



LEVEL 2 (EDUCATIONAL) 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 Level 2 are used to determine whether your program meets the IHS IDERP Standards for a quality diabetes self-management education program. This is the IDERP reviewer checklist used to evaluate applications submitted for IHS Diabetes Program Recognition. This checklist is also used to evaluate review criteria during a site audit. IHS Diabetes Program Recognition is awarded when there is documented evidence that your program meets all of the

following Level 2 review criteria and indicators. At this level, an application for IHS recognition may be submitted for accreditation.

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.

Y=Yes; N=No; NC=Not Clear

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

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

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



Standard 1 – Program Structure (continued)

CRITERIA: The DSME TEAM meets and communicates on DSME-related issues on a regular basis (as indicated by) **Y N NC**

DSME team meets on a quarterly basis, at a minimum.			
There is written documentation of DSME team meetings, including two-way discussion, tracking of DSME issues and coordination with other services.			

CRITERIA: A DIABETES REGISTRY is in place (as indicated by) **Y N NC**

A registry of people with diabetes is in place to assist in identifying the DSME program target population.			
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CRITERIA: The diabetes registry includes RECOMMENDED DATA ELEMENTS and is routinely updated (as indicated by) **Y N NC**

The registry data elements include, at a minimum: <ul style="list-style-type: none"> • Name • Contact information • Type of diabetes • Date of birth • Date of diagnosis • Registry status 			
There is written documentation of a process to update the diabetes registry, at a minimum, annually.			

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

An organizational chart that clearly identifies the DSME program within the facility’s organizational structure is in place. The organizational structure defines relationships and roles and managerial support of the DSME program.			
The facility organizational chart is approved, signed, and dated by the appropriate administrative official(s).			
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).			

CRITERIA: The DSME program’s MISSION, GOALS, AND ANNUAL PROGRAM PLAN are in place (as indicated by) **Y N NC**

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



Standard 1 – Program Structure (continued)

CRITERIA: The DSME program’s EDUCATION STRUCTURE AND PROCESS is in place (as indicated by) **Y N NC**

<p>There is written documentation of the development of the DSME 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 • Intervention • Program completion and follow-up 			
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CRITERIA: There is a system in place that maintains the DSME program’s POLICIES, PROCEDURES, AND GUIDELINES for efficient and effective provision of DSME (as indicated by) **Y N NC**

<p>There is written documentation that describes how the DSME program’s policies, procedures, and guidelines are maintained, updated, approved, and accessed.</p>			
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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	NC
A document is in place that identifies advisory group members by name, credential, title, role, and dates served.			

CRITERIA: The advisory group includes CLINICAL AND COMMUNITY STAKEHOLDERS (as indicated by)	Y	N	NC
Advisory group composition includes, at a minimum: <ul style="list-style-type: none"> • Health professional • Educator • Person with diabetes • Community member These individuals <u>may not</u> be DSME instructors or team members.			

CRITERIA: The advisory group includes a PRIMARY CARE PROVIDER (as indicated by)	Y	N	NC
A primary care provider is identified on the list of advisory group members by name, credentials, title, role, and dates served. This individual <u>may not</u> be a DSME instructor or team member.			

CRITERIA: The advisory group ACTIVELY REVIEWS AND MAKES RECOMMENDATIONS on the DSME annual program plan and evaluation as part of group meetings and/or through individual consultation (as indicated by)	Y	N	NC
There is written documentation that reflects advisory group input in ongoing program planning and evaluation. Documentation may include meeting minutes, electronic communications, phone consults, surveys, and/or memos.			

CRITERIA: The advisory group ACTIVELY PARTICIPATES IN ANNUAL CURRICULUM REVIEW as part of group meetings and/or through individual consultation (as indicated by)	Y	N	NC
There is written documentation that reflects how advisory group members contribute to a review of the DSME program curriculum, at least annually. Documentation may include meeting minutes, electronic communications, phone consults, surveys and/or memos.			



