

Reviewer:

Date

**STANDARD 1**

**EVIDENCE**

<i>Level 1</i>	Yes	No	NI
Team members are identified and meetings are started			
Roles and responsibilities of team members are identified			
Required team composition (coordinator, primary care provider, RN, and RD minimum) is in place.			
* Diabetes Registry is in place. Elements included: (Diagnosis complication, status, onset date, active problem list)			
Standard data guidelines used			
Annual update process identified: How often updated? How is registry used? Specific examples: Is registry substantiated?			
Administration considers diabetes education program within the organizational structure			
Program manual started, included (at a minimum): General description of the education program			
Policies			
Mission statement			
* Goals and annual plan: Educational, Program Administration			
* Organizational chart: inter & intra collaboration			
Team Member roles and responsibilities (see critical elements chart: <b>attachment A</b> )			
Education program structure			
Forms			
Written statements documentation: Team approach is integral component of diabetes education			
Administrative commitment and support for team meetings, diabetes education evaluation			
<i>Evidence includes position descriptions, team meeting minutes, registry, organizational chart, program policies and program manual</i>			

<i>Level 2</i>	Yes	No	NI
Team meets on a quarterly basis at a minimum			
Team meetings are documented and include all of the following: team members roles and responsibilities.			
Communication among team members and collaboration partners.(critical issues tracked)			
Coordinated and consistent approach to interpreting basic diabetes concepts			
Coordination between appropriate departments			
Diabetes Registry is updated annually			
Diabetes team uses registry for annual planning			
Organizational chart shows placement of diabetes education program in facility			
Program Manual Documents description of (at a minimum): Organizational structure, mission statement, goals, annual plan, description of education team/process, follow-up and other program components			
Signed by the appropriate personnel/department			
There is a process in place for manual review and update			
Approval mechanism is documented for program and policy change			
<i>Evidence includes team meeting minutes, position descriptions, interdepartmental meetings and communication, registry, program policies, organizational chart and program manual</i>			

**STANDARD 2**

**EVIDENCE**

<b>Level 1</b>		Yes	No	NI
	Tasks needed to develop the education program are identified			
	Target population and its educational needs are identified			
	Community assessment for diabetes education needs completed			
*	Questionnaire/Yearly progress report for Grant processing - completed			
	Diabetes education program goals and objectives are identified			
	Diabetes education resource assessment completed			
	Resource requirements are identified:			
	Space			
	Staffing			
	Budget			
	Instructional material			
*	Training (staff)			
	a) Diabetes related/Clinical			
	b) Programmatic 1) RPMS: 2) Program Planning Evaluations: 3) Data use			
	<i>Evidence includes written community and resource assessments, task timelines, written description of target population, annual program plan and advisory body(s) minutes</i>			

<b>Level 2</b>		Yes	No	NI
	Educational program goals and objectives are established and documented annually:			
	Goals and objectives are realistic and measurable			
	Program towards meeting goals/objectives is evaluated			
	Resources sufficient to meet program goals and objectives continue to be identified and provided			
	Services meet needs of target population			
	Consumer access to education program is defined and documented			
*	Program Goals and Objectives are established and documented annually.			
	Goals and objectives are realistic and measurable			
	Program towards meeting goals/objectives is evaluated			
	Resources sufficient to meet program goals and objectives continue to be identified and provided			
	Services meet needs of target population			
	Consumer access to program is defined and documented			
	<i>Evidence includes advisory body(s) meeting minutes, annual program plan, annual program evaluation and program policies</i>			

### STANDARD 3

### EVIDENCE

<b>Level 1</b>		Yes	No	NI
	Advisory body (s) identified			
	Advisory body is documented			
	Minutes reflect advisory body selection and methods to seek advice			
	Composition reflects community served			
	Composition included medical, educational, community/consumer at a minimum			
	<i>Evidence includes advisory body(s) meeting minutes and program policies</i>			
<b>Level 2</b>		Yes	No	NI
*	There is a process that provides community and other advisory member input into the education program, including curricula and annual program plan, at least annually. Identifies lines of communication of data (back & forth)			
	<i>Evidence includes advisory body(s) meeting minutes and program policies</i>			

### STANDARD 4

### EVIDENCE

<b>Level 1</b>		Yes	No	NI

Coordinator is identified				
Coordinator is a credentialed health professional				
Appropriate education and experience is documented				
* a) Criteria: b) Training identified: c) Training plan d) Budget				
Responsibilities and line of authority are documented				
<i>Evidence includes position description, curriculum vitae, continuing education records, licenses and credentials</i>				

<b>Level 2</b>	Yes	No	NI
The coordinator manages educational team efforts, including development of goals and objectives			
The coordinator acts as diabetes education liaison between team members, departments or programs and the community			
Coordinator's position description and annual employee evaluation reflect roles and responsibilities			
Coordinator documents <b>CEU activity</b> (minimum of 12 hours/2 years in diabetes educational principles or leadership/management)			
<i>Evidence includes position description, team meeting minutes, advisory body(s) meeting minutes, annual employee evaluation and continuing education records</i>			

### STANDARD 5

#### EVIDENCE

<b>Level 1</b>	Yes	No	NI
Instructional team members identified			
Instructional team includes RN and RD minimum			
Program manual documents instructional staff, credentials, roles and responsibilities			
<i>Evidence includes instructional team listing in program manual, program policies, position descriptions, curriculum vitas, continuing education records, licenses and credentials</i>			

