

IDERP STANDARDS

REVIEW CRITERIA AND INDICATORS

STANDARD 1 – PROGRAM STRUCTURE

The Indian health diabetes self-management education program documents an organizational structure, mission statement, and goals and recognizes and supports quality diabetes self-management education as an integral component of diabetes care.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. The <i>DSME TEAM</i> is identified.	<p>a) The required team composition includes a minimum of two (2) DSME team members. This includes the following:</p> <ul style="list-style-type: none">• DSME program coordinator and• One (1) member from any of the following disciplines: primary care provider, registered nurse, registered dietitian, registered pharmacist, or Pharm D. <p>b) A document is in place that identifies the DSME team members by name, credentials, roles, and dates served.</p> <p>c) The DSME roles and responsibilities for each DSME team member are documented in their position descriptions.</p> <p>d) There is written documentation of DSME team meetings to develop the DSME program.</p>
2. The <i>DIABETES REGISTRY</i> is in place.	<p>a) A registry of people with diabetes is in place to assist in identifying the DSME program target population.</p>
3. The DSME program's <i>ORGANIZATIONAL STRUCTURE</i> is under development.	<p>a) An organizational chart that clearly identifies the DSME program by name within the facility's organizational structure is under development. The organizational structure defines relationships and managerial support of the DSME program. Note: "DMP" or "DSME" will not be sufficient.</p> <p>b) The DSME program is in the process of obtaining commitment from administration and the tribe(s) or urban board of directors served by the DSME program. This evidence can be letter(s) of support or tribal resolution(s).</p>
4. The DSME program's <i>MISSION STATEMENT, GOALS, AND ANNUAL PROGRAM PLAN</i> are under development.	<p>a) A written mission statement for the DSME program is under development.</p> <p>b) Written goals for the DSME program are under development.</p> <p>c) The written annual program plan which guides the efforts of the DSME program is under development. The plan will describe, at a minimum:</p> <ul style="list-style-type: none">• Mission statement• Annual goals• Measurable objectives related to:<ul style="list-style-type: none">- DSME program process- Two (2) behavioral indicators- Two (2) metabolic indicators

STANDARD 1 – PROGRAM STRUCTURE (CONTINUED)

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
5. The DSME program's EDUCATION STRUCTURE AND PROCESS is under development.	<p>a) There is written documentation relative to the development of the DSME program's education structure and process to include, at a minimum:</p> <ul style="list-style-type: none"> • Access to DSME program services • Referral and enrollment process • Individual assessment • Education plan development • Interventions • Program completion and participant evaluation • Ongoing self-management support
6. A system that maintains the DSME program's POLICIES, PROCEDURES, and GUIDELINES for efficient and effective provision of the DSME program is under development.	<p>a) There is written documentation of the development of a system that describes how the DSME program's policies, procedures, and guidelines are maintained, updated, approved, and accessed.</p>

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. The DSME TEAM meets and communicates on DSME related issues on a regular basis.	<p>a) The DSME team meets on a quarterly basis, at a minimum.</p> <p>b) There is written documentation of DSME team meetings, including two-way discussion, tracking of DSME issues, and coordination with other services.</p>
2. A DSME REGISTRY reflects the DSME target population, includes recommended data elements, and is routinely updated.	<p>a) The registry data elements include, at a minimum:</p> <ul style="list-style-type: none"> • Name • Date of birth • Contact information • Type of diabetes • Date of diagnosis • Registry status <p>b) There is written documentation of a process to update the diabetes registry, at a minimum, annually.</p>

STANDARD 1 – PROGRAM STRUCTURE (CONTINUED)

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
<p>3. There is documentation of the DSME program's ORGANIZATION STRUCTURE.</p>	<p>a) An organizational chart that clearly identifies the DSME program by name within the facility's organizational structure is in place. The organizational structure defines relationships and managerial support of the DSME program. Note: "DMP" and "DSME" will not be sufficient.</p> <p>b) The facility's organizational chart is approved, signed, and dated by the appropriate administrative official(s).</p> <p>c) There is written documentation of commitment to the DSME program from administration and the tribe(s) or urban board of directors served by the DSME program. This evidence can be letter(s) of support or tribal resolution(s).</p>
<p>4. There is a written MISSION STATEMENT, GOALS, and ANNUAL PROGRAM PLAN to guide the efforts of the DSME program.</p>	<p>a) A written mission statement for the DSME program is in place.</p> <p>b) A written annual program plan which guides the efforts of the DSME program is in place. The plan will describe, at a minimum:</p> <ul style="list-style-type: none"> • Mission statement • Annual goals • Measurable objectives related to: <ul style="list-style-type: none"> - DSME program process - Two (2) behavioral indicators - Two (2) metabolic indicators
<p>5. There is a written description of the DSME program's EDUCATION STRUCTURE and PROCESS.</p>	<p>a) There is written documentation which describes the DSME program's education structure and process to include, at a minimum:</p> <ul style="list-style-type: none"> • Access to DSME program services • Referral and enrollment process • Individual assessment • Education plan development • Interventions • Program completion and participant evaluation • Ongoing self-management support
<p>6. There is a system that maintains the DSME program's POLICIES, PROCEDURES, and GUIDELINES for efficient and effective provision of the DSME program.</p>	<p>a) There is written documentation which describes how the DSME program's policies, procedures, and guidelines are maintained, updated, approved, and accessed.</p>

