Annual Review

(DSME Program needs reviewed at a minimum annually. Include who program was reviewed with and date of review)

Program Mission Statement:

Program Goals:

Current Year’s Goal Achievement
Upcoming Year’s New Goals

Organizations Chart or Structure:

Organizational Support:

(Can be signed, dated letter on letterhead or senior management participation in advisory group activity or an annual program review.

Program Coordinator:

Job Description and resume reflecting role as the PC
Current licensure/s, registration/s or certificate/s
15 hours of diabetes or diabetes related CEUs for non CDE’s or BC-ADM.

Professional Instructors:

Current licensure/s, registration/s, certificate
15 hours CEUs in diabetes or diabetes related topics if not a CDE or BC-ADM.
**Single Discipline Program policy addressing meeting patient’s education needs outside of the scope of practice of the single discipline program.

Paraprofessional Instructors:

- Proof of training, certificate or degree that makes them eligible to be an instructor
- Annual evidence of competency for the content of DSME areas taught
- Proof of 15 hrs of annual training in diabetes or diabetes related topics
- Proof of supervision by a professional instructor
- Policy or proof that the paraprofessional instructor refers education needs and questions outside of the core topics back to the professional instructor.
Curriculum Review:

Note each of the 9 topics areas must contain 4 items:

1. Learning Objectives
2. Content
3. Method of Delivery that is participant centered, tailored/individualized, interactive and incorporates problem solving.
4. Method of evaluating learning that is interactive.
   Not best practice: pre test and post test
   Good Examples: Responses to questions and participation in class discussion and activities and demonstrating back skills taught.

Patient Chart Review:

Each patient chart must include: referral (if required by insurance), comprehensive assessment, Education plan based on assessment and patient concerns and needs, Implementation of education plan to include date topics taught, educator and post learning assessment, goal/s set, DSMS plan selected by patient and communicated back to referring provider or other healthcare team members, and goal follow up.

DSMS Resource List Review:

This is not required but good practice for programs to have a list of local DSMS resources and reputable websites, magazines and television shows.

Behavioral Goal/s and Other DSME Participant Outcome:

Each DSME program must aggregate and report at least one behavioral goal and one participant outcome.
Example of Behavioral Goal: healthy eating, being active, monitoring etc...
Example of Other Participant Outcome: A1c, lipids, quality of life, satisfaction surveys, weight, blood pressure, etc..

Continues Quality Improvement (CQI):

Each program must have a CQI plan and at least one CQI project underway.
Each program must have: a written policy, annual program plan or project and CQI minutes.
The CQI is based on regular aggregation of program outcome data and analysis and application of results to enhance quality of the DSME and address gaps in services.