

Instruction Manual

Annual Status and Performance Measurement Report



Before you begin please read *Policy 5: Compliance Enforcement*. To ensure your program continues to meet the National Standards for Diabetes Self-Management Education Program (NSDSMEP) Quality Standards, you will be required to submit information for review and may be selected randomly for an on-site audit.

Timeline for Annual Report

The *Annual Status and Performance Measurement Report* is due on the anniversary date of your program accreditation. This will occur every year after initial accreditation throughout your four-year accreditation cycle. There will be a sixty-day window in which you can submit your report (30 days before and 30 days after your accreditation date). For example, if your program's anniversary is June 30th then your report will be due within the dates of May 30th and no later than July 30th. The report is intended to be reflective of the past 12 months of your program in order to more accurately show the impact that your accredited program has had on your patients.

Non-compliance with this report may result in loss of accreditation status. This report is mandatory and necessary to retain accreditation. It is the responsibility of the program to notify AADE immediately if the program will not be able to comply with the designated timeframe. If your report is not received, a certified letter will be sent with any actions that you need to complete and a warning date of when you may be in jeopardy of losing your accredited status.

Submit the form via one of three methods. You do not need to submit the form more than once. AADE will confirm, process and review within 30 days of receipt:

e-mail: deap@aadenet.org

Postal Mail: Attn: DEAP
200 W. Madison,
Suite 800
Chicago, IL 60606

Fax: 312-601-4894

The most updated Word document version of the Annual Status Report is always available on our website at www.diabeteseducator.org/accreditation or complete the on-line version at deap.aade7.com

General Program Information:

Complete in full as indicated. The *Initial Date of Accreditation* and *Program ID #* can be found on your Certificate of Accreditation. Be sure to include the current Program Coordinator's e-mail and the current mailing address and phone number for your program.

Program Status Updates:

Locations and Number of Sites over the Past 12 months: (question #1 & #2)

Please provide the number of sites you currently have in each setting. This should be filled in even if your sites have not changed.

If you are adding or removing sites at this time and they have not been previously reported to AADE, a *Change of Status* form must accompany your *Annual Status and Performance Measurement Report*.

Target Population (question #3)

If there has been a change to your target population, please describe what the change is and how you are addressing the needs of the population. Indicate who your program is primarily working with (e.g., Type 1, Type 2, gestational diabetics). This can be done by attaching a copy of your needs assessment.

Staff Changes/CEU verification (question #4, #5, & #6)

Please indicate if there have been any changes to the Program Coordinator or instructors. If you are adding new instructional staff or changing your Program Coordinator at this time and have not previously reported this to AADE, a *Change of Status* form must accompany your *Annual Status and Performance Measurement Report*. *You do not need to complete a Change of Status report if you are removing an instructor.*

Verify that staff is maintaining fifteen hours of CEUs on an on-going annual basis. You do **not** need to attach CEU Credits at this time but they should be kept on file in case you are asked to provide proof.

Outcome Measurements (Standard 9):

This is a process to quantify outcome indicators that reflect the effective execution or accomplishment of important functions and processes related to health care. *Standard 9* requires that your program measure attainment of patient-defined goals and patient outcomes at regular intervals using appropriate measurement techniques to evaluate the effectiveness of the educational intervention. There shall be evidence that there was a critical analysis that determined the choice for the post-intermediate (clinical improvement) or long-term (health status improvement) outcome measure that will be or was tracked. AADE highly recommends specific clinical outcome measures (A1C, BMI, blood pressure, annual foot and eye exams), however you are not limited to these measures.

Patient Total (question #7)

Please provide the total number of patients that were seen in the DSMT program in the past 12 months. This number will include even those that were lost to follow up.

Behavior Change Goal Achievement (question #8)

A table is provided for you to give us aggregated information on the AADE7 Self-Care Management Behaviors from the past 12 months. It is comprised of 5 areas of information for all 7 Self-Care Behaviors.

- *Number of patients who chose goal:*
Report the number of patients who set a goal in the appropriate behavior for your whole program.
- *Number of patients who chose this goal and completed your program according to your policy:*
This number should be the number of patients who choose the behavioral goal who completed your program based on your policy. Many patients will set goals during initial assessments but may not return to your program to complete the education. This table is for those patients who set the goal and completed your program based on your policy. You determine how “completion of your program” is defined.
- *Number of patients reporting success and completed your program according to your policy:*
Success is based on your definition of success found in your policy for performance measurements. Some programs define success at 75% completion of a goal and some simply by the patient stating that they were successful. This number is subjective based on patient information.

- *Percentage of patients who achieved their behavioral goal and completed your program according to your policy:* Simply divide the number of patients who reported success and completed your program with the number of patients who chose the goal and completed your program (column 3/column 2).

See the following example:

AADE7 Category	Number of Patients Who Chose this Goal	Number of Patients who Chose this Goal and Completed your Program According to your policy**	Number of Patients Who Reported Success with this goal and Completed your Program According to your Policy**	Percentage of Patients who Reported Success with this Goal and Completed your Program According to your Policy** (column3/column2)	Benchmark Percentage of Patient Goal Achievement for the next 12 months
Healthy Eating	186	100	75	75%	60%
Being Active	101	87	26	29.8%	50%

- *Benchmarked percentage:*
It is important that your program has a goal for success for the next 12 months. One way to accomplish this is by benchmarking your patient’s goal achievement. In other words, what percentage of patients do you think will be successful with their behavioral goal? You know your patient population better than anyone, so choose realistic goals based on your knowledge. Based on the average benchmark in all programs accredited by AADE, we see benchmarks set at 70%. This number could change and programs will be notified based on the changes, but you are not required to have your benchmark set at 70%. In the example above, you can see that this program set their benchmark differently according to the goal.

