

## Diabetes Self-Management Education Accreditation 10 National Standards

### Standard 1 Internal Structure

- Organizational Structure
- Program Coordinator- Advisory Group- Instructor (RN, RD, to Pharmacist) OR Other Health Worker with RN, RD or Pharmacist Supervision
- Program Mission
- Program Goals
- Letter of Support for Sponsoring Organization

### Standard 2 External Structure

- Seek ongoing input from external stakeholders and experts to promote program quality
- Outreach to community stakeholders and input from these stakeholders must be documented and available for review, annually and periodically as requested

### Standard 3 Access

- Documentation identifying your population is required and is reviewed at least annually
- Documented allocation of resources to meet population specific needs (room, materials, curriculum, staff, support...)
- Identification of and actions taken to overcome access related to problems as well as communication about these efforts to stakeholders.

### Standard 4 Program Coordination

- The coordinator will have oversight responsibility for planning, implementation, and evaluation services
- Coordinator's Resume (Reflect experiences managing a chronic disease, facilitating behavior change, and experience with program and/or clinical management)
- Job Description describing program oversight (must include planning, implementation and evaluation of the DSME Program)
- Documentation that the Program Coordinator received a minimum of 15 hours of CE credits per year (program management, education, chronic disease care, behavior change) OR Credential maintenance (CDE- BC-ADM)



### Standard 5 Instructional Staff

- Documentation that at least one of the instructors is an RN, RD, or Pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education(CDE or BC-ADM)
- Current credential for instructor
- Instructor resume is current and reflects their diabetes education experience
- 15 hours of CE credits per year for all instructors annually
- There is documentation of successful completion of a standardized training program for CHWs
- Documented that the CHWs are supervised by the named diabetes educator in the program
- Policy that identifies the mechanism for ensuring participant needs are met if needs are outside of instructor's scope of practice and experience

### Standard 6 Curriculum

- Evidence of written curriculum, tailored to meet the need of the target population, is submitted and includes all content areas listed in the essential elements
- The curriculum adopts principles of AADE 7 Behaviors
- The curriculum is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and its cultural appropriateness

### Standard 7 Individualization

- The education process is defined as an interactive, collaborative process which assesses, implements and evaluates the educational intervention to meet the needs of the individual
- Individualized educational plan of care based on assessment on behavioral goal
- Documented individualized follow-up on educational goals

### Standard 8 Ongoing Support

- De-identified chart must also include the following:
  - on-going self-management support options reviewed with the participant
  - communication to the health care team includes participant's plan for ongoing support

**Standard 9**  
Patient  
Progress

- De-identified chart must also show evidence of:
  - collaborative development of behavioral goals with interventions provided and outcomes evaluated
  - documentation and assessment of at least one clinical outcome measure

**Standard 10**  
Quality  
Improvement

- Evidence of aggregate data collected and used for analysis of both behavioral and clinical outcomes is clearly identified at time of application
- Annual report documenting the ongoing CQI activities following initial accreditation