



# LEVEL 1 (DEVELOPMENTAL) CHECKLIST



The 2008 IHS Integrated Diabetes Education Recognition Program (IDERP) standards and corresponding review criteria and indicators are listed below. The review criteria and indicators at this level are used to begin the development of a quality diabetes self-management education program. The review criteria and indicators at Level 1 provide your program with a framework to build the infrastructure and develop the processes necessary to sustain a quality diabetes self-management education program. THESE CRITERIA AND INDICATORS SHOULD BE USED AS A “SELF-ASSESSMENT” TO HELP YOU DETERMINE THE STRENGTHS AND WEAKNESSES OF

YOUR PROGRAM. Use the checklist below to make your program assessment. A completed Level 1 (Developmental) checklist is required with a letter of intent to submit an application (see application instructions).

## 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.

### CRITERIA: **The DSME TEAM is identified** (as indicated by)

**Y N**

<p>A document is in place that identifies the DSME team members by name, credentials, roles, and dates served. The required team composition includes a <b>minimum</b> of two (2) DSME team members. This includes the following:</p> <ul style="list-style-type: none"> <li>• DSME program coordinator, and</li> <li>• One member from the following disciplines: primary care provider, registered nurse, registered dietitian, and/or registered pharmacist</li> </ul>		
<p>◆ The DSME roles and responsibilities of each DSME team member are documented in their position descriptions.</p>		
<p>There is written documentation of DSME team meetings to develop the DSME program.</p>		

◆ *This indicator can only be reviewed on a site visit.*

### CRITERIA: **A DIABETES REGISTRY is in place** (as indicated by)

**Y N**

<p>A registry of people with diabetes is in place to assist in identifying the DSME program target population.</p>		
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Standard 1 – Program Structure (continued)

**CRITERIA: The documentation of the DSME program’s ORGANIZATIONAL STRUCTURE is under development** (as indicated by) **Y N**

An organizational chart that clearly identifies the DSME program within the facility’s organizational structure is under development. The organizational structure defines relationships and roles and managerial support of the DSME program.		
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).		

**CRITERIA: The documentation of the DSME program’s MISSION AND ANNUAL PROGRAM PLAN is under development** (as indicated by) **Y N**

The written mission statement of the DSME program is under development.		
The written goal(s) of the DSME program is under development.		
The written annual program plan of the DSME program is under development. The plan will describe, at a minimum: <ul style="list-style-type: none"> <li>• Mission statement</li> <li>• Annual goals</li> <li>• Measurable objectives related to: <ul style="list-style-type: none"> <li>○ Program process</li> <li>○ Two behavioral indicators</li> <li>○ Two clinical indicators</li> </ul> </li> </ul>		

**CRITERIA: The documentation of the DSME program’s EDUCATION STRUCTURE is under development** (as indicated by) **Y N**

There is written documentation of the development of the DSME education structure and process to include, at a minimum: <ul style="list-style-type: none"> <li>• Access to DSME program services</li> <li>• Referral and enrollment process</li> <li>• Individual assessment</li> <li>• Education plan</li> <li>• Intervention</li> <li>• Program completion and follow-up</li> </ul>		
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**CRITERIA: The DSME program is developing a system that maintains its POLICIES, PROCEDURES, AND GUIDELINES for efficient and effective provision of DSME** (as indicated by) **Y N**

There is written documentation of the development of a system that describes how the DSME program policies, procedures, and guidelines are maintained, updated, approved, and accessed.		
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## 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.

**CRITERIA: The DSME program appoints an ADVISORY GROUP** (as indicated by) **Y N**

A document is in place that identifies advisory group members by name, credential, title, role, and dates served.		
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**CRITERIA: The advisory group includes CLINICAL AND COMMUNITY STAKEHOLDERS** (as indicated by) **Y N**

<p>Advisory group composition includes, at a minimum:</p> <ul style="list-style-type: none"> <li>• Health professional</li> <li>• Educator</li> <li>• Person with diabetes</li> <li>• Community member</li> </ul> <p>These individuals <u>may not</u> be DSME instructors or team members.</p>		
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**CRITERIA: The advisory group provides input to the DSME program during PLANNING AND DEVELOPMENT** (as indicated by) **Y N**

Written communication documents involvement of the advisory group in the development of the DSME program. Documentation may include meeting minutes, electronic communications, phone consults, surveys and/or memos.		
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## Standard 3 – Educational Needs Assessment

The DSME program determines the diabetes educational needs of the target population(s) and identifies resources necessary to meet these needs.

CRITERIA: <b>The community diabetes EDUCATIONAL NEEDS ASSESSMENT is complete</b> (as indicated by)	Y	N
There is a written description of the community diabetes educational needs.	<input type="checkbox"/>	<input type="checkbox"/>

CRITERIA: <b>The community diabetes EDUCATIONAL RESOURCE ASSESSMENT is complete</b> (as indicated by)	Y	N
There is a written description of the community diabetes resource assessment.	<input type="checkbox"/>	<input type="checkbox"/>



## 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.

**CRITERIA: The DSME program COORDINATOR is identified** (as indicated by)

**Y N**

There is written documentation of one (1) DSME program coordinator by name, credential, degree, major or field of study, and year completed.

