





**Michigan Department of Health and Human Services**  
**Diabetes Self-Management Education and Support Standards**

**Standard 3:**

**Evaluation of Population Served**

The provider(s) of DSMES services will evaluate the communities they serve to determine the resources, design, and delivery methods that will align with the population's need for DSMES services.

**Review Criteria**

3.1 The DSMES service will identify the demographics of the population in the service area.

3.2 There is documentation that demonstrates the population served and the population the DSMES services wish to serve.

3.3 There is evidence of ongoing evaluation of resources to determine adequacy to meet the needs of the population.

**Interpretive Guidelines**

Examples of where this information may be located: US Census Data, Robert Wood Johnson Foundation, the hospital's Community Health Needs Assessment, the CDC, the USDA.

Gaps in the two populations are documented along with a plan to address the gaps. Stakeholders should be utilized to address the gaps.

Examples - budget, staffing, location of services, hours of operation, culturally appropriate materials.

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**Standard 4:**

**Quality Coordinator  
Overseeing DSMES  
Services**

**A quality coordinator will be designated to ensure implementation of the Standards and oversee the DSMES services. The quality coordinator is responsible for all components of DSMES, including evidence-based practice, service design, evaluation, and continuous quality improvement.**

**Review Criteria**

4.1 The DSMES service has a designated coordinator.

**Interpretive Guidelines**

There is a written job description for the quality coordinator role which includes the responsibilities of evidence-based practice, service design, evaluation, and continuous quality improvement.

In the absence of a designated DSMES Quality Coordinator role description, consideration will be given to other documents accounting for the role responsibilities.

4.2 The quality coordinator is academically or experientially prepared in areas of chronic disease care, patient education and/or program management.

Documents verifying the designated coordinator meets the role requirements will be available for review and will include the following:

The coordinator will meet one of the following requirements:

- Resume/CV
- Discipline specific license and/or registration
- Credentials as CDE or BC-ADM or 15 CEs

Certified Diabetes Educators (CDE) OR

Board Certification in Advanced Diabetes Management BC-ADM OR

Annually accrues 15 hours of approved continuing education (CE)

CE documentation must be an official transcript or copies of CE certificates. Printouts of logs are not acceptable.

CE is based on the DSMES program anniversary month or calendar year but must be consistent throughout the certification period.

4.3 MDHHS will be notified within 30 days of a change in coordinator.

In addition to a change form, new coordinators need to submit:

- resume/CV
- copy of professional license
- copy of CDE certificate OR 15 hours of CE in diabetes
- Training plan

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**Standard 5:**

**DSMES Team**

At least one of the team members responsible for facilitating DSMES services will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES, or be another health care professional holding certification as a diabetes educator (CDE) or Board Certification in Advanced Diabetes Management (BC-ADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.

**Review Criteria**

5.1 The DSMES team must include at least one RN or one RD or one pharmacist. Evidence supports an inter-professional approach to diabetes care, education, and support therefore a multidisciplinary approach is recommended but not required.

At least one RN or one RD or one pharmacist is part of the DSMES team and is involved in the education of participants.

5.2 All instructional staff will meet one of the following requirements:

Certified Diabetes Educator or 15 hours of approved continuing education accrued annually

New instructional staff will have 15 hours of approved continuing education within 4 months of date of start date of joining the DSMES team (includes contractors and paraprofessionals).

**Interpretive Guidelines**

Documents verifying the instructors meet requirements will be available for review and will include:

- resume/CV
- copy of professional license
- specialized pump training document

Documents necessary for review include:

- copy of CDE certificate or 15 hours of CE in diabetes

CE topic need to reflect content included on the NCBDE examination content outline. CE is based on the DSMES program anniversary month or calendar year but must be consistent placeholder for all team members throughout the certification period.

5.3 Paraprofessional DSMES team members must be qualified and provide diabetes education within each discipline's scope of practice.

Paraprofessional team members must demonstrate previous experience or training in diabetes, chronic disease, health and wellness, healthcare, community health, community support, and/or educational methods as evidenced by resume or certificate.

Paraprofessional DSMES team members must have supervision by the quality coordinator or healthcare professional DSMES team member. Supervision can be demonstrated by position description or performance appraisal tool.

Paraprofessional team members must have documentation of 15 hours of training in diabetes or diabetes related topics (as outlined above) upon joining the DSMES team prior to instructing participants and annually. CE is based on the DSMES program anniversary month or calendar year but must be consistent for all team members throughout the certification period. CE must reflect the area/s of DSMES they instruct.

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**Standard 6:** Curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required.

**Curriculum**

**Review Criteria**

6.1 There is a written curriculum which is the framework for DSMES and includes:

- Measurable learning objectives
- Detailed content outlines
- Instructional methods (specified methods of delivery)
- A means of evaluating if participants achieved their learning objectives

**Interpretive Guidelines**

Evidence validating the education process is guided by a reference curriculum is present.

The curriculum must be appropriate for and inclusive of the population served (i.e., adapted for age, developmental stages, type of diabetes, cultural factors, health literacy and numeracy, and comorbidities).

