

South Dakota Diabetes Education Recognition Program Application Process and Annual Report Requirements

- Step 1 Complete** and submit the South Dakota Diabetes Education Recognition Program Application with all required documentation, to the South Dakota Diabetes Education Recognition Program (SD-DERP).
- Step 2 SD-DERP** staff will review the application within 6 weeks of receipt, in the SD-DERP Office.
- A. If the application is complete, a site review will be scheduled within 2 months of the application review.
 - B. If the application is incomplete, it will be returned with a request for additional information.
- Step 3 SD-DERP** staff will conduct a site review to include:
- A. Review of policies and advisory committee minutes;
 - B. Review of documentation of coordinator and instructor(s) professional licenses and/or certifications (CDE) and diabetes self-management education program preparation;
 - C. Review of a random sample of client charts;
 - D. Discussion with program staff regarding the format of the program, organizational support, resources, referral systems, program availability, and follow-up system.
- Step 4 SD-DERP** staff conducting the program evaluation will write and submit a report to a review board. Following the review, the board will: 1) grant recognition, 2) request that the applying program respond to recommendations, 3) request that the applying program re-apply for recognition or 4) other.
- A. Recognition is granted for a period of 3 years upon satisfactory completion of the review process.
 - B. Programs that are requested to respond to recommendations will be granted a period of 3 months to respond. Those failing to respond within 3 months will be asked to reapply.
 - C. Programs that are requested to re-apply may do so at any time.
- Step 5** All recognized programs will submit an Annual Report to the SD-DERP by January 31st of each year. The report will include:
- A. A copy of the program Advisory Committee's Meeting minutes (2 meetings/year);
 - B. Initial Needs Assessment to include a brief description of the program and population served.
 - C. Initial and Annual Program Plan;
 - D. Advisory Committee Membership list with name, occupation, and role of members;
 - E. Program Coordinator and Instructor(s) annual continuing education certificates;
 - F. Annual assessment of program utilization, attrition rates, and waiting periods;

Failure to submit annual reports will result in program recognition status being revoked.

**APPLICATION
FOR
SOUTH DAKOTA DIABETES EDUCATION RECOGNITION PROGRAM
(SD-DERP)**

South Dakota Diabetes Education Recognition Program (SD-DERP)
 South Dakota Department of Health
 615 East 4th St., Pierre, SD 57501

(Office use only)
 Date Received: _____
 SD-DERP File # _____
 Approval Date: _____
 Returned for additional data: _____
 Renewal Date: _____
 Data System Code: _____

SPONSORING AGENCY: _____

CONTACT PERSON: _____

TELEPHONE: (work)-() _____ (fax)-() _____ (other)- _____

DIABETES SELF-MANAGEMENT EDUCATION PROGRAM

NAME OF PROGRAM: _____

LOCATION/ADDRESS: _____

Program staff: Please list the coordinator's name and profession and the instructor(s)' names and professions.

Sample:

Position	Name	Profession
Program Coordinator		
Program Instructor		
Program Instructor		

Program Description: Please describe your Diabetes Self-Management Education (DSME) Program. Include the number of clients, setting, format, length, and type of instruction; as well as any other pertinent information that is necessary to describe your program (attach extra sheets if needed). Also, please cite your exact location and the easiest route to access your agency.

**NATIONAL STANDARDS FOR DIABETES
SELF-MANAGEMENT EDUCATION PROGRAMS
AND
SOUTH DAKOTA DIABETES SELF-MANAGEMENT EDUCATION
RECOGNITION CRITERIA**

January 2006

The South Dakota Diabetes Education Recognition Program (SD-DERP) criteria are based on the three areas of program content and development delineated in the National Standards for Diabetes Self-Management Education Programs (*Diabetes Care*, May 2000). They are: (1) **Structure**; (2) **Process**, and (3) **Outcomes**.

STRUCTURE

ORGANIZATION

Standard 1 **The sponsoring organization shall have a written statement in place that recognizes and supports quality diabetes self-management education (DSME) as an integral component of diabetes care.**

Criterion 1-1 A written statement is in place affirming that the DSME Program is an integral component of diabetes care.

Documentation required: Written statement (i.e. mission statement) **or** executive statement written by the sponsoring organization's Chief Executive Officer.

