognition documents should be maintained for 5 years.**



American Diabetes Association  
Diabetes Self-Management Education and Support (DSMES) Recognition

# Annual Requirement Tracker

Requirement	Most Recent Application Reporting Period	Recognition Year 1	Recognition Year 2	Recognition Year 3	Recognition Year 4	Comments
Enter Dates for Recognition Years	To	To	To	To	To	Use the Recognition 4 Year Cycle page to determine the dates.
<b>Standard 1</b>						
Organization chart is current and in binder						
Mission statement is in binder						
Annual documentation reflecting organizations support of the DSMES service in binder						
DSMES service goals' achievement <b>reviewed and upcoming year's goals set and in binder</b>						
<b>Standard 2</b>						
Advisory group activity complete and documentation is in binder						

<b>Standard 3</b>	Population served and DSMES service assessment is complete and in binder								
<b>Standard 4</b>	QC job description and/or evaluation tool reflects duties and responsibilities of a QC is in binder								QC- Quality Coordinator
	Documentation reflecting QC's credentials are current in binder								
	Copy of QC's current CDE or BC-ADM or 15 hrs. of CEU certificates in binder	#					#		# CEUs must be earned within past 12 months of application submission
<b>Standard 5</b>	Documentation reflecting all Professional Team Members' credentials are current in binder								RDs must have copy of CDR verification or copy of CDR card
	Copy of all Professional Team Members' current CDE or BC-ADM or 15 hrs. of CEU certificates in binder	#					#		CEUs if required per DSMES service anniversary month
	Copy Out of Scope of Practice Policy in Binder								
	Para-Professional Team Members proof of previous training or experience is in binder								
	Para-Professional Team Members proof of 15 hrs. of annual training is in binder								Annual training per DSMES service anniversary month.
	Para-Professional proof of competency in the areas she/he teaches is in binder								
<b>Standard 6</b>	Documentation reflecting the DSMES curriculum's annual review or/and revision is in the binder								DSMES curriculum used name:

Standard 7, 8, 9									
Per Complete Chart Tracker in tab 7 section, the complete DSMES charts required have been identified									
Per standard 8, there is a resource listing DSMES options reflecting annual revision/review									
<b>Standard 10</b>									
Documentation reflecting the DSMES service aggregations of at least one behavioral goal in binder									
Documentation reflecting the DSMES service aggregation of at least one other participant outcome in binder									
DSMES service CQI project with all components as outlined in the CQI toolkit in tab 10 is in the binder									
<b>If above items are completed for the Recognition Year, the QC can attest to the DSMES service is meeting the National Standards for DSMES on the ASR</b>									
Annual Status Report (ASR) Completed in ERP Portal up to 30 days prior to DSMES service's anniversary month of _____	No ASR required during application year							No ASR required during application year	The ASR is available in the ERP portal 30 days before the DSMES service anniversary date

**Note all Required Recognition Documents should be maintained for 5 years to ensure the DSMES service is audit ready.**

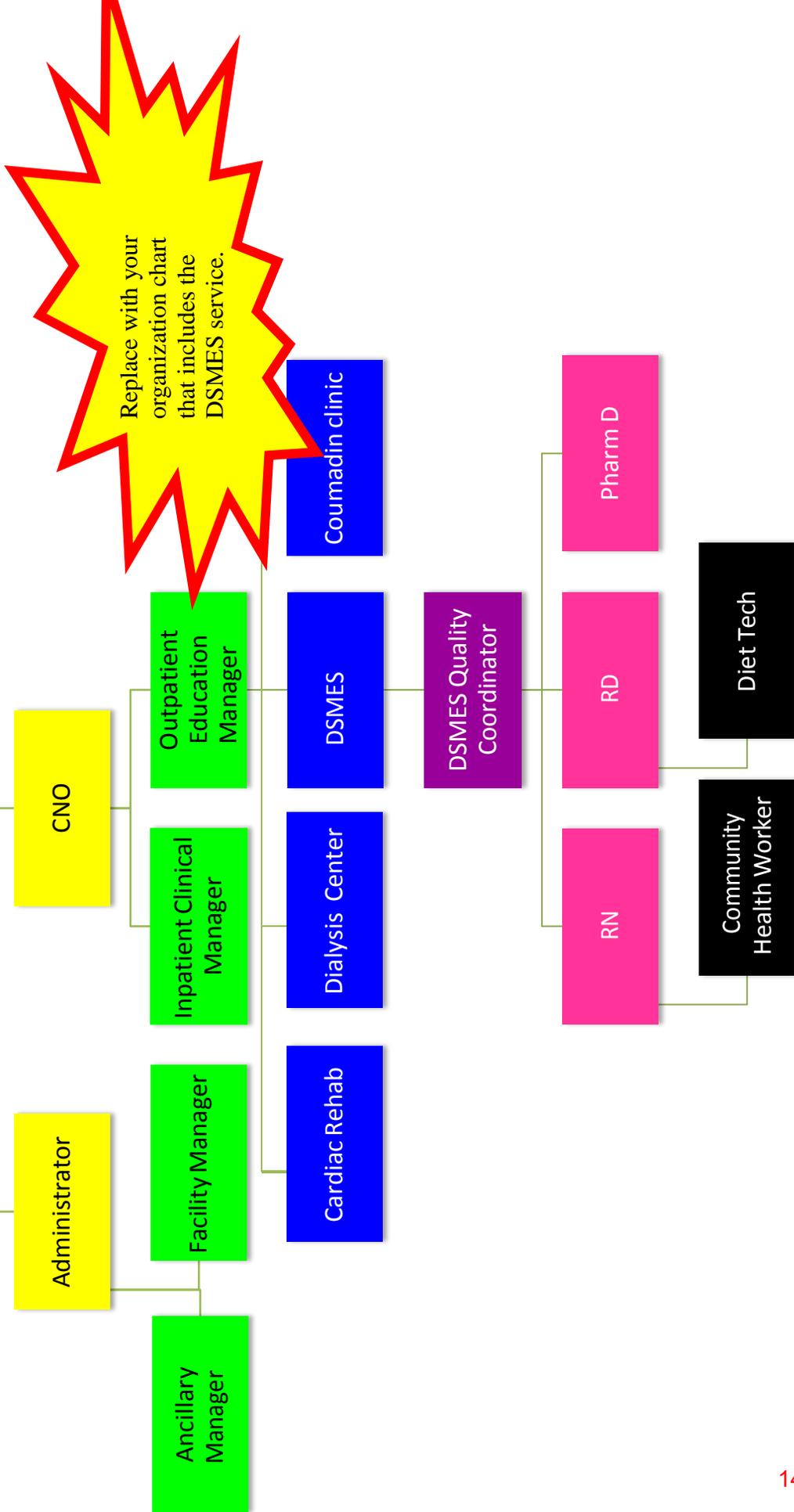
**Insert**

**Std. 1**

**Tab**



# Organizational Chart



## Sample DSMES Service Mission Statement

The mission of the diabetes team at (organization/facility name) is to provide quality comprehensive diabetes self-management education and support to those living with and affected by diabetes. We believe that education and support are key components of empowering the person living with diabetes to better manage diabetes, avoid complications, and achieve optimum emotional and health status.



## ABC'S Diabetes Service Goals

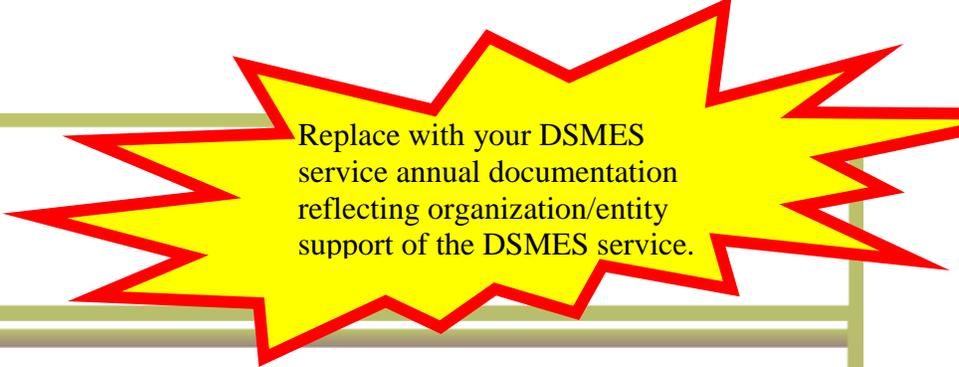
Goals reviewed for last year and new goals for 20\_\_are:

1. To transition the diabetes self-management education and support (DSMES) documentation from paper to the new ABC organization wide EMR and continue to capture all elements of the DSMES cycle and track outcomes.
2. Hire, train and document annually competency of 2 new Paraprofessional team members to teach the following 3 of 9 topic areas (DM disease process, SMBG, Exercise). Assign each of the 2 Paraprofessional team members a supervising Professional team member.
3. Implement a new DSMES service CQI project around a processes or outcomes.
4. Establish a contract with the top 3 referring physician practices and create multi sites at these locations. Dated: **May 31, 20\_\_**

**Tip #1: Dated within one year of application**



Replace with your  
DSMES service goals for  
the current year and  
review of the previous  
year's goals.