STANDARD 1 – PROGRAM STRUCTURE (CONTINUED)

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
<p>1. The INTEGRATED DSME TEAM is identified.</p>	<p>a) The required team composition is expanded to include a minimum of four (4) integrated DSME team members. This includes the following:</p> <ul style="list-style-type: none"> • DSME program coordinator and • RN and RD instructors (may include the DSME coordinator if their role is also the RN or RD instructor) • Public health representative • Community program representative <p>b) A document is in place that identifies the integrated DSME team members by name, credentials, roles, and dates served.</p> <p>c) The DSME roles and responsibilities for each DSME team member are documented in their position descriptions.</p>
<p>2. The DSME REGISTRY includes the expanded target population.</p>	<p>a) The required DSME registry data elements are applied to the expanded target population (as appropriate).</p>
<p>3. The DSME program's MISSION STATEMENT, GOALS, and ANNUAL PROGRAM PLAN reflect the expanded target population and the integration of diabetes self-management education and clinical standards of care into clinical and community-based programs for diabetes prevention and continuity of care.</p>	<p>a) The written mission statement, goals, and annual program plan reflect the expanded target population and the integration of diabetes education and clinical standards of care.</p> <p>b) There is written documentation of endorsement (as appropriate) by all the DSME team members for the following:</p> <ul style="list-style-type: none"> • National Standards for Diabetes Self-Management Education (NSDSME) • IHS Standards of Care for Patients with Type 2 Diabetes • IHS Guidelines for the Care of Adults with Pre-diabetes and/or Metabolic Syndrome in Clinical Settings • Prevention and Treatment of Type 2 Diabetes Mellitus in Children, with Special Emphasis on American Indian and Alaska Native Children • Applicable evidence-based best practices for diabetes management and prevention
<p>4. The DSME program's EDUCATION STRUCTURE and PROCESS are integrated into clinical and community-based programs.</p>	<p>a) There is written documentation which describes how the DSME program's education structure and process integrates DSME, diabetes clinical care, community-based programs, and diabetes prevention (primary, secondary, and tertiary) services for the expanded target population.</p>

STANDARD 2 – ADVISORY GROUP

The diabetes self-management education program appoints an advisory group to promote program quality. This group includes representatives from the health professions, people with diabetes, the community, and other stakeholders.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. The DSME program appoints an ADVISORY GROUP that includes clinical and educational representatives, and community stakeholders.	<p>a) The DSME advisory group composition includes, at a minimum:</p> <ul style="list-style-type: none"> • Health professional • Educator • Person with diabetes • Community member <p>These individuals may not be DSME instructors or team members. An individual cannot serve in more than one (1) role on the advisory group.</p> <p>b) A document is in place that identifies the DSME advisory group members by name, credential, title, role and dates served.</p>
2. The ADVISORY GROUP provides input with planning and developing the DSME program.	<p>a) Written communication documents involvement of the advisory group in the planning and development of the DSME program. Documentation may include meeting minutes, electronic communications, phone consults, surveys and/or memos.</p>

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. The DSME program collaborates with an ADVISORY GROUP that includes clinical and educational representatives and community stakeholders.	<p>a) The DSME advisory group composition includes at a minimum:</p> <ul style="list-style-type: none"> • Primary care provider • Educator • Person with diabetes • Community member <p>These individuals may not be DSME instructors or team members. An individual cannot serve in more than one (1) role on the advisory group.</p> <p>b) A document is in place which identifies DSME advisory group members by name, credential, title, role and dates served.</p>
2. The ADVISORY GROUP actively reviews and makes recommendations on the DSME annual program plan, program evaluation, CQI plan, and CQI report as part of group meetings and/or through individual consultation.	<p>a) There is written documentation which reflects that the advisory group reviews the DSME annual program plan, program evaluation, CQI plan and CQI report as part of group meetings and/or through individual consultation. Documentation may include meeting minutes, electronic communications, phone consults, surveys, and/or memos.</p> <p>b) Documentation includes advisory group recommendations for modification to the DSME program (as appropriate).</p>