Application Process: Attach copy.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes**.

Standard 2 **The sponsoring organization shall identify and provide the educational and human resources required to achieve its educational objectives for the target population. These resources include adequate space, personnel, budget, and instructional materials.**

Criterion 2-1 The sponsoring agency is committed to and supports the administrative and management systems of the DSME Program through provision of adequate resources (space, materials, and qualified and diverse personnel with adequate time) to ensure the delivery of an effective program.

(**Please see Standard #6 regarding annual planning by Advisory Committee before responding to this standard.)

Documentation required: Brief description of resources in Program Plan (including program budget and staff).

Application Process: Attach written description with application (review of these resources will be done during the site visit).

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes**.

Standard 3 **The organizational relationships, lines of authority, staffing, job descriptions, and operational policies shall be clearly defined and documented.**

Criterion 3-1 There are clearly identified lines of authority for the DSME Program, including Advisory

Committee, Program Coordinator, and Program Instructors within the organization.

Documentation required: Organizational chart for the DSME program as it is incorporated into the facility organizational chart

Application Process: Attach copy.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

Criterion 3-2 Job descriptions and position requirements for the DSME Program Coordinator and Program Instructor(s) are developed and reviewed every 3 years. The job descriptions and position requirements for both positions include:

- Role in the program,
- Professional requirements,
- Teaching (core competencies) responsibilities,
- Working in collaboration with other program disciplines; and
- Other program responsibilities including percent of time spent functioning in the program and completing annual continuing education requirements.

In addition, the job description for the Program Coordinator shall also include responsibilities for program planning, implementation and evaluation:

- Serving as a liaison between program staff, the Advisory Committee and the agency administration;
- Coordinating new instructor orientation and ensuring that instructors receive timely and appropriate continuing education;
- Overseeing program review and development of the Annual Program Plan;
- Participating in the development of the annual program budget
- Evaluating program effectiveness and reporting to the SD-DERP annually;
- Serving as a member of the Advisory Committee and
- Providing on-site supervision of the program.

Documentation required: Job descriptions and position requirements for the Coordinator and Instructor(s).

Application Process: Attach copies.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

Criterion 3-3 The Advisory Committee is an integral component of the DSME Program and assists with development and evaluation of program policies. A record of the Advisory Committee review of written policies must be completed initially, retained and updated on an annual basis. In addition to the written policies, all committee minutes concerning operation of the program shall be retained on-site for 3 years.

(Please see Standards # 5 and #6 for more information on the Advisory Committee pertaining to the committee membership, meeting times, the planning process and development of the Annual Program Plan)

Documentation required: Advisory Committee Meeting minutes demonstrating approval of written policies.

Application Process: Attach minutes.

Reporting Frequency: With initial application **and** every January 31st with Annual Report.

NEEDS ASSESSMENT

Standard 4 The service area shall be assessed in order to define the target population and determine appropriate allocation of personnel and resources to serve the educational needs of the target population.

Criterion 4-1 **At the inception of the program a Needs Assessment is done** to establish the basic parameters. The service area is assessed and the target population defined by numbers and ages of individuals with diabetes, type of diabetes, unique characteristics, race and ethnicity, language, special educational needs and barriers to access.

Documentation required: Initial Needs Assessment.
Application Process: Attach copy.
Reporting Frequency: With the initial application.

****Note to applicant filling out this application packet:**

Most agencies have a public relations person who does hospital/clinic marketing. This person would be cognizant of who the agency targets to be consumers of their goods and services. This would be known as the service area.

Most Medical Records Departments are aware of the types and numbers of clients who are admitted to their agency. Most admission forms do ask for race/ethnicity, age, and language spoken (if other than English).

Most agencies also have an initial admission assessment form that requests past and current medical history. The assessment form usually also requests information pertaining to unique needs/characteristics of the client, as well as the need for accommodations for special educational needs.

With the initial assessment there are several ways in which you can identify your target population. First, a retrospective chart review will reveal the diabetes population being served by your agency. Recently, many agencies now have this information computerized for easy access. You can also survey your local clinics to have them identify their target audience (using the criteria listed above). This will be especially important if they rely on your agency to provide diabetes education for their clients.

Also, third-party payers will have numbers of diabetes clients covered by their companies within your service area. Remember, however, this will not tell you about the numbers of clients with diabetes who do not have insurance.

Then, when you begin your DSME Program, it will be necessary for you to keep a record of the clients that you see. You will also be keeping records of these clients in the areas of pre and post-educational assessment. It will probably be advantageous for you to keep a quick-running log that includes name, address, age, diagnosis, type of diabetes and time spent with client (this will be pertinent to your staffing needs and service area); as well as any unique characteristics/special educational needs which may impact client care.

Criterion 4-2 Once the basic parameters have been established, the service area and characteristics of the target population will be re-evaluated on an annual basis for development of the Annual Program Plan.

Documentation required: Written Annual Program Plan.
Application Process: Attach copy.
Reporting Frequency: Every January 31st with the Annual Report.

PROGRAM MANAGEMENT

Standard 5 **A standing Advisory Committee consisting at a minimum of: a primary care provider, a nurse educator, a registered dietitian/licensed nutritionist, an individual with behavioral science expertise (i.e. a school counselor or a member of the clergy who is credentialed in counseling), a consumer and a community representative; shall be established to oversee the DSME Program. (See Standard # 15 for Advisory Committee involvement in educational planning and review process.)**

Criterion 5-1 Membership of the standing Advisory Committee shall minimally consist of: a primary care provider (physician, physician’s assistant, or nurse practitioner), a South Dakota Registered Dietitian/Licensed Nutritionist, a South Dakota Registered Nurse, an individual with recent behavioral science expertise, a consumer and a community representative. Other members of the committee may include, but are not limited to a: pharmacist, social worker, psychologist, exercise physiologist, therapeutic optometrist, ophthalmologist, and/or podiatrist. All members of the committee shall have either professional or personal experience with diabetes. It is recommended, **but not mandatory**, that one or more members of the Advisory Committee also be a Certified Diabetes Educator (CDE).

Criterion 5-2 The individual with behavioral science expertise is any professional with academic preparation (must be within the past 5 years or in current practice) in the behavioral sciences: e.g., counseling, health behavior, psychology, social work or sociology.

Criterion 5-3 The consumer is any individual with diabetes or the caretaker thereof not employed by the institution or agency.

Criterion 5-4 The community representative is any individual not employed by the institution or agency.

Documentation required: Advisory Committee membership list to include name, occupation and role.
Application Process: Attach copy.
Reporting Frequency: With initial application **and** every January 31st with the Annual Report **and with any significant changes in membership of the Advisory Committee.**

Criterion 5-5 The Advisory Committee **must meet at least twice a year**, but may meet more often as needed.

Documentation required: A copy of Advisory Committee Meeting(s) minutes to include name, occupation and role of members in attendance as well the discussion. (Please see Standard #3, Criterion 3-3.)
Application Process: Attach copy of minutes.
Reporting Frequency: With initial application **and** every January 31st with the Annual Report.

Standard 6 **The Advisory Committee shall participate in the annual planning process (based on the Needs Assessment), including determination of target audience, program objectives, participant access mechanisms, instructional methods, resource requirements (including space, personnel, budget, and instructional materials), participant follow-up mechanisms, and program evaluation. (Please see Standard #2 pertaining to available educational and human resources provided by the sponsoring organization and Standard #4 regarding the target population.)**

Criterion 6-1 Minutes of the Advisory Committee will reflect development of an Annual Program Plan including discussion of:

- Actual audience compared to target audience (See Standard # 4);
- Program objectives;
- Utilization of DSME Program services;
- Resource requirements including space, personnel, budget, and materials (See Standard #2);
- Review of Client Satisfaction Surveys; and
- Review of outcomes and necessary modifications/adjustments.

Documentation Required: Advisory Committee Meeting minutes reflecting elements listed above.
Application Process: Attach copy of Advisory Committee Minutes.
Reporting Frequency: With initial application **and** every January 31st with the Annual Report.

Standard 7 Community resources shall be assessed periodically.

Criterion 7-1 The DSME Program maintains a list of community resources (with names, addresses, and telephone numbers) within the service area, providing services to the target population and their families and is available for referrals and information. The Community Resource List is updated annually and is available to consumers, health care professionals, and agencies. The institution or agency may use their current list, (i.e. operational list of Social Services Department) as long as it is appropriate for clients with diabetes.

Documentation Required: Community Resource List.
Application Process: Attach copy.
Reporting Frequency: With initial application **and** every three years with the renewal process **and any time significant changes are made.**

PROGRAM STAFF

Standard 8 A Program Coordinator who has familiarity with the lifelong process of managing a chronic disease (i.e. diabetes) and who is responsible for program planning, implementation, and evaluation shall be designated. This person must meet the training and education requirements as set forth by the SD-DERP as well as the academic requirements set forth by the National Certification Board for Diabetes Educators (NCBDE). Certification as a diabetes educator by the NCBDE is recommended but not mandatory. The role of Program Coordinator may be filled by either a registered nurse or a registered dietitian/licensed nutritionist.

Criterion 8-1 The Program Coordinator is either a Certified Diabetes Educator (CDE) or is a person who: 1) has completed initial diabetes education and training approved by the South Dakota Department of Health or 24 hours of other approved diabetes education and training within the past five years that includes a combination of diabetes management, educational strategies, behavioral interventions and counseling skills
and
has satisfied the current academic requirement of the National Certification Board for Diabetes Educators (an active, unrestricted license from the United States or its territories as a registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician (M.D. or D.O.), physician assistant, podiatrist, or registration as a dietitian by the Commission on Dietetic Registration or a minimum of a master's degree, from a United States college or university accredited by a nationally recognized regional accrediting body, in one of the following areas: nutrition, social work, clinical psychology, exercise physiology, health education, or specified areas of study in public health: health education, health promotion, health and social behavior, or health communication).

Documentation Required: Program Coordinator's academic and professional preparation in diabetes education. Submit copy of current South Dakota registration and licensure. Submit copy of home state license if registered in an Interstate Nurse Licensure Compact state. If the Program Coordinator is employed in a federal agency (i.e. Veteran's Administration facility or the Indian Health Service), submit current copy of licensure in state where registration is held as well as academic and professional preparation. Certificates of Completion for initial diabetes education and training, regardless of point of

origin, must also be included. The sponsoring organization will also keep these records on file as they will be reviewed with site visits.

Application Process:
Reporting Frequency:

Attach copy.
With initial application **and** every three years with the renewal process **and with any significant changes**. If there is a change in the Program Coordinator, the organization has three (3) months to notify the SD-DERP of the change. The notification should include documentation of the new Program Coordinator's academic and professional preparation and other requirements as stated above.

Standard 9 Health care professionals with recent didactic and experiential preparation in diabetes education and management shall serve as the Program Instructors. Each instructor must meet the training requirements as set forth by the SD-DERP. Certification as a diabetes educator by the NCBDE is recommended but not mandatory. DSME instructors who are collectively qualified to teach the required content areas must consist of at least a registered nurse and a registered dietitian/licensed nutritionist. Other health professionals who are academically eligible to become CDE's or who are CDE's may be part of the teaching team.

Criterion 9-1 The Program Instructor may be a person who: 1) has completed initial diabetes education and training approved by the South Dakota Department of Health or 16 hours of other approved diabetes education and training within the past five years that includes a combination of diabetes management, educational strategies, behavioral interventions and counseling skills

and

2) has satisfied the current professional education requirements of the NCBDE (an active, unrestricted license from the United States or its territories as a registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician (M.D. or D.O.), physician assistant, podiatrist, or registration as a dietitian by the Commission on Dietetic Registration or a minimum of a master's degree from a United States college or university accredited by a nationally recognized regional accrediting body, in one of the following areas: nutrition, social work, clinical psychology, exercise physiology, health education, or specified areas of study in public health: health education, health promotion, health and social behavior, or health communication).

Documentation Required: Program Instructor(s)'s academic and professional preparation in diabetes education. Submit copy of current South Dakota registration and licensure. Submit copy of home state license if registered in an Interstate Nurse Licensure Compact state. If the Program Instructor is employed in a federal agency (i.e. Veteran's Administration facility or the Indian Health Service), submit current copy of licensure in state where registration is held as well as academic and professional preparation. Certificates of Completion for initial diabetes education and training, regardless of point of origination, must also be included. The sponsoring organization will also keep these records on file and they will be reviewed with site visit.

