



Date: _____

Site/Location: _____

Auditors: _____

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

Data Period (Reporting Period): _____

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Standard #1: Internal Structure

The provider(s) of DSME will document their organizational structure, mission statement, and goals. For those providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care.

Review Criteria	Indicators	Yes	No	N/A
<i>A. The DSME program will have documentation that addresses its organizational structure, mission and goals and its relationship to the larger, sponsoring organization.</i>	1. There is evidence of the program's: <ul style="list-style-type: none"> a. organizational structure b. mission statement c. goals 	<input type="checkbox"/>	<input type="checkbox"/>	
	2. There is evidence of the larger organization's support and commitment to the DSME program. (e.g. Letter of support, participation of senior administrative personnel in the advisory process or onsite audit)	<input type="checkbox"/>	<input type="checkbox"/>	
Standard met?	Yes _____ No _____			

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Standard #2: External 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
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 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"/>
B. <i>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. (e.g. meeting minutes, ballots, surveys, documented phone consults, emails)	<input type="checkbox"/>	<input type="checkbox"/>	
Standard met?	Yes _____ No _____			

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Standard #3: Access

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
<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>	1. Documentation exists that reflects an annual assessment of:			
	a. The population served (e. g. demographics, cultural influences, access to healthcare services, barriers to education)	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	
	c. A plan to address any identified needs (e. g. identification of resources for additional services, plan for options for class times)	<input type="checkbox"/>	<input type="checkbox"/>	
Standard met?	Yes ____ No ____			

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Standard #4: Program coordination

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 programy 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 CDE or BC-ADM , or annually accrues 15 hours of CE credits based on program anniversary date. (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"/>	
Standard met?	Yes _____ No _____			

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Standard #5: Instructional staff

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 RN or one RD or one pharmacist or one certified diabetes professional (e.g. CDE or BC-ADM) is involved as an instructor in the education of program participant(s).	<input type="checkbox"/>	<input type="checkbox"/>	
B. <i>DSME instructor(s) must be qualified and provide diabetes education within each discipline's scope of practice.</i>	1. Professional Instructor(s) must have valid, discipline-specific licenses and/or registrations.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Paraprofessional instructors must have supervision by a clinical or healthcare professional instructor (identified in A.1. above) Supervision can be demonstrated by job description, performance appraisal tool or other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Paraprofessional staff must demonstrate training or competencies in specific areas determined by the program. (e.g. in-service in educational methods, diabetes, other; CHW certification; Health Education credential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. All instructors must demonstrate ongoing training in DSME/S topics.			
	a. non-certified diabetes educators must accrue 15 hours CE annually based on program anniversary date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. paraprofessional instructors must accrue 15 hours of in-services annually based on program anniversary date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Standard Met?</p>	<p>Yes ____ No ____</p>			

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Standard #6: Curriculum				
<p>A written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSME. The needs of the individual participant will determine which parts of the curriculum will be provided to that individual.</p>				
Review Criteria	Indicators	Yes	No	N/A
<p><i>A. A written curriculum, with learning objectives and criteria for specifying methods of delivery and evaluating successful learning outcomes, is the framework for the DSME.</i></p>	<p>1. Validate that the education process is guided by a reference curriculum with learning objectives, methods of delivery and criteria for evaluating learning for the populations served (including pre-diabetes, diabetes type 1, type 2, GDM or pregnancy complicated by diabetes) in the following 9 content areas:</p> <ul style="list-style-type: none"> <i>I. Describing the diabetes disease process and treatment options (includes pre-diabetes)</i> <i>II. Incorporating nutritional management into lifestyle</i> <i>III. Incorporating physical activity into lifestyle</i> <i>IV. Using medication(s) safely and for maximum therapeutic effectiveness</i> <i>V. Monitoring blood glucose and other parameters and interpreting and using the results for self-management decision making</i> <i>VI. Preventing, detecting, and treating acute complications</i> <i>VII. Preventing, detecting, and treating chronic complications</i> <i>VIII. Developing personal strategies to address psychosocial issues and concerns</i> <i>IX. Developing personal strategies to promote health and behavior change</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>2. There are supporting materials relevant to the population served.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><i>B. 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 revisions as needed (at least annually), of the curriculum and/or course materials by DSME instructor(s) and/or advisory group.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><i>C. There is evidence that the teaching approach is interactive, patient-centered and incorporates problem solving.</i></p>	<p>1. There is documentation in the curriculum (methods) or other supporting document which demonstrates that instruction is tailored/individualized and involves interaction.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Standard Met?</p>	<p>Yes ____ No ____</p>			

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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
<i>A. Participants receive a comprehensive assessment, including baseline diabetes self management knowledge and skills, and readiness for behavior change.</i>	1. An assessment of the participant is performed in the following domains in preparation for education: <ul style="list-style-type: none"> a. clinical (diabetes and other pertinent clinical history) b. cognitive (knowledge of self management skills, functional health literacy) c. psychosocial (emotional response to diabetes) d. diabetes distress, support systems e. behavioral (readiness for change, lifestyle practices, self care behaviors) Parts of the complete assessment may be deferred if applicable and the rationale for deferment documented.	<input type="checkbox"/>	<input type="checkbox"/>	
<i>B. Participants have an education plan based on their individual assessment.</i>	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.	<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 chart includes evidence of the education process: referral from provider (if applicable), assessments, education plan and educational interventions.	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Met?	Yes _____ No _____			

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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"/>	
Standard Met?	Yes ____ No ____			

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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
<i>A. 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"/>	
Standard Met?	Yes ____ No ____			

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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. <i>The DSME program has a quality improvement process and plan in place for evaluating the education process and program outcomes.</i>	1. There is evidence of aggregation of at least one participant behavioral goal and one other participant outcome.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. There is documentation of a CQI plan/process (e. g. written policy, annual program plan, CQI meeting minutes) based on at least one behavioral goal or other participant outcome.	<input type="checkbox"/>	<input type="checkbox"/>	
B. <i>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.</i>	2. There is evidence of aggregated data and the summary for use or application for improvement of DSME/S (e. g. description of project, summary of aggregate data, written plan for improvement, using data),	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Met?	Yes ____ No ____			

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SUMMARY:

PROGRAM STRENGTH(S):

PROGRAM WEAKNESS (ES):

RECOMMENDATION(S):