Replace with your DSMES service annual documentation reflecting organization/entity support of the DSMES service.

**SAMPLE LETTER – EVIDENCE OF ADMINISTRATIVE SUPPORT OF THE DSMES SERVICE**

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

Date

American Diabetes Association  
Education Recognition Program  
2451 Crystal Drive Suite 800  
Arlington, VA 22202

Dear Sir or Madam:

The application of education Recognition for the diabetes self-management education and support (DSMES) service 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 DSMES service).

Sincerely,  
Name of Administrative Overseer  
Title

**Insert**

**Std. 2**

**Tab**

**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period: \_\_\_\_\_

Current Period: \_\_\_\_\_

**Standard #2: External Input**

**Stakeholder Input**

The provider(s) of DSME will seek ongoing input from external stakeholders and experts in order to promote program quality.

Review Criteria	Indicators	Yes	No	N/A
<i>A. An Advisory Group is in place and is representative of diabetes stakeholders in the provider's service community.</i>	1. There is evidence of a process for seeking external input and/or describing activities involving diverse stakeholders providing input or feedback for program improvement or development.  (e.g. of documentation: meeting minutes, policy)  (e.g. of external stakeholders – person with diabetes, person affected by diabetes, community group representative(s), other healthcare professionals outside of the diabetes program)	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Single discipline programs must also have a healthcare professional(s) of a different discipline-other than that of the single discipline program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B. Activities of the Advisory Group, reflecting its input in enhancing the quality of the DSME/S service are documented at least annually</i>	1. There is documented evidence of at least annual input from external stakeholders of the program with <b>the names of the external stakeholders identified and reflected on the annual activity documentation.</b>  (e.g. meeting minutes, ballots, surveys, documented phone consults, emails)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>No new indicators or elements were added to Standard 2 only clarification language.</b>				
Standard met?	Yes _____ No _____			

Findings / Notes: \_\_\_\_\_

### Advisory Group Activity

**Standard #2:** An advisory group activity is required annually and within 12 months of a DSMES service original or renewal application.

Activity Date: \_\_\_\_\_ 20\_\_\_\_\_

Activity Type (Select One):

- Documented in person meeting
- Documented emails
- Documented phone conversations
- Ballot
- DSME program survey

<i>Advisory Members</i>	<i>Name</i>	<i>Participated</i>	<i>Did not participate</i>
<b>Quality Coordinator</b>			
<b>External Stakeholders</b>			
<b>A Healthcare Professional of another discipline is required for single discipline DSMES services.</b>			

The DSMES service input for improvement or development gained from this activity:

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**Insert**

**Std. 3**

**Tab**

**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period: \_\_\_\_\_

Current Period: \_\_\_\_\_

**Standard #3: Access**

**Evaluation of  
Population Served**

The provider(s) of DSME will determine who to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for that population.

Review Criteria	Indicators	Yes	No	N/A
<p><i>A. The DSME program will identify who to serve in its community, and assess factors that may prevent the population served from accessing the diabetes education program and support services.</i></p>	<p>1. Documentation exists that reflects an annual assessment of:</p> <p>a. 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)</p> <p>b. 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>c. A plan to address any identified needs (e. g. identification of resources for additional services, plan for options for class times )</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>No new indicators or elements were added to Standard 3 only clarification language.</p>				
<p>Standard met?</p>	<p>Yes ____ No ____</p>			

*Findings / Notes:*

## Population Served and DSMES Service Assessment

The population \_\_\_\_\_ (DSMES service's name) \_\_\_\_\_ serves

<b>Population Served and DSMES Service Assessment – Standard 3</b>				
If the population you plan to serve includes specific counties, cities, states etc. you can find information on by searching diabetes statistics at <a href="http://www.cdc.gov">www.cdc.gov</a> .	<b>Population the DSMES Service Plans to Serve</b>		<b>Population the DSMES Service is Currently Serving</b>	
<b>Key: The % can be estimates rather than actual numbers.</b> <b>0 = None      1= ~25% or less    2 = ~ 50% or less      3 =~&gt;50%</b>				
Race of Population				
American Indian or Alaskan Native	0	1	2	3
Asian/Chinese/Japanese/Korean/Pacific Islander	0	1	2	3
Black/African American	0	1	2	3
Hispanic/Chicano/Cuban/Mexican/Puerto Rican/Latino	0	1	2	3
White/Caucasian	0	1	2	3
Middle Eastern	0	1	2	3
Age of Population				
19 years or less	0	1	2	3
19-44 years	0	1	2	3
45 – 65 years	0	1	2	3
>65 years	0	1	2	3
Type of Diabetes				
Pre Diabetes Age up to 19 years	0	1	2	3
Pre Diabetes > 19 yrs	0	1	2	3
Type 1 Diabetes 0-18 yrs	0	1	2	3
Type 1 Diabetes >18 yrs	0	1	2	3
Type 2 Diabetes 0 – 18 yrs	0	1	2	3
Type 2 Diabetes > 18 yrs	0	1	2	3
Pregnancy with Pre-existingDM	0	1	2	3
GDM	0	1	2	3
Unique Needs of Population				
Hearing Impaired (Requiring Sign language)	Yes	No	Yes	No
Visual Impaired (Requiring Print augmentation)	Yes	No	Yes	No
Language Barrier (Requiring Interpreters)	Yes	No	Yes	No
Low Literacy Population	Yes	No	Yes	No
Transportation Opportunities	Yes	No	Yes	No
Physical Facility Needs (class room space, ramps, elevators, etc...)	Yes	No	Yes	No
Technical Savvy Pts	Yes	No	Yes	No
Insured	Yes	No	Yes	No
Uninsured	Yes	No	Yes	No
Diabetes Treatments				
Oral Anti-Diabetes Medication	Yes	No	Yes	No
Insulin	Yes	No	Yes	No
Concentrated Insulin – U-500, U-300	Yes	No	Yes	No
Inhaled Insulin	Yes	No	Yes	No
Injectable Anti-Diabetes Medications other than Insulin	Yes	No	Yes	No
Insulin Pumps	Yes	No	Yes	No
CGMS	Yes	No	Yes	No

**Based on the DSMES service’s population currently being served and planned to serve data, assess the DSMES service’s resources and how they meet the population’s DSMES identified needs.**

<b>Physical Space</b>	resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Staffing</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Scheduling</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Equipment</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Interpreter Services</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Multi-Language/Culture Education Materials</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Low Literacy Education Materials</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Large Print Education Materials</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Electronic Education Materials</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Electronic and Web based DM Management Resources</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs
<b>Curriculum</b>	DSMES service’s resources and assets that are addressing or meeting the needs	Plan to address identified needs

**Insert**

**Std. 4**

**Tab**

**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period: \_\_\_\_\_

Current Period: \_\_\_\_\_

**Standard #4: Program coordination**

**Quality Coordinator Overseeing DSMES Services**

A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for the planning, implementation, and evaluation of education services.

Review Criteria	Indicators	Yes	No	N/A
<i>A. The DSME program has a designated coordinator who oversees the planning, implementation and evaluation of the program at all sites.</i>	1. There is documentation of one program coordinator as evidenced by a job description, performance appraisal tool, or other.	<input type="checkbox"/>	<input type="checkbox"/>	
<i>B. The coordinator is academically or experientially prepared in areas of chronic disease care, patient education and/or program management.</i>	1. Curriculum Vitae, resume or job description of the coordinator reflects appropriate qualifications.  2. Coordinator is <b>CDE</b> or <b>BC-ADM</b> , or annually accrues <b>15 hours</b> of CE credits <b>provided by NCBDE approved CE providers</b> based on program anniversary month. (e. g. of CE topics: chronic disease care, patient education and program management.)	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	
	No new indicators or elements have been added to Standard 4.			
Standard met?	Yes ____ No ____			

Findings / Notes: \_\_\_\_\_

# Quality Coordinator Position Description Template



1. The title of this position should be one that indicates leadership, such as a 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 DSMES service (at all sites, if there is more than one site in the DSMES service).
  - 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
    - License/Registrations/Certifications as applicable.

### EXAMPLE

**POSITION TITLE: Diabetes Quality Coordinator**

**DEPARTMENT: Outpatient Clinic**

**REPORTS TO: VP of Nursing**

### POSITION SUMMARY

The Diabetes Quality Coordinator (QC) is responsible for overseeing the day-to day operations of the DSMES service at all sites. The QC ensures that the National Standards (NSDSMES) are met and maintained at all times.

### DUTIES AND RESPONSIBILITIES

1. Oversees the planning, implementation and evaluation of the DSMES service.
2. Arranges and coordinates the activities of the Advisory Group.
3. Liaises between the DSMES team members, the Advisory Group, other departments and administration.
4. Monitors and facilitates maintenance of DSMES team members qualification (CE credits, training, competency, licensures, and registrations).
5. Responsible for maintaining ADA Recognition and participating in the evaluation of the DSMES service's effectiveness.

