



Site/Location: _____

Services #: _____ Audit Date: _____

Auditors: _____

Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #1: Internal Structure <i>The provider(s) of Diabetes Self-Management Education and Support (DSMES) will define and document a mission statement and goals. The DSMES services are incorporated within the organization - large, small, or independently operated.</i>				
<p>A. <i>The DSMES service will have documentation that addresses its organizational structure, mission and goals and its relationship to the larger sponsoring organization annually.</i></p>	<p>1. There is evidence of the DSMES service's:</p> <ul style="list-style-type: none"> a. Organization structure b. Mission statement c. Service goals and their outcomes reviewed annually. <p>2. There is annual evidence of the organization's support and commitment to the DSMES services.</p> <p>(e.g. Letter of support, participation of senior administrative personnel in the advisory process or onsite audit)</p>	<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>Standard met?</p>		<p>Circle: Yes or No</p>		

Findings / Notes:

Starting May 1, 2018 services must have documentation reflecting annual proof of organization support



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #2: Stakeholder Input				
<i>The provider(s) of DSMES will seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization.</i>				
Review Criteria	Indicators	Yes	No	N/A
A. <i>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 the DSMES services development, access, and/or improvement. (e.g. of documentation: meeting minutes, stakeholder emails, conference call documentation, surveys, or ballots) (e.g. of external stakeholders – person with diabetes, person affected by diabetes, community group representative/s, and healthcare professionals outside of the DSMES service)	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Single discipline DSMES services must also have a healthcare professional/s of a different discipline-other than that of the single discipline DSMES service and this must be reflected in the documentation of the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. <i>Activities of the Advisory Group, reflecting its input in enhancing the quality of the DSMES service are documented at least annually.</i>	1. There is documented evidence of at least annual input from external stakeholders of the services. (e.g. meeting minutes, or/and stakeholder ballots, surveys, documented phone consults, or emails)	<input type="checkbox"/>	<input type="checkbox"/>	
	2. The names of the external stakeholders are identified and reflected on the annual activity documentation.	<input type="checkbox"/>	<input type="checkbox"/>	
Standard met?	Circle: Yes or No			

Findings / Notes

No new indicators or elements were added to Standard 2 only clarification language.



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #4: Quality Coordinator Overseeing DSMES Services

A quality coordinator will be designated to ensure implementation of the Standards and oversee the DSMES services. The quality coordinator is responsible for all components of DSMES, including evidence-based practice, service design, evaluation, and continuous quality improvement.

Review Criteria	Indicators	Yes	No	N/A
A. <i>The DSMES service has a designated coordinator who oversees the planning, implementation and evaluation of the service at all sites.</i>	1. 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 coordinator is academically or experientially prepared in areas of chronic disease care, patient education and/or program management.</i>	1. Curriculum Vitae, resume or position description of the coordinator reflects appropriate qualifications. 2. The coordinator is a CDE® or BC-ADM , or annually accrues 15 hours of CE credits provided by NCBDE approved CE providers based on DSMES service's anniversary month. (e. g. of CE topics: chronic disease care, patient education, marketing, healthcare administration, and business management.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Standard met?	Circle: Yes or No			

Findings / Notes:

No new indicators or elements have been added to Standard 4.



Site/Location: _____

Services #: _____ Audit Date: _____

Auditors: _____

Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #5: DSMES Team

At least one of the team members responsible for facilitating DSMES will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES, or be another health care professional holding certification as a diabetes educator (CDE®) or Board Certification in Advanced Diabetes Management (BC-ADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.

Review Criteria	Indicators	Yes	No	N/A
A. <i>The DSMES team must include at least one RN or one RD/N or one pharmacist or one CDE® or one BC-ADM.</i>	1. At least one RN or one RD/N or one pharmacist or one CDE® or one BC-ADM is part of the DSMES team and is involved in the education of service participant/s.	<input type="checkbox"/>	<input type="checkbox"/>	
B. <i>Professional DSMES team members must be qualified and provide diabetes education within each discipline's scope of practice.</i>	1. Professional team members must have valid, discipline-specific licenses and/or registrations.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Professional team members must demonstrate ongoing training in DSMES topics.			
	a. Non-CDE@s or BC-ADMs professional team members must have documentation reflecting 15 hours CE from an NCBDE approved CE providers annually based on DSMES services anniversary month. The CEU must be a topic included in the NCBDE examination content outline.	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Non-CDE® or BC-ADM Professional team members who do not have 15 hours of diabetes or diabetes related CE within the 12 months of joining the DSMES team must accrue 15 CE within the first four months of joining the DSMES service as a team member.	<input type="checkbox"/>	<input type="checkbox"/>	