Patient goal achievement process (question #9)

There is space provided to give an example of what is being done for the individuals that did not meet their goal. For example, if a patient stated they would exercise three times a week and they did not meet the set goal, do you provide additional education, resources, or support? What is your next step to help that patient attain their goal?

Post-Intermediate or Long-Term Health Outcome (question # 10)

A table is provided for you to submit aggregate clinical outcome measures on your patients. These outcome measures were selected by our research committee as common measures that indicate improvement in your patients. You are not limited to these clinical outcomes and may provide your data on a separate document and attach it to your annual status. If you choose to use this table please follow the following instructions:

- *Average baseline:*
This is the average of each measure that you collect from your patients prior to starting the DSMT program. For purposes of this report, please only include those patients that were able to complete your program according to your policy in order to accurately reflect the change. Completion of your program is based on your definition of completion.
- *Average after completion of DSMT education and follow-up:*
This is the average of each measure that you collect after the patient has completed your program according to your definition of completion. This data is usually collected at the 3 month or 6 month follow-up.
- *Comments:*
This section is optional but allows you to share issues with data collection or lessons learned.

See the following example:

Clinical Outcome	Average baseline before DSMT	Average after completion of DSMT Education and Follow-Up	Comments in applicable
A1C	8.94	6.8	98% of our patients saw a reduction
BMI	32	31	

- Total number of patients who completed an exam in the 12 months prior to starting DSMT:*
Submit the number of patients who have received a foot exam and/or eye exam in the twelve months prior to coming to your DSMT program. You likely collected this information at the initial assessment or from the physician referral form. This information not only assists your program in making sure patients are receiving risk reduction exams, but also allows you to educate on the importance of foot and eye exams.
- Total number of patients who had an exam completed after starting DSMT :*
This column is asking for the number of patients who had an exam completed after starting your DSMT program.
- Total number of patients who had an exam:*
This number should reflect the total number of patients who have received an exam before or after starting DSMT. This number should be the sum of your first two columns. For example, if you had 20 patients report having a foot exam in the 12 months before starting your DSMT program and 30 more patients reported during DSMT and/or at follow-up having a foot exam completed, then the total for this column should be 50.

See the following example:

Indicator	Number of Patients who completed the exam in the 12 months prior to starting DSMT	Number of patients who had the exam completed after starting DSMT	Total number of patients who had an exam (column1+column2)	Comments
Foot Exam	20	30	50	Local clinic offers free foot exams once a month
Eye Exam	15	7	22	

Why is all of this important?

Data collection is important for many reasons: accountability, program success, return on investment, evidence for improvement in your patient's health status just to name a few. The data collection gives you information that you can analyze in order to move forward into your Continuous Quality Improvement Plans (CQI). For example, if a particular behavior is meeting its benchmark but your clinical measures are not improving, you would want to move this into a CQI plan in order to assess the information further. Additional information on CQI is explained below.

Continuous Quality Improvement (CQI) (question #11 & #12):

Please note the following information and questions is to help you form your CQI Process and is only one example of how a plan can be implemented.

Accountability through data, not opinions, is vital to proving the success of your program. CQI is not abstract, it is proof of your hard work and hands-on approach to improve the lives of the patients through Diabetes Self-Management Training. You need to provide documentation on what your program identified as an opportunity for improvement and a process for that improvement in the past 12 months. If your program did not attain improvement based on the opportunity identified describe why.

AADE suggests that your CQI plan be consistent with your organization's mission and strategic plans, and evaluates the DSMT program education process and program outcomes. Identify how this information was

shared with your Advisory Committee. AADE electronic data collection tools may be used for CQI; other data collection tools are also applicable.

One example is the Plan-Do-Study-Act (PDSA) Cycle for Improvement. Steps 1 – 5 are the planning stage:

- 1) You must understand your system/program and identify the team that is responsible for the improvement. (Examples below)
 - Program Coordinator
 - Educators
 - Patients
 - Administrative Staff
 - Other staff
 - Advisory group
- 2) Define the problem or the opportunity for improvement. (Ask yourself the following questions)
 - What do your patients need for improvement?
 - What is your programs vision of excellence or mission?
 - Study the current situation (Ask yourself the following questions)
 - What is the current approach your team is using?
 - What data is needed? (A1c Levels, Weights, BMIs etc...)
 - How will you collect this information?
 - What is your prediction?
 - How are you performing currently?
- 3) Now analyze the causes.
 - Ask what the root causes for variation and poor performances?
 - Find the dominant causes rather than the symptoms
- 4) Select and develop your theory for improvement.
 - What is the action plan? Start small (for example one or two patients to start and add to the plan as you find what works.)
- 5) Now it is time for implementation.
 - Do it!
- 6) Collect Data - Study the results and ask yourself the following questions.
 - Did your plan work to the level you had hoped?
 - How do you know?
 - Standardize by continuing or try again. You may need to develop a new theory.
 - How will the changes be institutionalized in order to ensure it is implemented on a broad scale?
- 7) Reflect and establish future plans. Ask yourself the following questions:
 - What was learned?
 - What happens next?

Affirmation:

This information should be read signed to attest that the National Standards for Diabetes Self-Management Education Program quality standards and accreditation program policies and procedures are continued to be followed. An electronic signature is acceptable. (See form for full description)

If you have further questions, please contact one of the DEAP staff at deap@aadenet.org or 1-800-338-3633

ANNUAL STATUS PROCESS