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: The DSME program TARGET POPULATION(s) is identified and described (as indicated by)	Y	N	NC
There is a written description of the target population(s) including at a minimum: <ul style="list-style-type: none"> • Type of diabetes • Age range 			

CRITERIA: The EDUCATIONAL NEEDS ASSESSMENT of the DSME program target population is complete (as indicated by)	Y	N	NC
There is a written description of the educational needs of the target population.			
The educational needs assessment is completed at a minimum, annually.			

CRITERIA: The DSME program RESOURCE ASSESSMENT is complete (as indicated by)	Y	N	NC
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 material 			



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 NC**

There is written documentation of one (1) DSME program coordinator by name, credential, degree, major or field of study, and year completed.			
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CRITERIA: The DSME program coordinator has APPROPRIATE EDUCATION AND EXPERIENCE (as indicated by) **Y N NC**

There is written documentation of academic or experiential preparation in chronic disease care, education, and/or program management/leadership. (A person with a CDE or BC-ADM certification(s) meets this indicator).			
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CRITERIA: The DSME program coordinator has CONTINUING EDUCATION in chronic disease care, education and/or program management/leadership (as indicated by) **Y N NC**

There is written documentation of a minimum of six (6) hours of continuing education (CE) per year.			
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.			

CRITERIA: The DSME program coordinator has ORIENTATION, EXPERIENCE, OR TRAINING in local community culture (as indicated by) **Y N NC**

There is written documentation of orientation, experience, or training in local community culture.			
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CRITERIA: The DSME program coordinator's ROLES, RESPONSIBILITIES, AND LINE OF AUTHORITY are documented (as indicated by) **Y N NC**

◆ The roles and responsibilities related to overseeing the planning, implementation, and evaluation of the DSME program are documented in the position description for the DSME program coordinator.			
The DSME program coordinator's line of authority is shown in the organizational chart. This organization chart is approved, signed, and dated by appropriate administrative official(s).			

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



Standard 4 – Coordinator (continued)

CRITERIA: The DSME program coordinator is the REPRESENTATIVE of the DSME program for team members, departments or programs, and the community (as indicated by) **Y N NC**

There is written documentation of the DSME program coordinator's role as the DSME representative in DSME program team and advisory group meeting minutes or other documentation.			
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CRITERIA: The DSME program coordinator oversees the DIABETES SURVEILLANCE SYSTEM (as indicated by) **Y N NC**

There is written documentation that the coordinator oversees the diabetes surveillance system.			
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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 NC**

There is written documentation of the DSME program instructor(s) by name, credential, degree, major or field of study, and year completed.			
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CRITERIA: DSME program has at least one (1) INSTRUCTOR. The program instructor(s) include at least one (1) registered nurse (RN) or one (1) registered dietitian (RD) or one (1) registered pharmacist (RPh) (as indicated by) **Y N NC**

The DSME program instructor(s) have a valid, discipline-specific (RN, or RD, or RPh) license, and/or registration.			
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CRITERIA: The DSME program instructor(s) have APPROPRIATE EDUCATION AND EXPERIENCE (as indicated by) **Y N NC**

There is written documentation of academic or experiential preparation in education and diabetes management. (A person with CDE or BC-ADM credential meets this indicator.)			
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CRITERIA: DSME program instructor(s) have CONTINUING EDUCATION in diabetes management, and/or education, and/or diabetes in American Indian/Alaska Native communities (as indicated by) **Y N NC**

There is written documentation of a minimum of fifteen (15) hours of continuing education per year in diabetes management, and/or education.			
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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.			
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There is written documentation which reflects that instructors are annually updating knowledge and skills in diabetes in American Indians/Alaska Native communities.			
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CRITERIA: DSME program instructor(s) have ORIENTATION, EXPERIENCE, OR TRAINING in local community culture (as indicated by) **Y N NC**