### QUALIFICATIONS

1. Required/expected academic preparation.
2. Required licenses, registrations, certifications for area of specialty.
3. Required experience in clinical practice.
4. Required experience in program management.

Revised per the 2017 NSDSMES 9/2017

Quality Coordinator

Resume Template



**Replace**

**Personal:**

Name  
Address  
Telephone- daytime  
Fax # Email Address

**Education:** Month and year / Academic degree or professional degree and professional credential /  
From which college or 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 position duties/ responsibilities (Example: Diabetes Quality  
Coordinator- Oversees day to day operations, including planning, implementing and  
evaluating of DSMES service).

Month/Year to Month/Year: begin with the most recent positions held and list all.  
Include the place, address, title.

Brief summary of position duties/responsibilities (Example: Director of clinical Nutrition  
Services- Responsible for developing policies and procedures related to nutrition  
assessment, treatment and education of patients, staff supervision.).

**Membership:** Include all professional membership 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

Revised per the 2017 NSDSMES 9/2017

**Insert**

**Std. 5**

**Tab**

**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period:

Current Period:

**Standard #5: Instructional staff**

DSMES Team

One or more instructors will provide DSME and, when applicable, DSMS. At least one of the instructors responsible for designing and planning DSME and DSMS will be a registered nurse, registered dietitian, or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM. Other health workers can contribute to DSME and provide DSMS with appropriate training in diabetes and with supervision and support.

Review Criteria	Indicators	Yes	No	N/A
A. <i>The DSME instructor(s) must include at least one RN OR one RD OR one pharmacist OR one certified diabetes professional.</i>	1. At least one <b>RN</b> or one <b>RD</b> or one <b>pharmacist</b> or one <b>certified diabetes professional (e.g. CDE or BC-ADM)</b> is involved as an instructor in the education of program participant(s).	<input type="checkbox"/>	<input type="checkbox"/>	



**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period:

Current Period:

<p><i>C. A mechanism must be in place to meet the needs of participants if they cannot be met within the scope of practice of the instructor(s)</i></p>	<p>1. Guidelines must be in place for determining procedure for meeting participants' educational needs when they are outside the scope of practice of instructor(s). (single discipline or paraprofessional staff involved in instruction)</p> <p><u>Documentation reflecting procedure for meeting participants' educational needs when they are outside the scope of practice of the DSMES team member/s.</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Starting May 1, 2018</b> services must have the <u>red underlined</u> items in place.</p>				
<p>Standard Met?</p>	<p>Yes ____ No ____</p>			

Findings / Notes:



## Example

### Out of Scope of Practice Policy

Purpose: To provide guidance when a Diabetes Self-Management Education and Support (DSMES) participant's education needs are outside of the scope of practice of the DSMES service's team members.

Procedure: When a DSMES participant has needs that are outside of the scope of practice of the DSMES team members the following will occur:

- The DSMES participant will be provided a list of providers that can provide the service/s needed.
- The referring provider will be notified of the DSMES participant's needs not provided because they were outside of the scope of practice of the DSMES team members.
- The communication to the referring provider will be documented in the participant's medical record.

## Annual Professional Team Members' CEU Requirements and Para-Professional Team Members' Training Requirements

- Professional team members that are not a CDE® or BC-ADM require documentation reflecting 15 hours of CEUs annually per the DSMES service anniversary month that meet all the below guidelines.
- Para-professional team members require documentation reflecting 15 hours of training annually per the DSMES service anniversary month and the below topic guidelines.
- The CEUs and training are required:
  - At the time of the DSMES service application
  - The 12 months prior to the DSMES service application submission date
  - During the DSMES service's 4 year Recognition period.
    - The annual requirements are based on the DSMES service's anniversary month

### CEU Providers and Topics

- It is important to understand that the annual professional DSMES team member CEU requirement replaces the requirement that professional team members be a CDE® or BC-ADM
- Professional team member CEUs must be diabetes related per the NCBDE exam content areas which can be found on page 22 – 24 of the link:  
[http://www.ncbde.org/assets/1/7/Handbook\\_Current.pdf](http://www.ncbde.org/assets/1/7/Handbook_Current.pdf)
- The CEU must be provided by a NCBDE approved CEU organization found at:  
[http://www.ncbde.org/assets/1/7/Handbook\\_Current.pdf](http://www.ncbde.org/assets/1/7/Handbook_Current.pdf)

### CEU Topics

- **Diabetes Specific**
- **Diabetes Related:** nutrition, exercise, retinopathy, nephropathy, neuropathy, cardiovascular disease, stroke, lipids, obesity, metabolic syndrome, etc.
- **Psychosocial:** psychological, behavioral or social content related to diabetes, self-management or chronic disease.
- **Education:** knowledge assessment, learning principles, education, training or instructional methods
- **Program Management:** operations of the DSME, including business operations, performance improvement, case and disease management.

*If the program title does not fit one of the above: Include a copy of the official program brochure with objectives or a copy of the official course outline.*

# CEU Guidelines

## ▪ CEU Certificates and Logs

- The CEU certificate must display the following
  - DSMES team member's name
  - Title of the CEU program
  - Date/s the CEU hours were earned
  - Number of CE hours
  - Name of the NCBDE approved credentialing body
- RD or CDE logs are not accepted because they are populated by the RD
- Pharmacists CPE logs are accepted
  - CPE (Accreditation Council for Pharmacy Education) will no longer provide CEU certificates. CPE populates the logs with the CEU data

## ▪ CEUs - Not accepted

- Exhibit hall hours
- BLS\* and ACLS\*\* courses
- Poster Sessions: unless accompanied by objectives provided during the session
- Academic credits (college credits) unless the college or university:
  - *is approved by an NCBDE recognition organization*
  - *the college/university converts the credits to CEU hours and provides verification of conversion on official letterhead*

\*BLS – Basic Life Support

\*\*ACLS – Advanced Cardiac Life Support



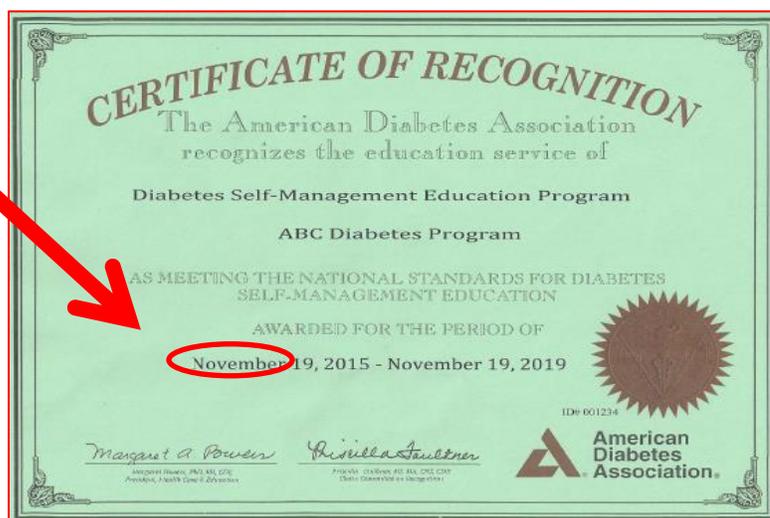


## DSMES Team Member and Staff Type

- **Professional instructional team member**
  - A licensed or credentialed healthcare provider that is eligible to sit for the CDE exam
  - Credentials current during 4 year recognition period
  - \*CEU's if not a CDE or BC-ADM required
  - Include on applications
- **Para-professional instructional team member**
  - Proof of training/experience prior to joining DSMES service
  - Proof of 15 hrs. of training per recognition year
  - Proof of competency in areas of DSMES service she/he teaches each recognition year
  - Include on applications

*\*All CEUs and credentials must be kept on file during the 4 year recognition cycle including the CEUs and credentials submitted with the most recent service application.*

*\*Recognition year is a 12 month period based on the month on the DSMES service's recognition certificate one.*



- **Temporary instructional team member**
  - Two types of Temporary Instructors
- May be a professional instructor that fills in while permanent instructor is on vacation
- A permanent professional instructor can be a temporary instructor for the first 4 months after hire (not para-professionals) to allow time to obtain CEUs
  - Do not include on application
  - Credentials have to be current
  - Keep proof of hire date in case of an audit

Administrative staff	Referring providers
<ul style="list-style-type: none"> <li>▪ Does not provide education</li> <li>▪ No credentials or CEUs required</li> <li>▪ Do not include on application</li> </ul>	<ul style="list-style-type: none"> <li>▪ Are not instructional staff</li> <li>▪ Do not include on application</li> <li>▪ Credentials and CEUs do not have to be kept on file for DSMES recognition</li> </ul>

**Insert**

**Std. 6**

**Tab**



**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period:

Current Period:

<i>B. There is periodic review and revisions of the curriculum and/or course materials to reflect current evidence.</i>	1. There is evidence of regular review and revisions as needed (at least annually), of the curriculum and/or course materials by DSME instructor(s) and/or advisory group.	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. There is evidence that the teaching approach is interactive, patient-centered and incorporates problem solving.</i>	1. There is documentation in the curriculum (methods) or other supporting document which demonstrates that instruction is tailored/individualized and involves interaction.	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Starting May 1, 2018</b> the red items in VI and VII above must be found in one of the curriculum topics. They do not necessarily have to be in VI or VII but they must be present. These items were most likely already in the service curriculum or support materials but now they have to be in the curriculum. Services can have addendums to their curriculum with these elements if needed.</p>			
<b>Curriculum Title:</b>			
<b>Standard Met?</b>	Yes ____ No ____		

Findings / Notes:

# DSMES Curriculum Review Tracker

**Curriculum Title:** \_\_\_\_\_

Requirement	Most Recent Application Reporting Period	Recognition Year 1	Recognition Year 2	Recognition Year 3	Recognition Year 4	Comments
Enter Dates for Recognition Years	To	To	To	To	To	The "Recognition Year" is a 12 month period based on the month reflected on the DSMES service Recognition certificate.
<b>Curriculum Review Date/s</b> <i>Note: Standard 6 requires that the DSMES curriculum be reviewed/revised as needed or at a minimum annually.</i>						
<b>List Reviewers</b>						
<b>No Changes Required per Review</b> (check appropriate box if applicable)						
<b>List Curriculum Updates</b> (if applicable)						

# Complete Diabetes Self- Management Education and Support (DSMES) Curriculum

The DSMES service application requires a DSMES service to have a written complete curriculum based on the 9 topic areas listed in Standard 6 of the 2017 National Standards for Diabetes Self-Management Education and Support.

## Each of the 9 topics must include the following four components

- Learning objectives: What the participant will be able to do after completing the section.
- Method of delivery that is tailored and individualized for participant’s needs and involves interaction.
- The content of the specific topic.
- Methods of evaluating successful learning of the topics.

### Curriculum Notes:

- A DSMES curriculum that meets Standard 6’s indicators can be developed by the DSMES service or the service may choose to use an existing curriculum. The below is a list of some of the existing curriculums that meet standard 6’s requirements.
  - American Diabetes Association Life With Diabetes
    - Recognized DSMES services can receive a 40% discount Life with Diabetes
    - [www.diabetes.org](http://www.diabetes.org)
    - Right Menu Bar - select ERP 40% discount on publications and books
  - International Diabetes Center Basic Diabetes Curriculum
  - Healthy Interactions Conversation Maps
  - AADE 7 Curriculum
- One curriculum can be cover all types of diabetes (pre diabetes, type 1 diabetes, type 2 diabetes, pregnancy with pre-existing diabetes, gestational diabetes). Some of the documents supporting the curriculum would be different for the various types of diabetes.
- The following 2 curriculum topics must include the below indicated content.
  - Preventing, detecting, and treating acute complications including hypoglycemia, hyperglycemia, diabetes ketoacidosis, sick day guidelines, and severe weather or situation crisis and diabetes supplies management
  - Preventing, detecting, and treating chronic complications including immunizations and preventive eye, foot, dental, and renal examinations as indicated per the individual participant’s duration of diabetes and health status
- The DSMES service must have documentation reflecting the curriculum review or revision when needed or at a minimum annually.

The red underlined elements can be in any section of the curriculum but must be documented in the curriculum or an addendum to the curriculum.

## Curriculum Topic Area Example

### **Topic: 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

### **Methods 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. Cardio vs. resistance exercise
5. Hypoglycemia and exercise
6. Food/insulin adjustments for exercise
7. Tips for staying with your exercise program

### **Methods of Evaluation:**

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

**Insert**

**Std. 7**

**Tab**

## American Diabetes Association's Education Recognition Program Review Criteria and Indicators: 9<sup>th</sup> Edition

Reporting Period: \_\_\_\_\_

Current Period: \_\_\_\_\_

### Standard #7: Individualization

The diabetes self-management, education, and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change.

Review Criteria	Indicators	Yes	No	N/A
<p><i>A. Participants receive a comprehensive assessment, including baseline diabetes self management knowledge and skills, and readiness for behavior change.</i></p>	<p>1. An assessment of the participant is performed in the following domains in preparation for education:</p> <ul style="list-style-type: none"> <li>a. Diabetes disease process</li> <li>b. Nutritional management</li> <li>c. Physical activity</li> <li>d. Using medications</li> <li>e. Monitoring blood glucose</li> <li>f. Preventing, detecting and treating acute complications</li> <li>g. Preventing, detecting and treating chronic complications</li> <li>h. clinical (diabetes and other pertinent clinical history)</li> <li>i. cognitive (knowledge of self management skills, functional health literacy)</li> <li>j. psychosocial (emotional response to diabetes)</li> <li>k. diabetes distress, support systems</li> <li>l. behavioral (readiness for change, lifestyle practices, self care behaviors)</li> </ul> <p>Parts of the complete assessment may be deferred if applicable and the rationale for deferment documented.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><i>B. Participants have an education plan based on their individual assessment.</i></p>	<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><i>C. There is implementation of the education plan.</i></p>	<p>1. Education is provided based on participant need(s) and education plan.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

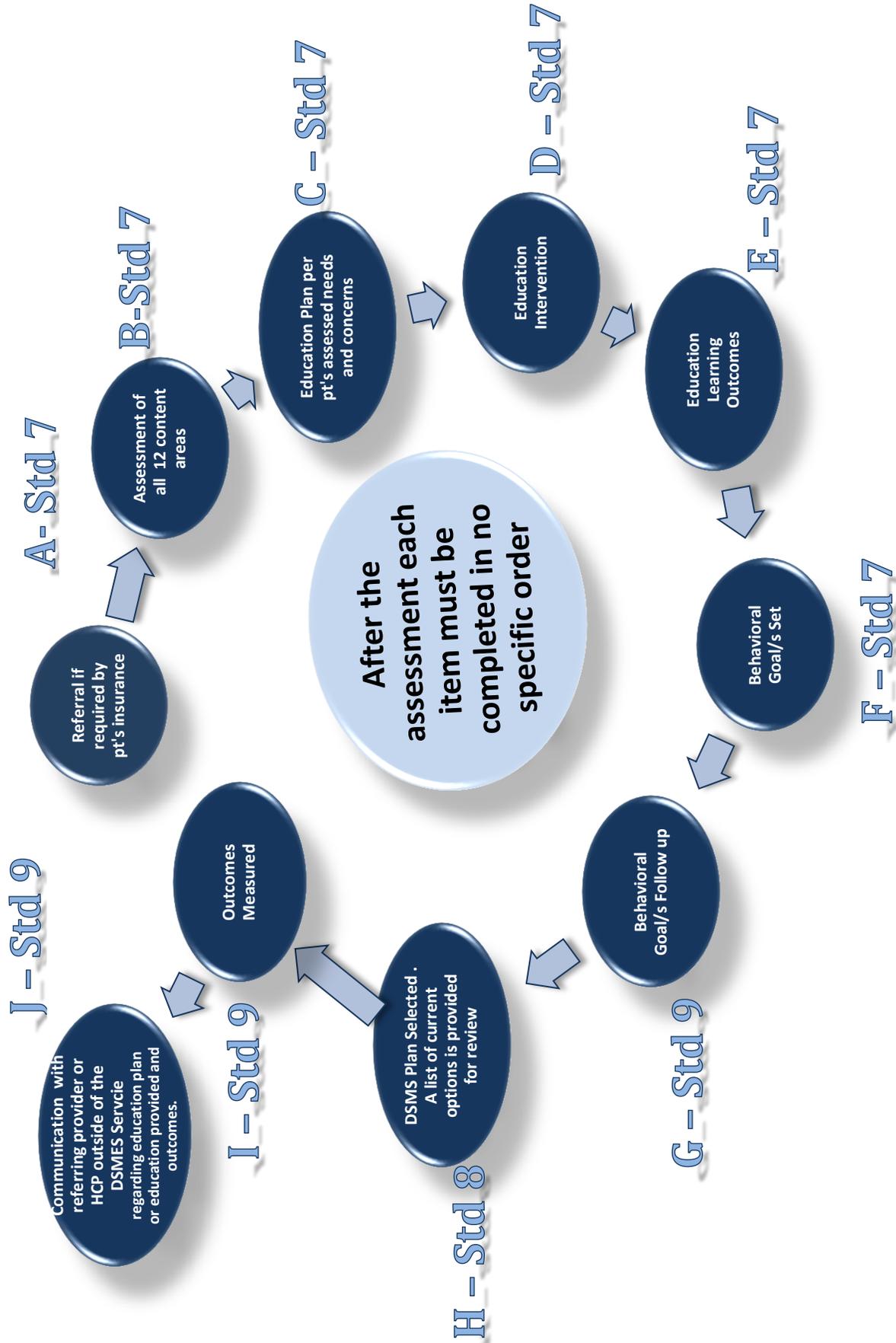
Reporting Period:

Current Period:

<p><i>D. The education process is documented in the permanent record.</i></p>	<p>1. Documentation in the participant chart includes evidence of the education process: referral from provider (if applicable), assessments, education plan and educational interventions.</p>	<p align="center"><input type="checkbox"/></p>	<p align="center"><input type="checkbox"/></p>
<p>No new indicators or elements were added to standard 7, just the red clarification language</p>			
<p>Standard Met?</p>	<p>Yes _____ No _____</p>		

Findings / Notes:

# Initial Comprehensive DSMES Cycle—Standards 7, 8, 9



# Complete Chart Tracker

(Enter Multi-Site Name)

# Multi Sites	The # of charts reflecting the Complete DSMES Cycle required during an ADA audit from each multisite for the current period and the most recent service's application reporting period.
1– 2 Multi Sites	5 Charts per Multi Site per Period
3– 4 Multi Sites	3 Charts per Multi Site per Period
5+ Multi Sites	2 Charts per Multi Site per Period

Each month print a chart that reflects the complete DSMES Cycle that was completed within the past 1 to 3 months.