The following eight content areas will be included:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring and using patient-generated health data (PGHD)
- Preventing, detecting and treating acute and chronic complications\*
- Healthy coping with psychosocial issues and concerns
- Problem solving

\*including disaster preparedness



6.2 There is periodic review with revisions of the curriculum and /or course materials to reflect current evidence.

6.3 The curriculum will include content on influenza, pneumococcal, and hepatitis vaccines.

The following content areas are encouraged:

- Navigating the healthcare system
- Learning self-advocacy
- E-health education

There is documentation of the curriculum review and revisions by the DSMES instructor(s) at least annually. There is evidence of the curriculum being tailored to the DSMES population. Note: For audit purposes, all curriculum changes made during the certification period will be maintained.

Helpful links for vaccination information:

[MQIC](#)

[CDC](#)

Standards of Medical Care in Diabetes (no link provided as standards updated annually)



7.5 The education process is documented in the permanent record.

Documentation in the participant's health record should include: DSMES professional team member's assessment/re-assessment of the participant's service needs, education plan, intervention, and outcomes of provided education.

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**Standard 8:**

**Ongoing Support**

The participant will be made aware of options and resources available for ongoing support of their initial education, and will select the option(s) that will best maintain their self-management needs.

**Review Criteria**

8.1 Participants will have a plan for post-education self-management support for ongoing diabetes self-management beyond the formal self-management education process.

8.2 There must be evidence that the DSMES follow-up plan was communicated to the referring provider.

8.3 The DSMES provider compiles a list of participant support options, including those available in the community, which the participant may consider when selecting their support plan.

**Interpretive Guidelines**

The DSMES participant will select their personalized support plan outside of formal DSMES services.

Examples include support groups, exercise programs, walking groups, community programs such as PATH, Enhanced Fitness, Weight Watchers, etc.

The listing of options is reviewed and revised when needed or at least annually.

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**Standard 9:**  
**Participant Progress**

**The provider(s) of DSMES services will monitor and communicate whether participants are achieving their personal diabetes self-management goals and other outcome(s) to evaluate the effectiveness of the educational interventions(s), using appropriate measurement techniques.**

**Review Criteria**

9.1 Attainment of goals/outcomes shall be measured regularly in order to evaluate the effectiveness of the educational intervention.

9.2 A summary of goals, using a systematic approach (e.g. AADE 7) will be included in the annual report to the MDHHS (see Standard #10 for more details).

9.3 At least one program outcome will be addressed annually.

**Interpretive Guidelines**

A process is in place for the systematic collection and summary of participant behavior goal(s) achievement.

Achievement of participant goals and other outcomes will be evaluated as a way to measure the effectiveness of the DSMES services and will be used for ongoing program evaluation and planning.

There is evidence that education planned or provided and participant outcomes were communicated back to the referring provider.

There is evidence of a collection and summary of other program outcomes to evaluate DSMES effectiveness. Examples include (but are not limited to): patient satisfaction, provider satisfaction, staff satisfaction, quality of life, A1c, BMI, dilated eye exams, etc.

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**Standard 10:**

**Quality Improvement**

**The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data.**

**Review Criteria**

**Interpretive Guidelines**

10.1 The DSMES services has a quality improvement process to evaluate the education, program processes and program outcomes.

There is written documentation of an identified CQI plan/process used. This may include a written policy, template used to identify a needed improvement, etc.

There is documentation of a Continuous Quality Improvement (CQI) project which will include:

- a. Opportunities for DSMES service improvement or change (what are you trying to improve, fix, or accomplish).
- b. Baseline project achievement
- c. Project target outcome
- d. Outcome assessment and evaluation schedule

10.2 Quality improvement projects are developed and implemented based on regular aggregation of DSMES outcomes data.

There is evidence of documentation of ongoing quality improvement project and implementation of a new project when applicable.

- a. Documented quality improvement project outcomes will be present
- b. Quality improvement outcomes will be measured annually at a minimum
- c. DSMES services will have documented plans and actions based on project outcomes.

CQI projects do not have to be year-long in duration. Some projects can be wrapped up much more quickly however, each component of a CQI project must be documented (baseline, target, outcome assessment, etc).

10.3 There will be an annual report submitted to the MDHHS. The annual report, based on the findings of an annual program review and focused on quality processes, will define and guide activities of the DSMES services for the next year.

A report template will be created each year by the MDHHS. Reports must be submitted electronically in this template as statewide data is aggregated from the reports.

The default due date for the report is January 31. Contact the MDHHS DSMT Program Coordinator if a different time frame is desired (e.g. coordinated with the program's annual review for ADA/AADE).

10.4 The DSMES service will provide a Statistical Report annually to the MDHHS.

A report template will be created each year by the MDHHS. Reports must be submitted electronically in this template as statewide data is aggregated from the reports.

The statistical report is due from both MDHHS certified and non-MDHHS certified programs.

The statistical report is due November 30<sup>th</sup>. The statistical reporting period is October 1 – September 30, aligning with the State fiscal year.

CQI Helpful links:

[ADA Continuous Quality Improvement Toolkit](#)

[AADE Position Statement on AADE 7 Self-Care Behaviors](#)

[Continuous Quality Improvement – HealthIT.gov](#)

[Institute for Healthcare Improvement](#)

The above review criteria are based upon:

- 2017 National Standards for Diabetes Self-Management Education and Support
- The American Diabetes Association “Review Criteria and Indicators: 10<sup>th</sup> Edition”
- The American Association of Diabetes Educators “2017 National Standards for Diabetes Self-Management Education and Support: Interpretive Guidance”

The three documents were used for reference and portions have been cited directly.