STANDARD 2 – ADVISORY GROUP (CONTINUED)

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
<p>3. The ADVISORY GROUP actively participates in a biennial review of the DSME program curriculum as part of group meetings and/or through individual consultation.</p>	<p>a) There is written documentation that reflects how advisory group members contribute to a biennial (every 2 years) review of the DSME program curriculum. Documentation may include meeting minutes, electronic communications, phone consults, surveys, and/or memos.</p>

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
<p>1. The integrated DSME program collaborates with an ADVISORY GROUP that includes clinical and educational representatives, community stakeholders, and a representative from a community-based program.</p>	<p>a) The integrated DSME advisory group composition includes at a minimum:</p> <ul style="list-style-type: none"> • Primary care provider • Educator • Person with diabetes • Community member • Community-based program representative <p>These individuals may not be DSME instructors or team members. An individual cannot serve in more than one (1) role on the advisory group.</p> <p>b) A document is in place which identifies integrated DSME advisory group members by name, credential, title, role and dates served.</p>
<p>2. The ADVISORY GROUP guides the integration of the DSME program into clinical and community-based programs for diabetes prevention and continuity of care.</p>	<p>a) There is written documentation that reflects how advisory group members contribute to the integration of the DSME program into clinical and community-based programs for diabetes prevention and continuity of care.</p>
<p>3. Recommendations made by the ADVISORY GROUP are forwarded to the administrative unit for review and decision.</p>	<p>a) There is written documentation that shows recommendations made by the advisory group have been forwarded to the administrative unit for consideration and decision.</p>

STANDARD 3 – EDUCATIONAL NEEDS ASSESSMENT

The diabetes self-management education program determines the diabetes educational needs of the target population(s) and identifies resources necessary to meet these needs

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. A community diabetes EDUCATIONAL NEEDS ASSESSMENT is completed.	a) There is written documentation of the methods used to assess the diabetes educational needs of the community. Examples include: <ul style="list-style-type: none"> • Diabetes registry • Diabetes care and outcomes audit • Diabetes advisory group feedback • Community information • Knowledge/skills surveys • Consumer feedback
2. A community diabetes EDUCATIONAL RESOURCE ASSESSMENT is completed.	a) There is a written description of the available diabetes educational resources within the community.

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. The DSME program TARGET POPULATION(S) is identified and described.	a) There is a written description of the DSME program target population(s) including at a minimum: <ul style="list-style-type: none"> • Type of diabetes • Age range
2. An EDUCATIONAL NEEDS ASSESSMENT relative to the DSME program target population is completed.	a) There is written documentation of the methods used to assess the educational needs of the DSME program target population. Examples include: <ul style="list-style-type: none"> • Diabetes registry • Diabetes care and outcomes audit • Diabetes advisory group feedback • Community information • Knowledge/skills surveys • Consumer feedback b) The educational needs assessment of the DSME program target population is completed at a minimum, annually.
3. A DSME program RESOURCE ASSESSMENT is completed.	a) There is a written description of the DSME program resources including, at a minimum: <ul style="list-style-type: none"> • Space • Staff • Staff development • Budget • Instructional materials

STANDARD 3 – EDUCATIONAL NEEDS ASSESSMENT (CONTINUED)

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
1. The integrated DSME program EXPANDED TARGET POPULATION(S) is identified and described.	a) There is written description of the integrated DSME program expanded target population(s) including, at a minimum: <ul style="list-style-type: none">• Type of diabetes• Age range
2. The EDUCATIONAL NEEDS ASSESSMENT relative to the integrated DSME program expanded target population is completed.	a) There is written documentation of the methods used to assess the educational needs of the integrated DSME program expanded target population.

STANDARD 4 – COORDINATOR

The Indian health diabetes self-management education program coordinator will be designated to oversee the planning, implementation, and evaluation of diabetes self-management education. The coordinator will have academic or experiential preparation in chronic disease care, education, and/or in program management.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. The DSME PROGRAM COORDINATOR is identified.	a) There is written documentation of one (1) DSME program coordinator by name, credential, degree, major or field of study, year completed, and date started as the DSME program coordinator.
2. The DSME PROGRAM COORDINATOR has appropriate education and experience.	a) There is written documentation of academic or experiential preparation in chronic disease care, education, and/or in program management/leadership. A person with a CDE or BC-ADM credential meets this indicator.