Application Reporting Period		Year 1	Year 2	Year 3	Year 4
		1 Chart per Multi Site each month			
<p><b>1. Print</b> the number of charts per multi-site indicated on the chart above from the last DSMES service application reporting period.</p> <p><b>2. Label</b> charts with each of the DSMES elements (A – J)</p> <p><b>3. File</b> in QC Guide binder</p>	January				
	February				
	March				
	April				
	May				
	June				
	July				
	August				
	September				
	October				
	November				
	December				

Edit per 2017 NSDSMES 9/2017



# Sample Templates And Policy

- DSMES Assessment Data Collection and Review Policy
- Initial Self-Assessment
- Diabetes Self- Management Education Record
- Behavior and Other Participant Outcomes

## Sample Participant DSMES Assessment Data Collection and Review Policy

***This policy can be used by Recognized Diabetes Self-Management Education and Support (DSMES) Services that do not compile all of the DSMES assessment data in one location in the participant record (paper or electronically).***

Purpose:

- To define what data must be reviewed and the data location in the participant’s record to allow for a complete and thorough DSMES assessment.

Procedure:

- An assessment of the DSMES participant is performed to determine the participant concerns and educational needs in the following topics in preparation for the DSMES planning and provision.
- The participant’s DSMES education plan is set based on their concerns and the above assessment.
- If any part of the initial DSMES assessment needs to be deferred to another time this must be documented along with the deferment rationale.
- In the case of a DSMES audit or application all assessment data points must be included as part of the DSMES chart.

<b>Topic</b>	<b>Medical Record Location</b>
Clinical: Health history	
Cognitive: Functional health literacy and numeracy	
Diabetes Distress and Support Systems	
<b>Assessment of the 9 Topic Areas</b>	
Ability to describe the <b>Diabetes Disease Process</b> and treatment options.	
Ability to incorporate <b>Nutritional</b> management into lifestyle	
Ability to incorporate <b>Physical Activity</b> into lifestyle	
Ability to use <b>Medications</b> safely (if applicable)	
Ability to <b>Monitor</b> blood glucose and other parameters; interpreting and using results	
Ability to prevent, detect and treat <b>Acute Complications</b> .	
Ability to prevent detect and treat <b>Chronic Complications</b>	
Ability to develop personalize strategies to address <b>Psychosocial Issues</b> and concerns Examples: Psychosocial and Self Care Behaviors: Emotional Response to Diabetes, Cultural Influences, Health Beliefs, Health Behavior, Lifestyle Practices, Barriers to Learning, Relevant Socioeconomic Factors	
Ability to develop personalize strategies to <b>Promote Health and Behavioral Change</b> Example: goal setting, behavioral change strategies aimed at risk reduction such as preconception care, readiness to change	

Note: This policy may be used as is or adapted per an ADA Recognized DSMES service’s needs.

## PARTICIPANT SELF ASSESSMENT OF DIABETES MANAGEMENT

Name: _____ Date: _____	
Date of Birth: ___/___/___ Age: _____ Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Ethnic Background: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/A-A <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Middle-eastern	
What is your language preference: English <input type="checkbox"/> Other <input type="checkbox"/> _____	
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>City</span> <span>ST</span> <span>Zip</span> </div>	
Phone: Home (____) _____ Work: (____) _____ Mobile: (____) _____	
1. What type of diabetes do you have? Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Pre-diabetes <input type="checkbox"/> GDM <input type="checkbox"/> Don't Know <input type="checkbox"/>	
2. Year/Age of Diabetes Diagnoses: _____/_____ List relatives with diabetes: _____	
3. Do you take diabetes medications? Y <input type="checkbox"/> (check all that apply below) N <input type="checkbox"/> Diabetes pills <input type="checkbox"/> Insulin injections <input type="checkbox"/> Byetta injections <input type="checkbox"/> Symlin injections <input type="checkbox"/> Combination of pills and injections <input type="checkbox"/> About how often do you miss taking your medication as prescribed? _____	
4. Do you have other health problems? Y <input type="checkbox"/> N <input type="checkbox"/> Please list other medical conditions: _____	
5. Do you take other medications? Y <input type="checkbox"/> N <input type="checkbox"/> Please list other medications: _____	
6. What is the last grade of school you have completed? _____	
7. Are you currently employed? Y <input type="checkbox"/> N <input type="checkbox"/> What is your occupation? _____	
8. Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> How many people live in your household? _____	
9. How are they related to you? _____	
10. From whom do you get support for your diabetes? Family <input type="checkbox"/> _____ Co-workers <input type="checkbox"/> Healthcare providers <input type="checkbox"/> Support group No-one <input type="checkbox"/>	
11. Do you have a meal plan for diabetes? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please describe: About how often do you use this meal plan? Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> Do you read and use food labels as a dietary guide? Y <input type="checkbox"/> N <input type="checkbox"/> Do you have any diet restrictions: Salt <input type="checkbox"/> Fat <input type="checkbox"/> Fluid <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> _____ Give a sample of your meals for a typical day: Time: _____ Breakfast: _____ Time: _____ Lunch: _____ Time: _____ Dinner: _____ Time: _____ Snack: _____ Time: _____ Snack: _____	
12. Do you: do your own food shopping? Y <input type="checkbox"/> N <input type="checkbox"/> Cook your own meals? Y <input type="checkbox"/> N <input type="checkbox"/> How often do you eat out? _____	
13. Do you drink alcohol? Y <input type="checkbox"/> N <input type="checkbox"/> Type: _____ How many _____ per day <input type="checkbox"/> per week <input type="checkbox"/> occasionally <input type="checkbox"/>	
21. Do you use tobacco: cigarette <input type="checkbox"/> pipe <input type="checkbox"/> cigar <input type="checkbox"/> chewing <input type="checkbox"/> none <input type="checkbox"/> quit <input type="checkbox"/> how long ago _____	
14. Do you exercise regularly? Y <input type="checkbox"/> N <input type="checkbox"/> Type: _____ How Often: _____ My exercise routine is: easy <input type="checkbox"/> moderately intense <input type="checkbox"/> very intense <input type="checkbox"/>	
15. Do you check your blood sugars? Y <input type="checkbox"/> N <input type="checkbox"/> Blood sugar range: _____ to _____ How often: Once a day <input type="checkbox"/> 2 or more/day <input type="checkbox"/> 1 or more/Week <input type="checkbox"/> Occasionally <input type="checkbox"/> When: Before breakfast <input type="checkbox"/> 2 hours after meals <input type="checkbox"/> Before bedtime <input type="checkbox"/> What is your target blood sugar range? _____	
16. In the last month, how often have you had a low blood sugar reaction: Never <input type="checkbox"/> Once <input type="checkbox"/> One or more times/week <input type="checkbox"/> What are your symptoms? _____ How do you treat your low blood sugar? _____	
17. Can you tell when your blood sugar is too high? Y <input type="checkbox"/> N <input type="checkbox"/> What do you do when your sugar is high? _____	
18. Check any of the following tests/procedures you have had in the last 12 months: dilated eye exam <input type="checkbox"/> urine test for protein <input type="checkbox"/> foot exam--self <input type="checkbox"/> healthcare professional <input type="checkbox"/> dental exam <input type="checkbox"/> blood pressure <input type="checkbox"/> weight <input type="checkbox"/> cholesterol <input type="checkbox"/> HgA1c <input type="checkbox"/> flu shot <input type="checkbox"/> pneumonia shot <input type="checkbox"/>	

**PARTICIPANT SELF ASSESSMENT OF DIABETES MANAGEMENT**

19. In the last 12 months, have you: used emergency room services  been admitted to a hospital   
Was ER visit or hospital admission diabetes related? Y  N

20. Do you have any of the following: eye problems  kidney problems  numbness/tingling/loss of feeling in your feet  dental problems  high blood pressure  high cholesterol  sexual problems  depression

22. Have you had previous instruction on how to take care of your diabetes? Y  N  How long ago: \_\_\_\_\_

22. In your own words, what is diabetes? \_\_\_\_\_

23. How do you learn best: Listening  Reading  Observing  Doing

24. Do you have any difficulty with: hearing  seeing  reading  speaking   
Explain any checked:

27. Do you have any cultural or religious practices or beliefs that influence how you care for your diabetes?  
Y  N  Please describe