There is written documentation of orientation, experience, or training in local community culture.			
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Standard 5 – Instructor(s) (continued)

CRITERIA: The DSME program instructor(s) ROLES AND RESPONSIBILITIES ARE DOCUMENTED (as indicated by) **Y N NC**

◆	The program instructor(s) roles and responsibilities are documented in the position description for the DSME instructor(s).			
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◆ *This indicator can only be reviewed on a site visit.*

CRITERIA: There is a REFERRAL AND COMMUNICATION MECHANISM in place to assure that the needs of participants are met if those needs are outside the scope of practice and expertise of the DSME program instructor(s) (as indicated by) **Y N NC**

	A written policy is in place describing the referral and communication mechanism for assuring access to multidisciplinary resources and support.			
◆	A list of multidisciplinary referral resources is maintained.			
◆	There is written documentation in the medical record to reflect referral for services beyond the scope of practice and expertise of the DSME program instructor(s).			

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



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	NC
The curriculum for the DSME program target population(s) is (are) named.			

CRITERIA: The written curriculum(s) is the FRAMEWORK for the DSME program (as indicated by)	Y	N	NC
The written curriculum(s) includes, at a minimum: <ul style="list-style-type: none"> • Learning objectives • Teaching methods and activities • Educational materials • Criteria for evaluating successful learning outcomes 			
The curriculum is Indian Health Service (IHS) approved or the program provides documentation of the following: <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 			
There is written documentation of modifications to any of the IHS approved curriculum(s).			

CRITERIA: The written curriculum(s) contains the NINE (9) REQUIRED CONTENT AREAS of the National Standards for Diabetes Self-Management Education (NSDSME) (as indicated by)	Y	N	NC
The curriculum(s) is Indian Health Service (IHS) approved or must contain these nine (9) content areas of the NSDSME to be considered for approval: <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 and interpreting and using results 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 			



Standard 6 – Curriculum (continued)

CRITERIA: The written curriculum(s) is CULTURALLY APPROPRIATE for the DSME program target population (as indicated by)	Y	N	NC
The curriculum(s) is culturally appropriate for the DSME program target population.			
Cultural modifications are documented.			
There is a policy for orientation of interpreters, if applicable.			
The annual review of the curriculum(s) is reflected in the DSME team meeting minutes and advisory group documentation.			

CRITERIA: The curriculum(s) and/or course materials reflect CURRENT EVIDENCE AND PRACTICE GUIDELINES (as indicated by)	Y	N	NC
The curriculum(s) is evidence-based and reflects current standards of care and practice guidelines.			
The annual review of the curriculum(s) is reflected in the DSME team meeting minutes and advisory group documentation.			

CRITERIA: The ASSESSED NEEDS of the individual participant will determine the content areas provided (as indicated by)	Y	N	NC
The individual assessment identifies the content areas to be provided. The needed content areas are reflected in the educational plan.			



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 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 in place (as indicated by)

	Y	N	NC
There is a written policy in place that describes the process for an individual assessment to direct the selection of appropriate educational interventions and support strategies.			
The process for completion of the individual assessment to direct the selection of appropriate educational interventions and support strategies is documented in the DSME program description.			
The written documentation of the process for an individual assessment describes the following, at a minimum: <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 			

CRITERIA: The individual assessment includes all COMPONENTS required by the *National Standards for Diabetes Self-Management Education (NDSME)* (as indicated by)

	Y	N	NC
The following components are reflected in the individual assessment: <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 			

CRITERIA: The individual assessment, education plan, interventions and outcomes are documented in the MEDICAL RECORD (as indicated by)

	Y	N	NC
The DSME process is documented in the medical record and includes the individual assessment, education plan, interventions and outcomes.			