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. The DSME PROGRAM COORDINATOR has continuing education in chronic disease care, and/or education, and/or program management/leadership.	<p>a) There is written documentation of a minimum of six (6) hours per year of continuing education (CE). Note: Coordinators with a valid CDE or BC-ADM credential are not required to provide documentation of CE activity.</p> <p>b) There is written documentation of the CE date, program or course title, sponsoring organization, accrediting body or college content, and CE hours. The continuing education must be approved by a recognized accrediting body or be a college course.</p>
2. The DSME PROGRAM COORDINATOR has orientation, experience, or training in local community culture.	a) There is written documentation of orientation, experience or training in local community culture.
3. The DSME PROGRAM COORDINATOR'S roles, responsibilities, and line of authority are documented.	<p>a) The roles and responsibilities related to overseeing the planning, implementation, and evaluation of the DSME program are documented in the DSME program coordinator's position description.</p> <p>b) The DSME program coordinator's line of authority is shown in the organizational chart. This organizational chart is approved, signed, and dated by appropriate administrative official(s).</p>
4. The DSME PROGRAM COORDINATOR is the representative for the DSME program.	a) There is written documentation which reflects the DSME program coordinator's role as the DSME program representative in DSME team and advisory group meeting minutes or other documentation.
5. The DSME PROGRAM COORDINATOR oversees the DSME surveillance system.	a) There is written documentation that the DSME program coordinator oversees the DSME surveillance system.

STANDARD 4 – COORDINATOR (CONTINUED)

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
1. The <i>DSME PROGRAM COORDINATOR'S</i> role and responsibilities are expanded to include collaborating with clinical and community-based programs for diabetes prevention and continuity of care.	a) The DSME program coordinator's position description reflects the expanded roles and responsibilities in collaborating with clinical and community-based programs for diabetes prevention and continuity of care.

STANDARD 5 – INSTRUCTOR(S)

The diabetes self-management education provided by the Indian health program will be provided by one or more instructors. The instructor(s) will have recent educational and experiential preparation in education and diabetes management or will be a certified diabetes educator. The instructor(s) will obtain regular continuing education in the field of diabetes management and education. At least one of the instructors will be a registered nurse, dietitian, or pharmacist. A mechanism must be in place to ensure that the participant's needs are met if those needs are outside the instructor's scope of practice and expertise.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. The <i>DSME PROGRAM INSTRUCTOR(S)</i> is identified.	<ul style="list-style-type: none"> a) The DSME program has at least one (1) instructor from any of the following disciplines: registered nurse, registered dietitian, registered pharmacist, or Pharm D. b) The DSME program instructor(s) has a valid, discipline-specific (RN, RD, RPh, or Pharm D) license and/or registration. c) There is written documentation of the DSME program instructor(s) by name, credential, degree, major or field of study, year completed, and date started as a DSME program instructor.
2. The <i>DSME PROGRAM INSTRUCTOR(S)</i> has appropriate education and experience.	<ul style="list-style-type: none"> a) There is written documentation of academic or experiential preparation in education and diabetes management. A person with a CDE or BC-ADM credential meets this indicator.
3. A communication and referral mechanism to ensure the needs of the DSME participant are met if those needs are outside the scope of practice and expertise of the <i>DSME PROGRAM INSTRUCTOR(S)</i> is under development.	<ul style="list-style-type: none"> a) There is written documentation of a proposed communication and referral mechanism in DSME team meeting minutes.

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. The <i>DSME PROGRAM INSTRUCTOR(S)</i> has continuing education in diabetes management and/or education.	<ul style="list-style-type: none"> a) There is written documentation of a minimum of fifteen (15) hours per year of continuing education (CE) in diabetes management and/or education. Note: Instructors with a valid CDE or BC-ADM credential are not required to provide documentation of CE activity. b) The written documentation includes CE activity, date, program or course title, sponsoring organization, accrediting body or college course content, and CE hours. The continuing education must be approved by a recognized accrediting body or be a college course.

STANDARD 5 – INSTRUCTOR(S) (CONTINUED)

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
2. The <i>DSME PROGRAM INSTRUCTOR(S)</i> has orientation, experience, knowledge, and skills related to diabetes care in American Indian/Alaska Native communities.	<ul style="list-style-type: none"> a) There is written documentation of orientation and/or experience in local community culture. b) There is written documentation which reflects the DSME program instructor(s) is updating knowledge and skills related to diabetes care in American Indian/Alaska Native communities.
3. The <i>DSME PROGRAM INSTRUCTOR'S</i> roles and responsibilities are documented.	<ul style="list-style-type: none"> a) The roles and responsibilities that are specific to the DSME program are documented in the DSME instructor's position description.
4. There is a referral and communication mechanism to ensure the needs of the DSME participants are met if those needs are outside the scope of practice and expertise of the <i>DSME PROGRAM INSTRUCTOR(S)</i> .	<ul style="list-style-type: none"> a) A written policy which describes the referral and communication mechanism for ensuring access to multidisciplinary resources and support for services beyond the scope of practice and expertise of the DSME program instructor(s) is in place. b) A list of multidisciplinary referral resources is maintained (as appropriate). c) There is written documentation which reflects that there is referral and communication for services beyond the scope of practice and expertise of the DSME program instructor(s) in the DSME participant's medical record (as appropriate).