<b>Level 2</b>	Yes	No	NI
Instructors maintain diabetes education services for target population based on identified needs			
Instructors use a variety of teaching/learning methods			
There is evidence of team review and approval of education materials, teaching methods and activities			
<i>Evidence includes curricula and lesson plans, community needs assessments and team meeting minutes</i>			

### STANDARD 6

#### EVIDENCE

<b>Level 1</b>	Yes	No	NI
Instructors have or are updating knowledge and skills in diabetes in American Indian/Alaska Native communities			
Instructors have knowledge, skills and abilities in behavioral interventions, teaching/learning and counseling/communication			
<i>Evidence includes curriculum vitas, continuing education records, licenses and credentials</i>			

<b>Level 2</b>	Yes	No	NI
Instructors document CEU activity (minimum of 12 hours/2 years) in diabetes management, behavioral interventions, teaching/learning skills and counseling skills needs			
<i>Evidence includes continuing education records</i>			

### STANDARD 7

#### EVIDENCE

<b>Level 1 (Indicate Curriculum:)</b>	Yes	No	NI
Site uses approved IHS curriculum			
Diabetes education curricula are identified and reviewed			

Curricula meet community needs				
Curricula include written measurable learning objectives, content outline, instructional methods, materials and means of achieving objectives				
Content includes ten content areas of <i>National Standards</i>				
<b>Evidence includes written curricula and lesson plans</b>				

<b>Level 2</b>	Yes	No	NI
Curricula and educational resources are in place and reviewed annually by instruction team for scientific accuracy and cultural relevancy			
New materials are field tested for relevancy and comprehension			
Interpreters are oriented on a regular basis (as appropriate)			
<b>Evidence includes curricula, material review/revision dates, field testing summary, interpreter and program policies</b>			

**STANDARD 8**

**EVIDENCE**

<b>Level 1</b>	Yes	No	NI
Instructional team develops an individualized needs assessment process			
A form is developed to document process			
Documentation includes relevant medical history, cultural influences, health beliefs and attitudes, diabetes knowledge/skill, readiness to learn, preferred learning method, family support and financial limitations			
<b>Evidence includes documentation of a needs assessment form in the patient education record (medical record)</b>			

<b>Level 2</b>	Yes	No	NI
Instructional team uses standard diabetes educational assessment process and documentation form			
Educational assessment is individualized			
The needs assessment is the basis for initial and ongoing written educational plan			
Instructional team periodically reassesses individuals			
* Administrative needs: assessment process completed and documented			
* Training need identifies: Structural, programmatically			
* Assessment plan updated annually			
* Future plan needs based on evaluation identified:			
* a) Data sharing			
* b) Referrals out: data back into program			
* c) Tracking system			
<b>Evidence includes documentation of education process in the patient education record (medical record)</b>			

**STANDARD 9**

**EVIDENCE**

<b>Level 1</b>	Yes	No	NI
Diabetes education forms are identified as part of the medical record			
Instructors and coders are familiar with diabetes education codes (RPMS preferred)			
Team agrees that SOAP charting is the education documentation method of choice			
Program manual identifies policies and procedures regarding transfer of confidential medical record information			
<b>Evidence includes documentation in patient education record (medical record) and program policies</b>			

<b>Level 2</b>	Yes	No	NI
The teaching process assessment, planning, implementation & evaluation of individualized educational experience) documented in the medical record			
Documentation of education shows collaboration among educational team			
<b>Evidence includes documentation of education process in the patient education record (medical record)</b>			

**STANDARD 10**

**EVIDENCE**

<b>Level 1</b>	<b>Yes</b>	<b>No</b>	<b>NI</b>
There is documentation of program goals and objectives, including desired program outcomes			
Program evaluation includes a minimum of (1) behavioral and (2) clinical indicators			
Program evaluation design allows for pre and post program measures			
A process is in place for evaluating consumer satisfaction			
<i>Evidence includes advisory body(s) meeting minutes, program policies, annual program plan, CQI plans/data reports and consumer satisfaction survey/data/reports</i>			

<b>Level 2</b>	<b>Yes</b>	<b>No</b>	<b>NI</b>
There is documentation of progress towards goals and objectives, including (2) clinical and (1) behavioral outcome indicator			
There is documentation of appropriate advisory body review and input on outcomes, evaluation plan and program modifications			
Program records document, at a minimum, population served, types of service, length of participation, setting, content and age			
There is documentation that action is taken as a result of program evaluation and consumer review and evaluation			

<b>Level 3</b>	<b>Yes</b>	<b>No</b>	<b>NI</b>
* In last 3 years how many audits have been completed.			
* Is audit done manually or electronically.			
* Who gathers audit data?			
* Who does audit entry and analysis			
* Audit data is used for:			
*     Trending incidence of complications			
*     Feed back to providers			
*     Tracking of individual diagnosis			
*     Follow-up for medical services			
*     Program improvement & evaluation			
*     Case Management			
* Has program used local option question: (give examples of questions)			
* How have programs changed based on local option questions			
* Audit data is reported to who:			
*     Facility Staff			
*     Primary Providers only			
*     Advisory body			
*     Community			
*     Clients/individuals or groups			
*     Funding agency			
<i>Evidence includes advisory body(s) meeting minutes, program policies, program manual and annual evaluation summary</i>			

**OVERALL COMMENTS:**

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