**CRITERIA: The DSME program coordinator has APPROPRIATE EDUCATION AND EXPERIENCE** (as indicated by)

**Y N**

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 certification meets this indicator.



## 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 instructors' scope of practice and expertise.

**CRITERIA: The DSME program INSTRUCTOR(s) are identified** (as indicated by)

**Y**

**N**

There is written documentation of the DSME program instructor(s) by name, credential, degree, major, or field of study, and year completed.

**CRITERIA: The DSME program instructor(s) have APPROPRIATE EDUCATION AND EXPERIENCE** (as indicated by)

**Y**

**N**

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.)

**CRITERIA: A policy is under development to assure participant needs are met if those needs are OUTSIDE THE SCOPE AND PRACTICE of the DSME program instructor(s)** (as indicated by)

**Y**

**N**

There is written documentation of the development of a policy to assure access to multidisciplinary resources.



## 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 (listed below) are to be provided.

**CRITERIA: A WRITTEN CURRICULUM(s) is identified which meets the needs of the DSME program target population(s)** (as indicated by)

**Y N**

The curriculum for the DSME program target population(s) is named.		
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## Standard 7 – Individual Needs 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 and education plan and the interventions and outcomes will be documented in the medical record.

**CRITERIA: A process for an INDIVIDUAL ASSESSMENT to direct the selection of appropriate educational interventions and self-management strategies is under development** (as indicated by) **Y N**

There is written documentation of the development of a process for an individual assessment to direct the selection of appropriate educational interventions and self-management strategies in DSME team meeting minutes.		
The written documentation of the proposed process for an individual assessment describes the following, at a minimum: <ul style="list-style-type: none"> <li>• Approach to gathering information               <ul style="list-style-type: none"> <li>○ Interview with participant</li> <li>○ Information from family members (as appropriate)</li> <li>○ Information from medical records</li> <li>○ Referral from healthcare providers</li> </ul> </li> <li>• Team member(s) responsible for completing the individual assessment</li> <li>• Selected assessment tools</li> <li>• Method of documentation</li> </ul>		

**CRITERIA: A method to develop an individual EDUCATION PLAN that allows for collaboration with the participant is under development** (as indicated by) **Y N**

There is written documentation of a proposed method to develop an individual education plan in DSME team meeting minutes.		
The written documentation of the proposed method to develop an individual education plan describes the following, at a minimum; <ul style="list-style-type: none"> <li>• Collaboration with the participant in the development of the education plan</li> <li>• Participant defined desired outcomes</li> <li>• Educational interventions identified to achieve outcomes</li> <li>• Method for evaluating outcomes</li> <li>• Self-management support strategies</li> </ul>		





## 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 and goals, and the plan for ongoing self-management support will be communicated to the referring provider.

**CRITERIA: A process for a collaborative and individualized follow-up plan for ONGOING SELF-MANAGEMENT SUPPORT is under development** (as indicated by)

**Y N**

There is written documentation of the development of a process for an individualized follow-up plan for ongoing self-management support. The plan is developed collaboratively by the instructor and participant.		
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## Standard 9 – Participant Defined Self-Management Goals

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

**CRITERIA: A system for measuring attainment of individual PARTICIPANT DEFINED SELF-MANAGEMENT GOALS is under development** (as indicated by) **Y N**

There is written documentation of the development of a system for measuring attainment of individual participant defined self-management goals in DSME team meeting minutes and/or DSME advisory group documentation.

**CRITERIA: A system for measuring attainment of PARTICIPANT DEFINED BEHAVIORAL AND METABOLIC OUTCOMES is under development** (as indicated by) **Y N**

There is written documentation of the development of a system for measuring attainment of participant defined behavioral and metabolic outcomes in DSME team meeting minutes and/or DSME advisory group documentation.

**CRITERIA: A plan to communicate PARTICIPANT DEFINED SELF-MANAGEMENT GOALS AND OUTCOMES TO TEAM MEMBERS AND OTHER INSTRUCTORS is under development** (as indicated by) **Y N**

There is written documentation of the development of a plan to communicate participant defined self-management goals and outcomes to team members in DSME team meeting minutes and/or DSME advisory group documentation.



## Standard 10 – Program Evaluation 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.

**CRITERIA: There is documentation of a PROGRAM EVALUATION DESIGN which measures the effectiveness of the educational process and participant outcomes** (as indicated by) **Y N**

There is written documentation of the development of a program evaluation design in DSME team meeting minutes.		
Proposed evaluation design includes a process for measuring the following, at a minimum: <ul style="list-style-type: none"> <li>• Stated DSME program goals and objectives</li> <li>• Participant pre and post clinical and behavioral indicators</li> </ul>		

**CRITERIA: A written CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN to improve participant and/or program outcomes is under development** (as indicated by) **Y N**

There is written documentation of the development of the DSME CQI plan in the DSME team meeting minutes.		
The DSME CQI plan will describe, at a minimum: <ul style="list-style-type: none"> <li>• Problem identification/project definition</li> <li>• Baseline data</li> <li>• Implementation plan</li> <li>• Method of data collection</li> <li>• Frequency of evaluation</li> </ul>		
The DSME CQI plan reflects progress toward attainment of one (1) or more goals and objectives stated in the annual program plan.		