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
1. DSME is provided by a multidisciplinary <i>INSTRUCTIONAL TEAM</i> .	<ul style="list-style-type: none"> a) The DSME program instructional team includes a registered nurse (RN) and a registered dietitian (RD) at a minimum. Instructors from other disciplines may be included.
2. The integrated DSME program <i>INSTRUCTIONAL TEAM</i> collaborates with other health care team members to implement a comprehensive plan of care.	<ul style="list-style-type: none"> a) There is a written policy which describes how the DSME program instructional team collaborates with other health care team members to implement a comprehensive plan of care.

STANDARD 6 – CURRICULUM

A written curriculum reflecting current evidence and practice guidelines with criteria for evaluating outcomes serves as the framework for the Indian health diabetes self-management education program. The assessed needs of the individual with pre-diabetes and diabetes will determine which of the content areas are to be provided.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. A written CURRICULUM(S) which meets the needs of the DSME program target population(s) is identified.	a) A written curriculum for the DSME program target population(s) is named.
2. The CURRICULUM(S) contains the nine (9) content areas required by the <i>National Standards for Diabetes Self-Management Education (NSDSME)</i> .	<p>a) The curriculum(s) is Indian Health Service (IHS) approved or must contain the nine (9) content areas required by the <i>NSDSME</i> to be considered for approval:</p> <ul style="list-style-type: none"> • Describing the diabetes disease process and treatment options • Incorporating appropriate nutritional management into lifestyle • Incorporating physical activity into lifestyle • Utilizing medications safely and for maximum therapeutic effectiveness • Monitoring blood glucose and other parameters for self-management decision making • Preventing, detecting, and treating acute complications • Preventing (through risk reduction behavior), detecting, and treating chronic complications • Developing personal strategies to address psychosocial issues and concerns • Developing personal strategies (goal setting) to promote health and behavior change.

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. The CURRICULUM(S) is the framework for the DSME program.	<p>a) The curriculum(s) includes, at a minimum:</p> <ul style="list-style-type: none"> • Learning objectives • Teaching methods and activities • Educational materials • Criteria for evaluating successful learning outcomes <p>b) The curriculum is IHS approved OR the program provides documentation of the following:</p> <ul style="list-style-type: none"> • Curriculum's table of contents outlining the nine (9) required content areas • A complete lesson plan/teaching guide for one (1) topic to include, at a minimum: <ul style="list-style-type: none"> - Learning objectives - Teaching methods and activities - Educational materials - Criteria for evaluating successful learning outcomes <p>c) There is written documentation of modifications to any of the IHS approved curriculum(s).</p>

STANDARD 6 – CURRICULUM (CONTINUED)

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
2. The CURRICULUM(S) and course materials reflect current evidence, standards of care, and practice guidelines.	a) The curriculum(s) is evidence-based and reflects current standards of care and practice guidelines. b) A biennial (every 2 years) review of the curriculum(s) and/or course materials for current evidence, standards of care, and practice guidelines is reflected in the DSME team meeting minutes and advisory group documentation.
3. The CURRICULUM(S) is culturally appropriate for the DSME program target population.	a) The curriculum is culturally appropriate for the DSME program target population. b) Cultural modifications are documented (as appropriate). c) There is a policy for orientation of interpreters (as appropriate). d) A biennial (every 2 years) review of the curriculum(s) for cultural appropriateness is reflected in the DSME team meeting minutes and advisory group documentation.
4. The assessed needs of the individual DSME participant will determine which CURRICULUM content areas are provided.	a) The DSME individual assessment identifies which curriculum content areas are provided. The needed content areas are reflected in the DSME individual educational plan.

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
1. A supplemental CURRICULUM(S) and/or educational materials are used for the expanded target population in clinical settings and community-based programs.	a) The supplemental curriculum(s) and/or educational materials are identified (as appropriate).