25. Do you use computers: to email  look for health and other information

26. Please state whether you agree, are neutral or disagree with the following statements:

I feel good about my general health: agree  neutral  disagree

My diabetes interferes with other aspects of my life: agree  neutral  disagree

My level of stress is high: agree  neutral  disagree

I have some control over whether I get diabetes complications or not: agree  neutral  disagree

I struggle with making changes in my life to care for my diabetes: agree  neutral  disagree

27. How do you handle stress?

28. What concerns you most about your diabetes? \_\_\_\_\_

29. What is hardest for you in caring for your diabetes?

30. What are your thoughts or feelings about this issue (e.g., frustrated, angry, guilty)? \_\_\_\_\_

31. What are you most interested in learning from these diabetes education sessions? \_\_\_\_\_

**32. Pregnancy and Fertility:**

Are you: Pre-menopausal  Menopausal  Post-Menopausal  N/A

Are you pregnant? Y  When are you expecting? \_\_\_\_\_

N  Are you planning on becoming pregnant? \_\_\_\_\_

Have you been pregnant before? Y  N  Do you have any children? Y  Ages: \_\_\_\_\_ N

Are you aware of the impact of diabetes on pregnancy? Y  N

Are you using birth control? Y  please specify \_\_\_\_\_ N

**\*Please do not write below this line\***

**CLINICIAN ASSESSMENT SUMMARY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education Needs/Education Plan:** Diabetes disease process  Nutritional Management  Physical Activity   
Using Medications  Monitoring  Preventing Acute Complications  Preventing Chronic Complications   
Behavior Change Strategies  Risk Reduction Strategies  Psychosocial adjustment

Date: \_\_\_\_\_ Clinician Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Referring Provider: \_\_\_\_\_

Assessment/Scale: 1= needs instruction 2= needs review 3= comprehends key points 4= demonstrates understanding/competency NC= not covered N/A= not applicable

**Diabetes Self-Management Education and Support Participant Record**

Topics Learning Objectives	Initial	Initial or Post Srvc	Post-Service	Comments							
	Pre Edu Assessment/ Education Plan	Edu outcome or Reassess	Edu outcome or Reassessment								
<b>Educator Initial:</b>											
<b>Date:</b>											
<b>Diabetes disease process and Treatment process</b> <i>Define diabetes and identify own type of diabetes; list 3 options for treating diabetes</i>											
<b>Incorporating nutritional management into lifestyle</b> <i>Describe effect of type, amount and timing of food on blood glucose; list 3 methods for planning meals</i>											
<b>Incorporating physical activity into lifestyle</b> <i>State effect of exercise on blood glucose levels</i>											
<b>Using Medications safely</b> <i>State effect of diabetes medicines on diabetes; name diabetes medication taking, action and side effects</i>											
<b>Monitoring blood glucose, interpreting and using results</b> <i>Identify recommended blood glucose targets and personal targets</i>											
<b>Prevention, detection, and treatment of acute complications</b> <i>List symptoms of hyper- and hypoglycemia; describe how to treat low blood sugar and actions for lowering high blood glucose levels</i>											
<b>Prevention, detection and treatment of chronic complications</b> <i>Define the natural course of diabetes and describe the relationship of blood glucose levels to long term complications of diabetes</i>											
<b>Developing strategies to address psychosocial issues</b> <i>Describe feelings about living with diabetes; identify support needed and support network</i>											
<b>Developing strategies to promote health/change behavior</b> <i>Define the ABCs of diabetes; identify appropriate screenings, schedule and personal plan for screenings.</i>											

Participant Selected DSMS Plan \_\_\_\_\_

Participant Selected Behavioral Goal/s and Outcomes: \_\_\_\_\_

Comments: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Instructions for Form Use:

*This form can be used for initial comprehensive DSMES and for post program DSMES. The top two rows of the above table are used to indicate this.*

*Top Row: Indicate if the participant visit/session is initial comprehensive DSMES or post program DSMES.*

*Second Row: Indicate if the column is being used to document education outcomes or re-assess the participant's needs.*

## Behavior and Other Participant Outcomes

My \_\_\_\_\_ (name) health goal/s I have chosen to focus on are:

**1. Health Goal:** \_\_\_\_\_

In order to meet this goal, I will: \_\_\_\_\_

How many times/minutes per day? \_\_\_\_\_ Or per week? \_\_\_\_\_

**2. Health Goal:** \_\_\_\_\_

In order to meet this goal, I will: \_\_\_\_\_

How many times/minutes per day? \_\_\_\_\_ Or per week? \_\_\_\_\_

**Other participant outcome baseline:** \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**----- Follow Up Documentation -----**

**Date of follow-up:** \_\_\_\_\_

**Behavioral goal 1 met:**

All the Time	Most of the time	Half the time	Occasionally	Never
5	4	3	2	1

**Behavioral goal 2 met:**

All the Time	Most of the time	Half the time	Occasionally	Never
5	4	3	2	1

**Other participant outcome follow up:** \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Complete Participant Chart Audits per Multi-Site

#Multi-Sites	# Complete Charts from current period and reporting period of each Multi-Site
<b>Parent Site Included</b>	
<b>1-2 Multi-Sites</b>	5 Complete Charts each period
<b>3-4 Multi-Sites</b>	3 Complete Charts each period
<b>5+ Multi-Sites</b>	2 Complete Charts each period

**EMR Charts** not printed are covered by the confidentiality agreement signed by the se vice and the auditor prior to the audit. You will be required to access the electronic charts and stay with the auditor during the entire chart review.

**Insert**

**Std. 8**

**Tab**

**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period: \_\_\_\_\_

Current Period: \_\_\_\_\_

**Standard #8: Ongoing support**

The participant and instructor(s) will together develop a personalized follow-up plan for ongoing self-management support. The participant's outcomes and goals and the plan for ongoing self-management support will be communicated to other members of the health care team.

Review Criteria	Indicators	Yes	No	N/A
A. Participants will have a plan for post education self-management support for ongoing diabetes self care beyond the formal self management education process	1. There must be evidence of a personalized follow-up plan for Diabetes Self-Management Support (DSMS) as part of the education process either within or outside of the DSME program. (e. g. of DSMS: worksite programs, support groups, community programs, on-line diabetes support services, exercise programs, walking groups, follow up with diabetes educator or referring provider, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
	2. There must be evidence of communication with other health care team members (e. g. referring provider, social services agency staff, school nurse, etc.) regarding education plan or education provided, outcomes and the DSMS plan.	<input type="checkbox"/>	<input type="checkbox"/>	

**Starting November 1, 2017**

- The DSMS no longer has to be communicated to the referring provider or another healthcare provider.

**Starting May 1, 2018**

- The DSMS plan the participant selects must be outside of the DSMES services.
- The DSMES provider must have a current list of participant support options, with "other" as an option, that the participant may consider when selecting their support plan.
- The listing of support options is reviewed/revised when needed or annually at a minimum.

Standard Met?	Yes ____ No ____
---------------	------------------

Findings / Notes: \_\_\_\_\_

Let your educator know if you need help accessing the websites.

**Emotional Support**

- National Alliance on Mental Illness (NAMI) –(Depression, bipolar and other support) 800-950-6264; [www.nami.org](http://www.nami.org)
- Depression & Bipolar Support Alliance- 800-826-3632-www.dbsalliance.org
- Anxiety & Depression Association of America
  - Find a local support groups & Therapist by zip code at [www.adaa.org](http://www.adaa.org)
  - National phone number 240-485-1001
- National Suicide Prevention Lifeline- 800-273-8255

**Weight Management**

- Weight Watchers-800-621-6000-www.weightwatchers.com
- Over eaters Anonymous- 505-891-2664 (support group)- [www.oa.org](http://www.oa.org)
- Other: \_\_\_\_\_

**Exercise**

- Curves -877-673-3144- [www.curves.com](http://www.curves.com)
- 24 Hour Fitness-800-224-0240- [www.24hourfitness.com](http://www.24hourfitness.com)
- Add local gym and fitness center as an option*
- Other: \_\_\_\_\_



**Diabetes Support Groups**

- Add local support group information*

**Stress Relief**

- Add local Yoga classes*

**Other**

- Add other local support resources*

**Journals**

- Diabetes Forecast- 800-342-2383- [www.diabetesforecast.org](http://www.diabetesforecast.org)
- Diabetes Self-Management- 855-367-4813- [www.diabetesselfmanagement.com](http://www.diabetesselfmanagement.com)
- Other: \_\_\_\_\_

**Apps**

- Calorie King
- Glucose Buddy (Free, tracks blood glucose, graphs)
- SparkQuote (Free, inspiring quote for the day)

**Patient Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Review/Revision Date:** \_\_\_\_\_

*Review/revision required annually at a minimum.*

**Insert**

**Std. 9**

**Tab**

**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period: \_\_\_\_\_

Current Period: \_\_\_\_\_

**Standard #9: Patient progress**

The provider(s) of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcome(s) as a way to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.

Review Criteria	Indicators	Yes	No	N/A
A. <i>The DSME/S program measures the effectiveness of the educational intervention(s) through the evaluation of goals/outcomes for each participant.</i>	1. The DSME program has a process for follow-up to evaluate and document at least one of each of the following:	<input type="checkbox"/>	<input type="checkbox"/>	
	a) Behavioral goal achievement (e. g. Healthy eating, being active, other)	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Other participant outcome: (e.g. clinical, quality of life, satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Behavioral goal(s) and other participant outcome(s) assessment is personalized and reviewed at appropriate intervals.	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Starting May 1, 2018</b> services will be required to have evidence of communication <b>with the referring provider or</b> if no referring provider then with another healthcare provider <b>outside of the DSMES services</b> regarding the education planned or provided and participant outcomes.</p>				
Standard Met?	Yes _____ No _____			

Findings / Notes: \_\_\_\_\_

## Behavior and Other Participant Outcomes

My \_\_\_\_\_ (name) health goal/s I have chosen to focus on are:

**1. Health Goal:** \_\_\_\_\_

In order to meet this goal, I will: \_\_\_\_\_

How many times/minutes per day? \_\_\_\_\_ Or per week? \_\_\_\_\_

**2. Health Goal:** \_\_\_\_\_

In order to meet this goal, I will: \_\_\_\_\_

How many times/minutes per day? \_\_\_\_\_ Or per week? \_\_\_\_\_

**Other participant outcome baseline:** \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**----- Follow Up Documentation -----**

**Date of follow-up:** \_\_\_\_\_

**Behavioral goal 1 met:**

All the Time	Most of the time	Half the time	Occasionally	Never
5	4	3	2	1

**Behavioral goal 2 met:**

All the Time	Most of the time	Half the time	Occasionally	Never
5	4	3	2	1

**Other participant outcome follow up:** \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EXAMPLE

Communication with the Referring Provider or Other HCP Outside of the DSMES Service

EDUCATION PLAN or PROVIDED and OUTCOMES

(Enter Date)

Dear Provider,

Thank you for referring (Participant's Name) to the (DSMES Service Name) service. Mr./Ms. XYZ has completed his/her personalized initial comprehensive education plan. The education plan included the following topics: Disease Process, Nutrition, Exercise, Blood Glucose Monitoring, Medication, Acute and Chronic Complications, Behavioral and Lifestyle Change and Healthy Coping.

(Participant's Name) education outcomes: (examples below- not all have to be present)

- Participant selected behavioral goal: Nutrition- decrease portion sizes using the plate method for all meals.
  - **Outcome Post Education: Met 75% of the time**
- Other participant outcome: A1C-Pre-education- 9.0
  - **Outcome 3 Months Post Education: 7.8% (1.2% reduction)**
- Education Learning Outcomes for All Education Topics (see above):
  - **Outcome Post Education: Competent in all subject areas**

Please contact me if you have any questions at (Educator's Email Address and Phone Number).

Regards,

(Educator's Signature)

(DSMES Service Name)

American Diabetes Association Recognized Diabetes Self-Management and Support Service

# **Insert Std. 10 Tab**

**American Diabetes Association's Education Recognition Program  
Review Criteria and Indicators: 9<sup>th</sup> Edition**

Reporting Period: \_\_\_\_\_

Current Period: \_\_\_\_\_

**Standard #10: Quality improvement**

The provider(s) of DSME will measure the effectiveness of the education and support and look for ways to improve any identified gaps in services or service quality using a systematic review of process and outcome data.

Review Criteria	Indicators	Yes	No	N/ A
A. The DSME program has a quality improvement process and plan in place for evaluating the education process and program outcomes.	1. There is evidence of aggregation of the following participant outcomes at least one participant behavioral goal outcome and at least one other participant outcome.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. There is documentation of a Continuous Quality Improvement (CQI) project which will include: <ul style="list-style-type: none"> <li>▪ Opportunity for DSMES service improvement or change (what are you trying to improve, fix, or accomplish)</li> <li>▪ Baseline project achievement (new providers may not have a baseline measure at the time of application)</li> <li>▪ Project target outcome</li> <li>▪ Outcome assessment and evaluation schedule.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Quality improvement is based on regular aggregation of program outcomes data and application of results to enhance quality of the DSME and address gaps in service.	1. DSMES service providers will have documentation reflecting an ongoing quality improvement project <b><u>and implementation of new project when applicable.</u></b> <ul style="list-style-type: none"> <li>▪ Existing DSMES service providers will have documented quality improvement project outcomes.</li> <li>▪ Quality improvement outcomes will be measured annually at a minimum.</li> <li>▪ Existing DSMES service providers will have documented plans and actions based on project outcome.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Starting November 1, 2017</b> DSMES services CQI plan does not have to be based on a behavioral goal or other participant outcome. It can be based on a program or process outcome.  <b>Starting May 1, 2018</b> the one <b>red underlined</b> element must be operationalized.</p>				
Standard Met?	Yes _____ No _____			

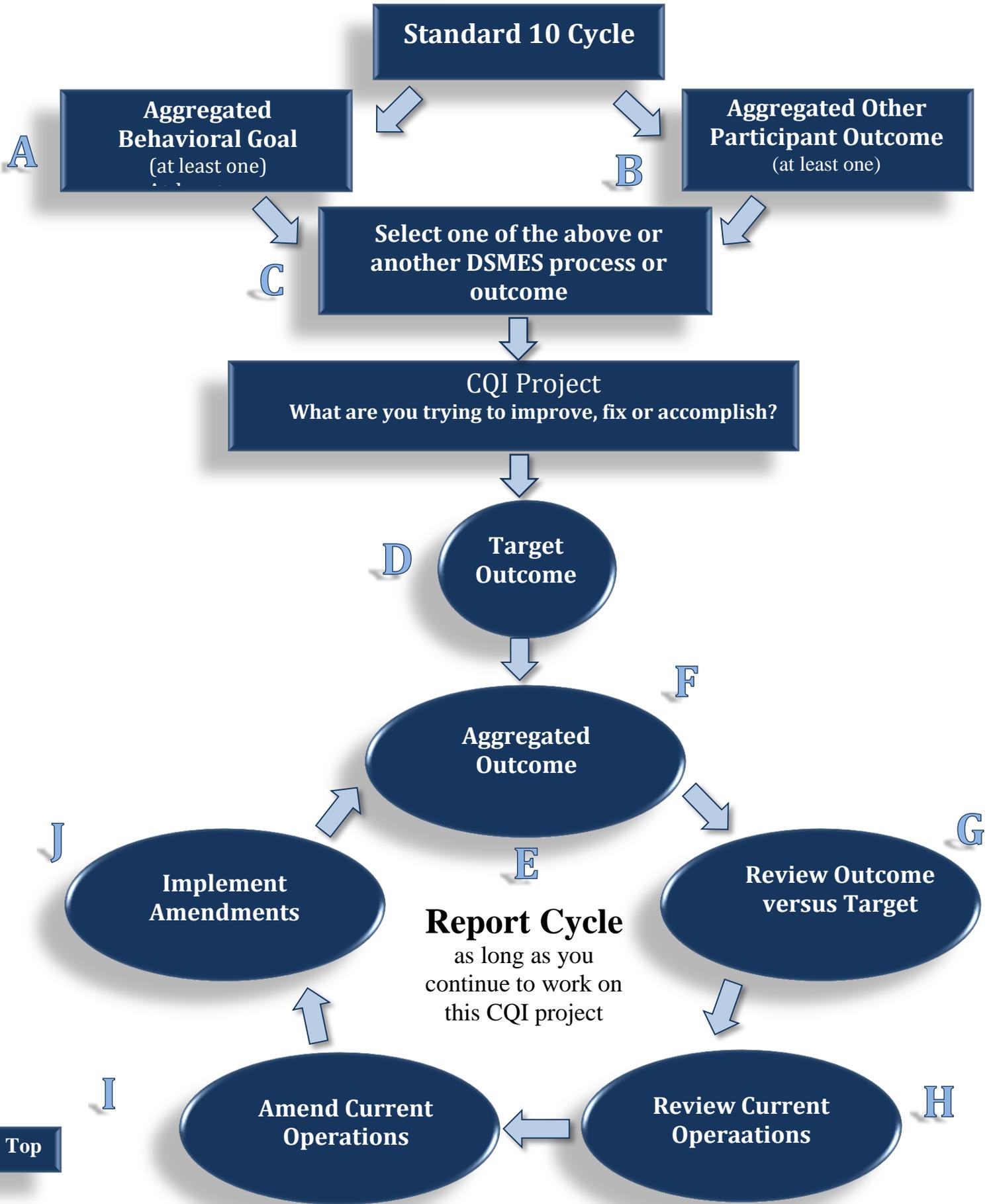
Findings / Notes: \_\_\_\_\_

# CQI Toolkit

In this toolkit you will find an explanation of what is required by ADA Recognized DSMES services to meet the National Standards for Diabetes Self-Management and Support Standard 10's criteria. You will also find a user friendly sample worksheets, templates, and examples.

## Contents:

- I. [Standard 10](#)
- II. [CQI and Standard 10 Cycle](#)
- III. [CQI Worksheet](#)
- IV. [CQI Example – A1C](#)
- V. [CQI Example – Exercise](#)
- VI. [CQI Example – LDL](#)
- VII. [CQI – Other Sample Plans](#)



CQI Project Worksheet

- A. DSMES service’s one or more aggregate participant selected behavioral goal outcome
  - Behavioral Goal Category and Aggregated Outcome:
  - Add more lines if needed.
- B. DSMES service’s or more aggregated other participant outcome
  - Other Participant Outcome and Aggregated Outcome:
  - Add more lines if needed.
- C. CQI Project
  - Enter in line below either one of the above aggregated outcomes from A or B above or select another DSMES process or outcome that the CQI project will address.
    - \_\_\_\_\_
  - List below what your CQI project will be trying to improve, fix or accomplish?
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
- D. What is the CQI project outcome target? The % outcome the DSMES service is trying to achieve?
  - \_\_\_\_\_%
- E. Determine the CQI project outcomes reporting and review cycle: monthly, quarterly, bi-annually.
  - a. Reporting and outcome review cycle will be \_\_\_\_\_.

**CQI Cycle**

- F. Aggregate outcomes
- G. Review outcomes versus target
- H. Review current operations as they relate to the CQI project
- I. Amend current operations to improve CQI outcomes
- J. Implement improvements

**Repeat cycle starting with F.**

E) Reporting Review Date	<i>Enter Date to Report/Review</i>			
D) CQI Target	%	%	%	%
F) CQI Outcome	%	%	%	%
G) Review Outcomes				
H) Review current operations and consider amendments				
I) List amendments to current operations				
J) Date change Implemented				

### Sample CQI Project Worksheet – A1C

- A. DSMES service’s one or more aggregate participant selected behavioral goal outcome
  - Behavioral Goal Category and Aggregated Outcome: Physical Activity 75%
- B. DSMES service’s one or more aggregated other participant outcome
  - Other Participant Outcome and Aggregated Outcome: A1C 57%
- C. CQI Project
  - Enter in line below either one of the above aggregated outcomes from A or B above or select another DSMES service process or outcome that the CQI project will address.
    - A1C
  - List below what your CQI project will be trying to improve, fix or accomplish?
    - Increase the number of participants who enter the DSMES service with an A1C above 8 with an A1C less than 7%
- D. What is the CQI project target % outcome you are trying to achieve?
  - 85%
- E. Determine the CQI project outcomes reporting and review cycle: monthly, quarterly, bi-annually.
  - Reporting and outcome review cycle will be bi-annually.

#### CQI Cycle

- F. Aggregate outcomes
- G. Review outcomes versus target
- H. Review current operations as they relate to the CQI project
- I. Amend current operations to improve CQI outcomes
- J. Implement improvements

#### Repeat cycle starting with F.

E) Reporting Review Date	June 20__Enter Date to Report/Review	December 20__Enter Date to Report/Review	June 20__Enter Date to Report/Review	December 20__
D) CQI Target	85%	85%	85%	85%
F) CQI Outcome	57 %	64%	79%	%
G) Review Outcomes	93 of the 163 participants had a post DSMES A1C less than 7%.	119 of the 186 participants had a post DSMES A1C less than 7%.	219 of the 277 participants had a post DSMES A1C less than 7%.	
H) Review current operations and consider amendments	Currently how often you should have your A1C tested is reviewed during class 4 of the 5 class series.	The participants reported feeling empowered when they learned of different changes that can be made that can impact A1C including medication and behavior/lifestyle changes.	Participants reported feeling hopeful after learning that reducing A1C levels can reduce chances of getting DM complications. Participants ask what BG levels are associated with A1C levels.	
I)List amendments to current operations	Add activity to class 1 to help the participants start considering different changes they can make that will positively impact the level of their A1C.	Add content to class 2 discussing the positive impact with each % reduction in A1C level.	Create scale with BG average and A1C scale handout. Participants will be able to track their BG and how it relates to A1C levels.	
J) Change date	June 4 15, 20__	December 2, 20__	Jun 12, 20__	

### Sample CQI Project Worksheet – Physical Activity

- A. Service’s one or more aggregate participant selected behavioral goal outcome
  - Behavioral Goal Category and Aggregated Outcome: Physical Activity – 40%
- B. Service’s one or more aggregated other participant outcome
  - Other Participant Outcome and Aggregated Outcome: Hospital Admissions due to diabetes – 3%
- C. CQI Project
  - Enter in line below either one of the above aggregated outcomes from A or B above or select another DSMES process or outcome that the CQI project will address.
    - Physical Activity
  - List below what your CQI project will be trying to improve fix or accomplish?
    - Increase the % of DSMES participant’s who are achieving their physical activity goal.
- D. What is the CQI project target % outcome you are trying to achieve?
  - 85%
- E. Determine the CQI project outcomes reporting and review cycle: monthly, quarterly, bi-annually.
  - a. Reporting and outcome review cycle will be quarterly.

#### CQI Cycle

- F. Aggregate outcomes
- G. Review outcomes versus target
- H. Review current operations as they relate to the CQI project
- I. Amend current operations to improve CQI outcomes
- J. Implement improvements

#### Repeat cycle starting with F.

E) Reporting Review Date	March 20__ Enter Date to Report/Review	June 20__ Enter Date to Report/Review	September 20__ Enter Date to Report/Review	December 20__ Enter Date to Report/Review
D) CQI Target	85%	85%	85%	85%
F) CQI Outcome	40%	48%	75%	%
G) Review Outcomes	8 of the 20 participants that selected a physical activity goal met their goal.	25 of the 52 participants that selected a physical activity goal met their goal.	36 of the 48 participants that selected a PT goal met their goal.	
H) Review current operations and consider amendments	Currently the benefits of physical activity is discussed during class 2 of the 4 class series	Additions noted in March have resulted in improved outcomes but more improvements needed	Participants like June additions and stated this during class. PT goal outcome data reflected many said they were doing the activities discussed in class during 10 min. after meals or during commercials	
I) List amendments to current operations	Add physical activity handouts to class 2 that recommend various activities and how many calories a 150#, 200# and 250# woman or man burn per 60 minutes of the activity	During the 2 <sup>nd</sup> class show participants how to do one standing in place and one chair exercise for 5 minutes. Ask them if they could do this during commercials or after each meal for 10 mins.	Incorporate 5 minutes of a new chair or new standing in place activity during each of the 4 classes and continue to encourage participants do them during commercials or after meals.	
J) Change date	March 15, 20__	June 20, 20__	September 12, 20__	

**Sample CQI Project Worksheet –  
DSMES Referrals**

- A. Service’s one or more aggregate participant selected behavioral goal outcome
  - Behavioral Goal Category and Aggregated Outcome: Physical Activity – 73%
- B. Service’s one or more aggregated other participant outcome
  - Other Participant Outcome and Aggregated Outcome: LDL – 57%
- C. CQI Project
  - Enter in line below either one of the above aggregated outcomes from A or B above or select another DSMES process or outcome that the CQI project will address.
    - Increase the number of DSMES referrals
  - List below what your CQI project will be trying to improve fix or accomplish?
    - Increase the number of DSMES referrals from the current average of 50 per month to 100 per month.
- D. What is the CQI project target % outcome you are trying to achieve?
  - Not a % but 100 referrals.
- E. Determine the CQI project outcomes reporting and review cycle: monthly, quarterly, bi-annually.
  - a. Reporting and outcome review cycle will be monthly

**CQI Cycle**

- F. Aggregate outcomes
- G. Review outcomes versus target
- H. Review current operations as they relate to the CQI project
- I. Amend current operations to improve CQI outcomes
- J. Implement improvements

**Repeat cycle starting with F.**

E) Reporting Review Date	March 20__Enter Date to Report/Review	April 20__Enter Date to Report/Review	May 20__Enter Date to Report/Review	June 20__
D) CQI Target	100 referrals	100 referrals	100 referrals	100 referrals
F) CQI Outcome	50 referrals	52 referrals	71 referrals	referrals
G) Review Outcomes	The DSMES service has been notified that the number of people served monthly needs to increase or staff will be laid off.	The flyers did not have a significant impact of the # of DSMES referrals.	The 5 providers visited in the second week of last month referred more DSMES clients after the visit and provided feedback of how the DSMES services could help them with their clients with DM.	
H) Review current operations and consider amendments	The DSMES service does not advertise to current or potential referring providers	The DSMES services team needs guidance on how to best promote and advertise their services.	The DSMES service implemented some suggestions rendered from the PC visits last month and have added the additions to their flyers.	
I)List amendments to current operations	A DSMES offering and benefit flyers was created and mailed to local PC offices	A DSMES representative met with the marketing department and decide to have a representative visit the top 5 referring providers this month.	The DSMES representative will visit 5 different PCP offices this month to advertise the services.	
J) Change date	March 3, 20__	June 5, 20__	September 12, 20__	