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

<p>C. <i>Paraprofessional DSMES team members must be qualified and provide diabetes education within each discipline's scope of practice.</i></p>	<p>1. Paraprofessional team members must demonstrate previous experience or training in: diabetes, chronic disease, health and wellness, healthcare, community health, community support, and/or educational methods as evidences by resume or certificate. (e.g. lab tech, medical technician medical aid, or community health worker, etc.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. Paraprofessional DSMES team members must have supervision by the quality coordinator or healthcare professional DSMES team member (identified in A.1. above) Supervision can be demonstrated by position description or performance appraisal tool.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>3. Paraprofessional team members must demonstrate ongoing training in DSMES topics.</p>			
	<p>a. Paraprofessional team members must have documentation reflecting 15 hours of training in diabetes or diabetes related topics <u>initially before instructing participants</u> and annually based on DSMES services anniversary month. (e.g. documented inservice training, drug or device training, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>b. Paraprofessional instructors must have <u>initial</u> and annual documentation based on the DSMES services anniversary month reflecting competency in the area/s of the DSMES services they instruct.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

<p>D. <i>A mechanism must be in place to meet the needs of participants if they cannot be met within the scope of practice of the DSMES team.</i></p>	<p>1. <u>Documentation reflecting procedure for meeting participants' educational needs when they are outside the scope of practice of the DSMES tea member/s.</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Standard Met?</p>	<p>Circle: Yes or No</p>			

Findings / Notes:

Starting May 1, 2018 services must have the new red underlined elements operationalized.

**American Diabetes Association's Education Recognition Program
Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #6: Curriculum

A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required.

Review Criteria	Indicators	Yes	No	N/A
<p>A. <i>A written curriculum, with learning objectives and criteria for methods of delivery and evaluating successful learning outcomes, is the framework for the DSMES.</i></p>	<p>1. Documentation is present validating that the education process is guided by a reference curriculum with content, learning objectives, methods of delivery and criteria for evaluating learning for the populations served (including pre-diabetes, type 1 diabetes, type 2 diabetes, secondary diabetes, gestational diabetes, or pregnancy complicated by diabetes) in the following 9 content areas.</p> <ul style="list-style-type: none"> a. Diabetes pathophysiology and treatment options b. Healthy eating c. Physical activity d. Medication usage e. Monitoring and using patient-generated health data (PGHD) f. Preventing, detecting and treating acute complications including hypoglycemia, hyperglycemia, diabetes ketoacidosis, sick day guidelines, and severe weather or situation crisis and diabetes supplies management g. 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 h. Healthy coping with psychosocial issues and concerns i. Problem solving <p>2. There are supporting materials relevant to the population served.</p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>f <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>f <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>B. <i>There is periodic review and revisions of the curriculum and/or course materials to reflect current evidence.</i></p>	<p>1. There is evidence of regular review and/or revisions as needed or at least annually, of the curriculum and/or materials by the DSMES team and/or advisory group.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

C. <i>There is evidence that the teaching approach is interactive, patient-centered, and incorporates problem solving.</i>	1. There is documentation in the curriculum or other supporting documents which demonstrate that instruction is tailored/individualized and involves interaction.	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Met?	Circle: Yes or No			

Findings / Notes:

Starting May 1, 2018 the red items in f and g above must be found in one of the curriculum topics. They do not necessarily have to be in f or g but they must be present. These items were most likely already in the service curriculum or support materials but now they must be in the curriculum. Services can have addendums to their curriculum with these elements if needed.



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #7: Individualization

The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members. Together, the participant and DSMES team members will develop an individualized DSMES plan.

Review Criteria	Indicators	Yes	No	N/A
<p>A. <i>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 areas in preparation for the education plan.</p> <ul style="list-style-type: none"> a. Diabetes disease process b. Nutritional management c. Physical activity d. Using medications e. Monitoring blood glucose f. Preventing, detecting and treating acute complications g. Preventing, detecting and treating chronic complications h. Clinical (diabetes and other pertinent clinical history) i. Cognitive (knowledge of self- management Skills and functional health literacy) j. Psychosocial (emotional response to diabetes) k. Diabetes distress and support systems l. Behavioral (readiness for change, lifestyle practices, and self-care behaviors) <p>2. Parts of the complete initial assessment may be deferred if applicable and the rationale for deferment is documented.</p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>f <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>j <input type="checkbox"/></p> <p>k <input type="checkbox"/></p> <p>l <input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>f <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>j <input type="checkbox"/></p> <p>k <input type="checkbox"/></p> <p>l <input type="checkbox"/></p> <p><input type="checkbox"/></p>	



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period:

Current Period:

<i>B. Participants concerns, needs, and self-management skills and knowledge lead the development of the individualize education plan and assessment.</i>	1. There is evidence of ongoing education planning and behavioral goal-setting based on the assessed and/or re-assessed needs led by the participant's individual needs.	<input type="checkbox"/>	<input type="checkbox"/>	
<i>C. There is implementation of the education plan.</i>	1. Education is provided based on participant need/s and education plan.	<input type="checkbox"/>	<input type="checkbox"/>	
<i>D. The education process is documented in the permanent record.</i>	1. Documentation in the participant's health record includes the DSMES professional team member's assessment of the participant's service needs, education plan, intervention, and outcomes of education provided.	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Met?	Circle: Yes or No			