STANDARD 7 – INDIVIDUAL ASSESSMENT AND EDUCATION PLAN

An individual assessment and education plan will be developed collaboratively by the participant and the instructor(s) to direct the selection of appropriate educational interventions and self-management support strategies. This assessment, education plan, interventions, and outcomes will be documented in the medical record.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
<p>1. A method to complete an INDIVIDUAL ASSESSMENT which directs the selection of appropriate educational interventions and self-management support strategies is under development.</p>	<p>a) There is written documentation of a proposed method to complete an individual assessment which directs the selection of appropriate educational interventions and self-management support strategies in DSME team meeting minutes.</p> <p>b) The written documentation of the proposed method to complete an individual assessment describes the following, at a minimum:</p> <ul style="list-style-type: none"> • Approach to gathering information <ul style="list-style-type: none"> - Interview with participant - Information from family members (as appropriate) - Information from medical records - Referral from healthcare providers • Team member(s) responsible for completing the individual assessment • Selected assessment tools • Method of documentation
<p>2. A method to develop an INDIVIDUAL EDUCATION PLAN that allows for collaboration with the DSME participant is under development.</p>	<p>a) There is written documentation of a proposed method to develop an individual education plan in DSME team meeting minutes.</p> <p>b) The written documentation of the proposed method to develop an individual education plan describes the following, at a minimum;</p> <ul style="list-style-type: none"> • Collaboration by the DSME participant and instructor(s) to develop the individual education plan • Establishment of participant-defined goals/outcomes • Educational interventions identified to achieve outcomes • Method for evaluating outcomes • Description of self-management support strategies

STANDARD 7 – INDIVIDUAL ASSESSMENT AND EDUCATION PLAN (CONTINUED)

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
<p>1. The INDIVIDUAL ASSESSMENT directs the selection of appropriate educational interventions and self-management support strategies.</p>	<p>a) A written policy which describes the method to complete an individual assessment to direct the selection of appropriate educational interventions and self-management support strategies is in place.</p> <p>b) The documentation of the method to complete an individual assessment describes the following, at a minimum:</p> <ul style="list-style-type: none"> • Approach to gathering information <ul style="list-style-type: none"> - Interview with participant - Information from family members (as appropriate) - Information from medical records - Referral from healthcare providers • Team member(s) responsible for completing the individual assessment • Selected assessment tools • Method of documentation <p>c) The method to complete an individual assessment which directs the selection of appropriate educational interventions and self-management support strategies is documented in the DSME program education structure and process.</p> <p>d) The completed individual assessment is documented in the DSME participant's medical record.</p>
<p>2. The INDIVIDUAL ASSESSMENT includes all components required by the <i>National Standards for Diabetes Self-Management Education (NSDSME)</i>.</p>	<p>a) The following components are reflected in the individual assessment:</p> <ul style="list-style-type: none"> • Medical history • Age • Cultural influence • Health beliefs and attitudes • Diabetes knowledge • Self-management skills and behaviors • Readiness to learn • Health literacy level • Physical limitations • Family support • Financial status
<p>3. An INDIVIDUAL EDUCATION PLAN is developed by the DSME participant and the instructor(s).</p>	<p>a) A written policy which describes the method to develop an individual education plan is in place.</p> <p>b) The documentation of the method to develop an individual education plan reflects the following, at a minimum:</p> <ul style="list-style-type: none"> • Collaboration by the DSME participant and instructor(s) to develop the individual education plan • Establishment of participant-defined goals/outcomes • Educational interventions identified to achieve outcomes • Method for evaluating outcomes • Description of self-management support strategies <p>c) The individual education plan, interventions, and outcomes are documented in the DSME participant's medical record.</p>

STANDARD 7 – INDIVIDUAL ASSESSMENT AND EDUCATION PLAN (CONTINUED)

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
1. The <i>INDIVIDUAL EDUCATION PLAN</i> , interventions, and self-management support strategies reflect collaboration with clinical and community-based programs for diabetes prevention and continuity of care.	a) A written policy which describes collaboration with clinical and community-based programs for diabetes prevention and continuity of care is in place.

STANDARD 8 – ONGOING SELF-MANAGEMENT SUPPORT

An individualized follow-up plan for ongoing self-management support will be developed collaboratively by the participant and instructor(s). The participant's outcomes, goals, and the plan for ongoing self-management support will be communicated to the referring provider.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. A method for developing an individualized follow-up plan for ONGOING SELF-MANAGEMENT SUPPORT is under development.	a) There is written documentation of a proposed method to develop an individualized follow-up plan for ongoing self-management support in DSME team meeting minutes. The process will include the collaborative efforts by the DSME participant and instructor(s) to develop the individualized follow-up plan for ongoing self-management support. Examples include: <ul style="list-style-type: none"> • Return to referring provider • Referral to other providers • Referral to support groups • Referral to community health workers • Follow-up in the DSME program in subsequent years

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. An individualized plan for ONGOING SELF-MANAGEMENT SUPPORT is developed by the DSME participant and the instructor(s).	a) A written policy which describes the process for the development of an individualized follow-up plan for ongoing self-management support is in place. The process includes the collaborative efforts by the DSME participant and instructor(s) to develop an individualized follow-up plan for ongoing self-management support. Examples include: <ul style="list-style-type: none"> • Return to referring provider • Referral to other providers • Referral to support groups • Referral to community health workers • Follow-up in the DSME program in subsequent years
2. The DSME participant's outcomes, goals, and plan for ONGOING SELF-MANAGEMENT SUPPORT are communicated to the referring provider.	a) A written policy which describes how the DSME participant's outcomes, goals, and the plan for ongoing self-management support are communicated to the referring providers. Examples include: <ul style="list-style-type: none"> • Documentation in the DSME participant's medical record • Case management meetings/conferences • Electronic notifications or other methods of communication

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
1. The individualized follow-up plan for ONGOING SELF-MANAGEMENT SUPPORT includes referrals to community-based programs.	a) A written policy which describes the referral process to community-based programs is in place.

STANDARD 9 – PARTICIPANT-DEFINED SELF-MANAGEMENT GOALS

The diabetes self-management education program will measure attainment of participant-defined self-management goals and outcomes at regular intervals using appropriate measurement techniques to evaluate the effectiveness of the education.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. A method for evaluating the attainment of PARTICIPANT-DEFINED SELF-MANAGEMENT BEHAVIORAL GOALS is under development.	a) There is written documentation of the development of a method for evaluating pre and post program participant-defined self-management behavioral goals in DSME team meeting minutes.
2. A method for evaluating the attainment of PARTICIPANT-DEFINED METABOLIC OUTCOMES is under development.	a) There is written documentation of the development of a method for evaluating pre and post DSME program participant-defined metabolic outcomes in DSME team meeting minutes.
3. A plan to communicate PARTICIPANT-DEFINED SELF-MANAGEMENT BEHAVIORAL GOALS and METABOLIC OUTCOMES to team members and other health care providers is under development.	a) There is written documentation of the development of a plan to communicate participant-defined self-management behavioral goals and metabolic outcomes to team members and other health care providers in DSME team meeting minutes.

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. Progress toward attainment of PARTICIPANT-DEFINED SELF-MANAGEMENT BEHAVIORAL GOALS is evaluated at regular intervals.	<p>a) A written policy which describes the method for evaluating participant-defined self-management behavioral goals at DSME program specified intervals is in place. The policy describes the following, at a minimum:</p> <ul style="list-style-type: none"> • Self-management behaviors that are evaluated pre and post DSME program • Methods used to evaluate the attainment of self-management behavioral goals • Tools used to track progress toward the attainment of self-management behavioral goals • Timeframes used to evaluate the attainment of self-management behavioral goals <p>b) There is written documentation which reflects progress toward attainment of participant-defined self-management behavioral goals in the DSME participant's medical record.</p>
2. Progress toward attainment of PARTICIPANT-DEFINED METABOLIC OUTCOMES is evaluated at regular intervals.	<p>a) A written policy which describes the method for evaluating pre and post program participant-defined metabolic outcomes at DSME program-specified intervals is in place</p> <p>b) There is written documentation which reflects progress toward attainment of participant-defined metabolic outcomes in the DSME participant's medical record.</p>

STANDARD 9 – PARTICIPANT-DEFINED SELF-MANAGEMENT GOALS (CONTINUED)

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
3. There is communication of PARTICIPANT-DEFINED SELF-MANAGEMENT BEHAVIORAL GOALS and METABOLIC OUTCOMES to team members and other health care providers.	<p>a) A written policy which describes the method to communicate participant-defined self-management behavioral goals and metabolic outcomes to team members and other health care providers is in place.</p> <p>b) There is written communication of participant-defined self-management behavioral goals and metabolic outcomes to team members and other health care providers in the DSME participant's medical record.</p>
4. The DSME participant and instructor renegotiate PARTICIPANT-DEFINED SELF-MANAGEMENT GOALS , behaviors, and interventions to achieve outcomes.	a) There is written documentation which reflects renegotiation of participant-defined self-management goals, behaviors, and interventions in the DSME participant's medical record (as appropriate).

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
1. PARTICIPANT-DEFINED SELF-MANAGEMENT BEHAVIORAL GOALS AND METABOLIC OUTCOMES are sustained and supported through integration of DSME program intervention with clinical and community-based programs.	a) There is written documentation in the DSME participant's medical record of referrals to clinical and community-based programs for support of participant-defined self-management behavioral goals and metabolic outcomes.

STANDARD 10 – PROGRAM EVALUATION AND CQI PLAN

The diabetes self-management education program will measure the effectiveness of the education process and determine opportunities for improvement using a written continuous quality improvement plan that describes and documents a systematic review of the program's process and outcome data.

LEVEL 1 (DEVELOPMENTAL)

REVIEW CRITERIA	INDICATORS
1. A DSME PROGRAM EVALUATION design which evaluates the effectiveness of the educational process and participant outcomes is under development.	a) There is written documentation of the development of a DSME program evaluation design in DSME team meeting minutes. b) The proposed evaluation design will include the following, at a minimum: <ul style="list-style-type: none"> • A method for evaluating the progress toward the attainment of DSME program goals and objectives stated in the annual program plan • A process for evaluating pre and post program aggregate-level outcome measurements for two (2) behavioral and two (2) metabolic indicators specified in the annual program plan • Frequency of reporting the DSME program evaluation results to the DSME team and advisory group
2. A written DSME CQI PLAN to improve program outcomes is under development.	a) There is written documentation of the development of the DSME CQI plan in the DSME team meeting minutes. b) The DSME CQI plan will describe, at a minimum: <ul style="list-style-type: none"> • Problem identification/project definition • Baseline data • Implementation plan • Method of data collection • Frequency of evaluation c) The DSME CQI plan will reflect progress toward attainment of one (1) or more goals and objectives stated in the annual program plan.

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
1. A written DSME PROGRAM EVALUATION documents the effectiveness of the educational process and aggregate-level outcomes.	a) There is a written DSME program evaluation which reflects progress toward the attainment of the DSME program goals and objectives stated in the annual plan. b) The DSME program evaluation includes aggregate-level outcomes relative to the DSME program target population. c) The DSME program evaluation includes pre and post program aggregate-level outcome measurements for two (2) behavioral and two (2) metabolic indicators relative to the DSME program participants. d) The DSME program evaluation is reviewed routinely by DSME team members and documented in team meeting minutes. Documentation includes action taken as a result of the DSME program evaluation.

STANDARD 10 – PROGRAM EVALUATION AND CQI PLAN (CONTINUED)

LEVEL 2 (EDUCATIONAL)

REVIEW CRITERIA	INDICATORS
<p>2. A written DSME PROGRAM PROFILE documents the participation of the DSME target population.</p>	<p>a) The DSME program profile documents the following:</p> <ul style="list-style-type: none"> • Total number of active persons in the facility/organization diabetes registry • Number of active persons in the DSME target population (DSME registry) • Number of DSME program participants • Number of DSME participants that either completed or did not complete the DSME program • Range of hours of instruction provided for participants that completed the DSME program • Range of hours of instruction provided for participants that did not complete the DSME program • Age groups • Diagnosis categories • Educational settings • Race/ethnicity
<p>3. There is a written DSME CQI PLAN to improve program outcomes.</p>	<p>a) There is a written DSME CQI plan in the DSME program policies and procedures.</p> <p>b) The DSME CQI plan will describe at a minimum:</p> <ul style="list-style-type: none"> • Problem identification/project definition • Baseline data • Implementation plan • Method of data collection • Frequency of evaluation • Reporting mechanism <p>c) The DSME CQI plan reflects progress toward attainment of one (1) or more goals and objectives stated in the annual program plan.</p>
<p>4. A written DSME CQI REPORT documents the implementation of the DSME CQI PLAN.</p>	<p>a) There is a written DSME CQI report which reflects the implementation of the DSME CQI plan.</p> <p>b) The written DSME CQI report describes at a minimum:</p> <ul style="list-style-type: none"> • Analysis of the data • Results of the implementation plan • Progress toward selected goals and objectives • Recommendations for action as a result of the DSME CQI report <p>c) The DSME CQI report is reviewed routinely by DSME team members and documented in team meeting minutes. Documentation includes action taken as a result of the DSME CQI report (as appropriate).</p>
<p>5. The DSME PROGRAM EVALUATION, CQI PLAN, and CQI REPORT are shared with the advisory group.</p>	<p>a) The advisory group reviews the DSME program evaluation, CQI plan, and CQI report at least annually.</p> <p>b) There is written documentation in advisory group meeting minutes and/or other communication to reflect recommendations regarding the DSME program evaluation, CQI plan, and CQI report. Documentation includes action taken as a result of the DSME program evaluation and CQI report (as appropriate).</p>

STANDARD 10 – PROGRAM EVALUATION AND CQI PLAN (CONTINUED)

LEVEL 3 (INTEGRATED)

REVIEW CRITERIA	INDICATORS
1. The <i>DSME PROGRAM EVALUATION</i> documents aggregate-level outcomes relative to the expanded target population (as appropriate).	a) There is a written DSME program evaluation which reflects progress toward the attainment of the DSME program goals and objectives relative to the expanded target population as stated in the annual plan. b) The DSME program evaluation includes aggregate-level outcomes relative to the DSME expanded target population (as appropriate). Examples include the following: <ul style="list-style-type: none">• IHS Diabetes Care and Outcome Audit• iCare reports• Reports from other data management systems