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 in place (as indicated by)	Y	N	NC
<p>There is a written policy describing the process for providing individualized ongoing self-management support for participants. The plan is developed collaboratively by the instructor and participant. Examples for a follow-up plan include:</p> <ul style="list-style-type: none"> • Return to referring provider • Referral to other providers for ongoing follow-up • Referral to support groups • Referral to community programs 			
CRITERIA: The participant's OUTCOMES, GOALS, AND PLAN for ongoing self-management support are communicated to the referring provider in writing (as indicated by)	Y	N	NC
<p>Two-way communication with the referring provider of the participant's individualized education goals and plan for ongoing self-management support is documented in the medical record.</p>			



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: Progress toward attainment of PARTICIPANT DEFINED SELF-MANAGEMENT GOALS is evaluated at regular intervals (as indicated by)	Y	N	NC
There is a policy in place for evaluating participant defined self-management goals and behavioral and metabolic outcomes at DSME program specified intervals.			
There is written documentation in the medical record that reflects progress towards meeting participant defined goals.			

CRITERIA: Progress toward attainment of participant defined PARTICIPANT DEFINED BEHAVIORAL AND METABOLIC OUTCOMES is evaluated at regular intervals (as indicated by)	Y	N	NC
There is a policy in place for evaluating pre and post program measures for two (2) participant defined behavioral and two (2) participant defined metabolic outcomes. This is done at DSME program-specified intervals.			
There is written documentation in the medical record that reflects progress towards meeting participant defined behavioral and metabolic outcomes.			

CRITERIA: There is communication of participant defined SELF-MANAGEMENT GOALS AND OUTCOMES TO TEAM MEMBERS AND OTHER INSTRUCTORS (as indicated by)	Y	N	NC
There is a policy in place for communication of participant defined self-management goals and outcomes to team members and other instructors.			
There is written documentation of communication of participant defined self-management goals and outcomes to team members and other instructors through referrals or other feedback mechanisms.			

CRITERIA: Instructor and participant RENEGOTIATE PARTICIPANT DEFINED SELF-MANAGEMENT GOALS, BEHAVIORS, AND INTERVENTIONS as needed to achieve outcomes (as indicated by)	Y	N	NC
There is written documentation of renegotiation in the individual educational plan in the participant's medical record.			



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.

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

There is a written DSME program which reflects progress toward the attainment of the DSME program goals and objectives in the annual plan.			
The DSME program evaluation includes pre and post program participant outcome measurements for two (2) clinical and two (2) behavioral indicators.			
The DSME program evaluation documents the following: <ul style="list-style-type: none"> • Population served • Participation rates • Age groups • Diagnosis categories • Educational setting • Race/Ethnicity 			
The DSME program evaluation is reviewed routinely by DSME team members and documented in team meeting minutes.			

CRITERIA: A written CQI PLAN to improve participant and/or program outcomes is in place (as indicated by) **Y N NC**

There is written documentation of a DSME CQI plan in the DSME program policies and procedures.			
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 • Reporting mechanism 			
The DSME CQI plan reflects progress toward attainment of one (1) or more goals and objectives stated in the annual program plan.			



Standard 10 – Program Evaluation and CQI Plan (continued)

CRITERIA: A written CQI REPORT documents the implementation of the CQI plan (as indicated by)	Y	N	NC
There is a written CQI report that reflects the components described in the DSME CQI plan.			
The written CQI report describes at a minimum <ul style="list-style-type: none"> • Analysis of the data • Results of the implementation plan • Progress toward selected goals and objectives • Action taken as a result of the plan evaluation 			
The CQI report is reviewed routinely by DSME team members and documented in team meeting minutes.			

CRITERIA: The DSME PROGRAM EVALUATION, CQI PLAN AND REPORT are shared with the advisory group (as indicated by)	Y	N	NC
The advisory group reviews the DSME program evaluation, CQI plan and report at least annually.			
There is written documentation in advisory group meeting minutes and/or other communication to reflect recommendations regarding the DSME program CQI plan and report.			