Findings / Notes:

No new indicators or elements were added to standard 7, only clarification language



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #8: Ongoing Support				
<i>The participant will be made aware of options and resources available for ongoing support of their initial education, and will select the option(s) that will best maintain their self-management needs.</i>				
Review Criteria	Indicators	Yes	No	N/A
A. <i>Participants will have a plan for post education self-management support for ongoing diabetes self-care beyond the formal self-management education process.</i>	1. The DSMES participant will select their personalized support plan outside of the DSMES services. (e. g. worksite programs, support groups, community programs, on-line diabetes support services, exercise programs, or walking groups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
	2. The DSMES provider has a current list of participant support options that the participant may consider when selecting their support plan.	<input type="checkbox"/>	<input type="checkbox"/>	
	3. The listing of support options is reviewed/revised when needed or annually at a minimum.	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Met?	Circle: Yes or No			

Findings / Notes: _____

Starting May 1, 2018

- The DSMS plan the participant selects must be outside of the DSMES service.
- 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.



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #9: Participant Progress

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

Review Criteria	Indicators	Yes	No	N/A
<p>A. <i>The DSMES service measures the effectiveness of the educational intervention(s) through the evaluation of goals and other outcomes for each participant.</i></p>	<p>1. The DSMES service has a process for follow-up to evaluate and document at least one of each of the following:</p> <p>a. Behavioral goal achievement (e. g. Healthy eating, being active, monitoring, or other)Other participant outcome (e.g. clinical, quality of life, satisfaction, hospital days, ER visits, baby weight, C-section delivery rate, DKA, or A1C one year after insulin initiation/diagnosis, etc.).</p> <p>b. active, monitoring, or other)Other participant outcome (e.g. clinical, quality of life, satisfaction, hospital days, ER visits, baby weight, C-section delivery rate, DKA, or A1C one year after insulin initiation/diagnosis, etc.).</p> <p>2. Behavioral goal/s and other participant outcome/s assessment is personalized and reviewed at appropriate intervals.</p> <p>3. There must be evidence of communication with the referring provider or if no referring provider then with another healthcare provider outside of the DSMES services regarding the education planned or provided and participant outcomes. Note: Medicare and many insurers require a referral for reimbursement of DSMES services and for these participants the communication would need to be with the referring Provider.</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><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>Standard Met?</p>	<p>Circle: Yes or No</p>			

Starting May 1, 2018 services will be required to have evidence of communication with the referring provider or if no referring provider then with another healthcare provider outside of the DSMES services regarding the education planned or provided and participant outcomes.



Site/Location: _____
 Services #: _____ Audit Date: _____
 Auditors: _____
 Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
 Review Criteria and Indicators: 10th Edition**

Reporting Period: _____

Current Period: _____

Standard #10: Quality Improvement				
The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data.				
Review Criteria	Indicators	Yes	No	N/A
<p>A. <i>The DSMES service provider has a quality improvement process and plan in place for evaluating the education process and service outcomes.</i></p>	<p>1. There is evidence of aggregation of the following participant outcomes: a. At least one participant behavioral goal outcome b. At least one other participant outcome.</p> <p>2. There is documentation of a Continuous Quality Improvement (CQI) project which will include: a. Opportunity for DSMES service improvement or change (what are you trying to improve, fix, or accomplish) b. Baseline project achievement (new providers may not have a baseline measure at the time of application) c. Project target outcome d. Outcome assessment and evaluation schedule.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/> d <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/> d <input type="checkbox"/></p>	
<p>B. <i>Quality improvement is based on regular aggregation of DSMES outcomes data and application of results to enhance quality of the DSMES and address gaps in service.</i></p>	<p>1. DSMES service providers will have documentation reflecting an ongoing quality improvement project and implementation of new project when applicable. a. Existing DSMES service providers will have documented quality improvement project outcomes. b. Quality improvement outcomes will be measured annually at a minimum. c. Existing DSMES service providers will have documented plans and actions based on project outcome.</p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/> c <input type="checkbox"/></p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/> c <input type="checkbox"/></p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/> c <input type="checkbox"/></p>
Standard Met?	Circle: Yes or No			

Starting November 1, 2017 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.
Starting May 1, 2018 the one red element must be operationalized.



Site/Location: _____

Services #: _____ Audit Date: _____

Auditors: _____

Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program
Review Criteria and Indicators: 10th Edition**

Reporting Period:

Current Period:

SUMMARY:

SERVICE STRENGTH/S:

OPPORTUNITY FOR SERVICE DEVELOPMENT/GROWTH:

RECOMMENDATION/S: