

Diabetes Education Accreditation Program



AADE DSMT PROGRAM ACCREDITATION

POLICY NUMBER: 5

TITLE: COMPLIANCE ENFORCEMENT

POLICY:

Once programs achieve accreditation from AADE, it is expected that the NSDSMEP Quality Standards will be maintained on an ongoing basis. To ensure that programs continue to meet NSDSMEP Quality Standards, accredited programs will submit information periodically for review by AADE and may be randomly selected for a site visit and/or as often as AADE deems necessary.

PROCEDURE:

- A “Status and Performance Measurement Report” will be submitted annually and include the following information:
 - Sponsoring organization name
 - Program name
 - Program ID number
 - Address
 - Coordinator
 - Data contained in the Annual Status and Performance Measurement Report will allow AADE to monitor the extent to which accredited programs are implementing NSDSMEP Quality Standards in a continuous manner. Programs will be required to report data:
 - *identifying and describing their target population,*
 - *numbers of participants in the DSME/T programs offered*
 - *program changes to address changes in the population targeted.*
 - *some program evaluation/CQI and outcomes measurement standards will be required.*
 - Information about program performance measures (behavior change goal achievement and Clinical and/or “other” post intermediate long-term outcome measure)

- Programs will submit a “Change of Status” form to notify AADE of any of the following changes within 30 days.
 - Change in ownership and/or transfer of Accreditation status)
 - Change in program coordinator or instructors
 - Resumes of new staff along with license, registration and certification of the Program Coordinator and instructors, will be submitted
 - Contact information change (phone, fax, e-mail, address)
 - Change in program name
 - Significant change in organizational structure
 - Program merges
 - Addition of additional sites where education is provided
- All accredited programs will be subject to selection for a site visit annually, using a random process.
 - If a program is selected for a site visit the program coordinator will be notified 10 working days prior to the audit date by telephone followed by written or fax notification.
 - The letter will include an overview of what the site visit will entail and what materials the program should have available for review
 - 1-2 auditors shall conduct the review process which will begin with an interview with the coordinator and instructional staff.
 - *The primary function of the auditors is to collect information related to NSDSMEP Quality Standards compliance and this will be done by using the following methods:*
 - interviews with staff
 - participant record review (minimum of 5 – and no fewer than 1 from each program component)
 - *A program component is defined as: A specialized area of self-management service that provides a basis for developing staff expertise and an appropriately focused educational process. Program components may also be synonymous with “target population” particularly when it refers to diabetes type. Examples of program components: Continuous glucose monitoring; intensive insulin management/insulin pump training; pattern management; gestational diabetes; pre-diabetes; pediatrics; type 2 children.*

The procedure statement, “no fewer than 1 record from each program component” means that if the program includes specialized components, at least 1 record from that component should be part of the sample of records reviewed. The rationale for including

at least 1 record from each component is to stratify the random sampling process so that the sample is adequately representative of all program services provided.

- Other evidence to validate information provided at the time of application or re-application and that substantiates compliance with the NSDSMEP Quality Standards
 - a. Auditors will use “NSDSMEP standards and essential elements” auditing tool
- Auditors will not make compliance decisions during the site visit
- Auditors will be in communication throughout the visit and report any discrepancies of data to allow program staff the opportunity to present and/or explain any missing or discrepant materials/information.
- Auditors will report their findings to AADE staff, and submit site visit documentation tools within 10 working days. Auditors will document findings using a Record Review form and the “Program Accreditation Standards Checklist” form. Auditors will verbally report their findings via conference call also attended by AADE staff and at least one of the volunteer accreditation advisors who was not part of the site visit.
- A compliance decision will be made by a consensus of AADE staff and at least 2 members from the accreditation advisory group within 2 weeks of the site visit.
 - Decision-making will be based upon criteria outlined in “Decision-making Process” policy and procedure and the verification of information provided during initial application, reapplication processes, Change in Status form, and Annual Status and Performance Measurement Report
- If no change in accreditation status is decided, the program coordinator is notified by phone, followed by letter.
- If “Conditional Status” is determined, then the “Deficiency Notification and Corrective Action” process will ensue.