Application Process:
Reporting Frequency:

Attach copy.
With initial application **and** every three years with the renewal process. If there is a change in the Program Instructor(s) (RN or RD/LN), the organization has three (3) months to notify the SD-DERP of the change. The notification should include documentation of the new Instructor'(s) academic and professional preparation and other requirements as stated above.

Standard 10 **The DSME Program Coordinator and Instructors will obtain regular continuing education in the areas of diabetes management, educational strategies, behavioral interventions and counseling skills.**

Criterion 10-1 Program Coordinator and Instructor(s) will complete at least 6 hours of continuing education each year in diabetes management, educational strategies, behavioral interventions and counseling skills.

Documentation Required: Continuing education program brochures with the Agenda and Objectives and Certificates of Completion for Program Coordinator and Instructor(s). The sponsoring organization will also keep these records on file and they will be reviewed with the site visit.

Application Process: Attach continuing education program brochures containing the agenda and learning objectives and Certificates of Completions.

Reporting Frequency: With initial application as specified above **and** every January 31st with Annual Report.

CURRICULUM

Standard 11 **A written curriculum, with criteria for successful learning outcomes, shall be available. Assessed needs of the individual will determine which content areas listed below are delivered:**

- Describing the Diabetes Disease Process and treatment options;
- Incorporating appropriate Nutritional Management;
- Incorporating Physical Activity into lifestyle;
- Utilizing Medications (if applicable) for therapeutic effectiveness;
- Monitoring glucose, urine ketones (as appropriate), & using results to improve control;
- Preventing, detecting, and treating Acute Complications;
- Preventing (through Risk Reduction behavior), detecting, and treating Chronic Complications;
- Goal Setting to promote health, and Problem Solving for daily living;
- Integrating Psychosocial Adjustment to daily life; and
- Promoting Preconception Care, management during Pregnancy, and Gestational Diabetes Management (if applicable).

Criterion 11-1 The curriculum is current and addresses all the content areas listed above, as appropriate for the target population.

Are you currently using the curriculum:

Life With Diabetes, Third Edition (American Diabetes Association, 2004)? Yes _____ No _____

If yes, please do not include a copy. If “no” please include a copy of your curriculum with all materials utilized in the teaching process.

Documentation Required: Written curriculum demonstrating the content areas listed above.

Application Process: Attach copy.

Reporting Frequency: With initial application **and** every three years with the renewal process **and each time significant changes are made.**

Criterion 11-2 The written curriculum includes educational objectives, content outline, instructional methods and materials and an evaluation method to assess achievement of the objectives in each content area. Methods and materials are appropriate to age, reading level, special education needs, language and cultural relevance, and meet the needs of individuals (type 1, type 2, and gestational diabetes).

Documentation required: Written curriculum including all elements listed above in Criterion #11-2 if you are not utilizing Life With Diabetes (American Diabetes Association, 2004) curriculum. Include materials utilized for those with special needs.

Application Process: Attach copy.

Reporting Frequency: With initial application **and** every three years with the renewal process **and each time significant changes are made.**

Criterion 11-3 The curriculum includes opportunities for participant evaluation of the curriculum as well as the overall program.

Documentation Required: Evaluation tool reflecting participant evaluation of the curriculum as well as the overall program.

Application Process: Attach evaluation form.

Reporting Frequency: With initial application **and** every three years with renewal process **and each time significant changes are made.**

PARTICIPANT ACCESS

Standard 12 The program shall be conveniently and regularly available.

Criterion 12-1 An annual assessment of program utilization, attrition rates and waiting periods is conducted and demonstrates that the DSME Program is regularly and conveniently available.

Documentation Required: Dates and times program is available plus annual assessment measuring program utilization, attrition rates, and waiting periods.

Application Process: Attach written assessment.

Reporting Frequency: With initial application **and** every year on January 31st with the Annual Report.

PROCESS

ASSESSMENT, INTERVENTION, EVALUATION AND FOLLOW-UP

Standard 13 An individualized assessment, development of an educational plan and periodic reassessment between participant and instructor(s) will direct the selection of appropriate educational materials and interventions.

Criterion 13-1 Selection of appropriate educational materials for the teaching process will be based on client needs as identified in the assessment process. The identified needs will be used to develop the learning objectives in the educational plan. The client's progress towards achieving the objectives will be evaluated. As the client's needs change (by either meeting or not meeting the objectives) periodic reassessment will occur and the educational plan will be modified. All behavioral goals of the teaching plan will be determined in collaboration with the client. Components of educational materials include:

- Basic assessment,
- Identification of learning needs,
- Development of individualized educational plan,
- Intervention (content covered, method, instructor and date taught),

- Measure attainment of educational objectives,
- Collaboration with participant on setting behavioral goals,
- Evaluation/post-program assessment to measure behavior change (including cognitive, affective and psychomotor skills) and
- Follow-up (making necessary adjustments).

Documentation Required: Educational records or forms including all required elements.
Application Process: Attach copy of form(s) or format.
Reporting Frequency: With initial application **and** every three years with the renewal process **and any time significant changes are made.**

Standard 14 The participant’s educational experience, including assessment, intervention, evaluation, and follow-up, shall be documented in a permanent, confidential education record. There shall be documentation of collaboration and coordination among referral sources, program staff, and other providers.

Criterion 14-1 Documentation provides information on the quality of care administered to the client as well as adherence to practice guidelines. Collaboration and coordination of care is also evident through documentation in the educational record.

Documentation Required: Common education record (demonstrating elements listed above) shared among providers.
Application Process: Attach copy.
Reporting Frequency: With initial application **and** every three years with the renewal process.

Criterion 14-2 All client records are considered confidential and are only shared with other healthcare providers on a “need to know” basis. A Records Release Form is in place indicating that the educational record is made available (with participant’s permission) to external healthcare providers/ third party payers.

Documentation Required: Records Release Form. (If agency has developed one for other purposes, this may be used.)
Application Process: Attach copy.
Reporting Frequency: With initial application **and** every three years with the renewal process.

Criterion 14-3 Even though a participant’s records are considered confidential, clients may receive a copy of their own education record on request. A Records Request Form is in place indicating that clients are given a copy or summary of their educational record, if requested.

Documentation Required: Records Request Form (if your agency currently has a policy in place, this will be adequate).
Application Process: Attach copy.
Reporting Frequency: With initial application **and** every three years with the renewal process.

OUTCOMES

PROGRAM OUTCOMES

Standard 15 The Advisory Committee, as part of the Continuous Quality Improvement (CQI) process, shall reassess and re-evaluate program performance annually. This information will be utilized for future program planning and improvement of the DSME Program.

Criterion 15-1 A **reassessment** of the Annual Program Plan (to include those elements listed in Standard #6) is completed by the Advisory Committee and includes:

- Program objectives,
- Curriculum, instructional methods, and materials,
- Actual audience compared to target population,
- Participant access and follow-up mechanisms,
- Program resources (space, personnel, and budget), and
- Participant outcomes.

Criterion 15-2 Results of the annual program review/evaluation are reflected in the subsequent year's Annual Program Plan.

Documentation Required: Advisory Committee Meeting minutes reflecting evaluation/re-evaluation of DSME Program (including those elements listed above) and modifications made to Annual Program Plan.

Application Process: Attach copy of minutes.

Reporting Frequency: With initial application **and** every January 31st with the Annual Report.

PARTICIPANT OUTCOMES

Standard 16 As part of the CQI process, the Advisory Committee shall annually review DSME Program activity through measurement of participant outcomes. This is done through data collection and data analysis.

Criterion 16-1 Per person outcomes (as determined by the South Dakota Department of Health's **Recommendations for Management of Diabetes in South Dakota**) are measured and evaluated. **The data period is the calendar year.** This data is reviewed by the Advisory Committee.

- * Per person data on number of foot exams performed by health care providers (calculated as # clients who received a monofilament exam by a health care professional)
- * Per person data on number of dilated eye exams performed by an ophthalmologist or a therapeutic optometrist (calculated as # of clients who received at least one dilated eye exam)
- * Per person data on number of Hemoglobin A1c's performed by health care providers (calculated as # of clients that had at least one A1c performed)
- * Per person data on documented flu vaccination (calculated as # that received a flu shot)
- * Per person data on documented pneumococcal vaccination (calculated as # who have ever received at least one pneumococcal vaccination)
- * Per person data on numbers of persons who smoke or use any type of tobacco (calculated as # of clients who use any form of tobacco).

Criterion 16-2 Overall population outcomes (as determined by the South Dakota Department of Health's **Recommendations for Management of Diabetes in South Dakota**) are measured and evaluated. **The data period is the calendar year.** This data is reviewed by the Advisory Committee.

- * Average HbA1c levels (calculated by averaging together the last A1c of each active client)
- * Percent of clients with blood pressure \leq 130/80 mm Hg (calculated by assessing last recorded BP for each active client. The systolic and diastolic values must both be \leq 130/80 to qualify as \leq)
- * Percent of clients with lipids tested in the past year (calculated as % with a documented lipid profile in the calendar year)
- * Percent of clients with a documented micro/macro albumin test in the past year (calculated as % with a documented micro/macro albumin test in the calendar year)
- * Percent of clients with a documented dental exam in the past year (calculated as % of clients who received at least one dental exam in the calendar year).

SD-DERP Application Documentation Check List

Please provide the documentation requested below as required for the SD-DERP standards and criteria. For more detailed information about the required documentation, refer to the attached copy of the standards and their respective criteria.

- _____ Diabetes Self-Management Education Program description. (**Program Description**)
- _____ Statement written by the sponsoring organization’s administration affirming that education is an integral component of diabetes care. (**Standard #1, Criterion 1-1**)
- _____ Brief written description of educational and human resources. (**Standard #2, Criterion 2-1**)
- _____ Copy of organizational chart for the program. (**Standard #3, Criterion 3-1**)
- _____ Copies of job descriptions and position requirements for the coordinator and instructors. (**Standard #3, Criterion 3-2**)
- _____ Advisory Committee Meeting minutes demonstrating approval of written policies. (**Standard #3, Criterion 3-3**)
- _____ Initial Needs Assessment of the service area and target population with annual reevaluation. (**Standard #4, Criterion 4-1**)
- _____ Written Annual Program Plan. (One year following initial application) (**Standard #4, Criterion 4-2**)
- _____ Advisory committee membership list to include name, occupation and role served in the Diabetes Self-Management Education Program. (**Standard #5, Criterion 5-1 through 5-4**)
- _____ Advisory Committee Meeting minutes reflecting members in attendance citing name, occupation and role. (**Standard #5, Criterion 5-5**)
- _____ Minutes of Advisory Committee Meeting reflecting development of Annual Program Plan including objectives. (**Standard #6, Criterion 6-1**)
- _____ Community Resource List. (**Standard #7, Criterion 7-1**)
- _____ Program Coordinator’s academic and professional preparation in diabetes education. (**Standard #8, Criterion 8-1**)
- _____ Program Instructor’s academic and professional preparation in diabetes education. (**Standard #9, Criterion 9-1**)
- _____ Continuing education Certificates of Completion. (**Standard #10, Criterion 10-1**)
- _____ Written curriculum (do not include if you are using “Life With Diabetes”) including educational objectives, content outline, instructional methods and materials and evaluation. (**Standard #11, Criterion 11-1 and 11-2**)
- _____ Evaluation form in which participant may evaluate curriculum as well as overall program. (**Standard #11, Criterion 11-3**)
- _____ Annual assessment measuring program utilization, attrition rates, and waiting periods. (**Standard #12, Criterion 12-1**)
- _____ Individual client assessment form; learning objectives and method to measure achievement of objectives; client’s collaborative behavioral goals and method of reassessment for both objectives and behavioral goals. (**Standard #13, Criterion 13-1**)
- _____ Common educational record(s) shared among providers, demonstrating client’s educational

- _____ experience with collaboration and coordination of care. **(Standard #14, Criterion 14-1)**
- _____ DSME Program Records Release Form or form currently used by your agency for this purpose. **(Standard #14, Criterion 14-2)**
- _____ A form or method in which client may obtain a copy of his/her records at any time, i.e. Client “Records Request Form”. **(Standard #14, Criterion 14-3)**
- _____ Annual reassessment of program’s needs is completed and reflected in subsequent year’s Annual Program Plan. (One year following initial application.) **(Standard #15, Criterion 15-1 and 15-2)**