ADCES DEAP DIABETES EDUCATION ACCREDITATION PROGRAM

CHART AUDIT TOOL

This document is a guide for auditors and DSMES teams to review documentation of DSMES in the electronic medical record (EMR) or medical record/chart

	STANDARD 5: PERSON CENTERED DSMES	ADDITIONAL INSTRUCTIONS:
0	**Referral for DSMES** in chart: see diabeteseducator.org/referdsmes for template & guidelines for **Medicare**	Referral order will be reviewed for compliance with Medicare Requirements
ASSESSMENT	***Health Status***: type of diabetes, clinical needs, health history, disabilities, physical limitations, SDOH and health inequities (e.g., safe housing, transportation, access to nutritious foods, access to healthcare, financial status, and limitations), risk factors, comorbidities, and age ***Psychosocial Adjustment*:** emotional response to diabetes, diabetes distress, diabetes family support, peer support (e.g., in-person or via social networking sites), and other potential promotors and barriers ***Learning Level:*** diabetes knowledge, health literacy, literacy, numeracy, readiness to learn, ability to self-manage, developmental stage, learning disabilities, cognitive/developmental disabilities (e.g., intellectual disability, moderate-severe autism, dementia), and mental health impairment (e.g., schizophrenia, suicidality) ***Lifestyle Practices:*** self-management skills and behaviors, health service or resource utilization, cultural influences, alcohol and drug use, lived experiences, religion, and sexual orientation	• A description of the assessment process that includes health status, psychosocial adjustment, learning level, and lifestyle practices • Evidence that assessment needs are documented in the EMR or medical record and
DSMES PLAN	***Document at least once throughout DSMES intervention:*** How (group, individual) What (Assessment of ADCES7 Self Care Behaviors and needs – to be determined collaboratively between participant and DSMES team) When (how many visits anticipated and how often they will come for DSMES) Where (in person, telehealth (audio or audio-video) combination)	Each item should be clearly and concisely documented in the EMR or medical record within a timely manner of each session.
DSMES INTERVENTION	***Document for each participant at every session:*** When: Date of Service and Plan for Follow Up (timing for next DSMES session) Who: DSMES Instructor/Team and Participant/family in attendance What: Topics Covered (ADCES7 Self Care Behaviors) How: Participant's progress with learning Why: Participant's current progress with SMART goal and action plan; then next steps (what will participant work on between now and next DSMES session)	Documentation of participant's goal and progress should be visible on at least two separate sessions/encounters.
	Communication back to referring provider at least once per referral intervention that includes summary of DSMES provided, participant outcomes and plan for follow up (need for additional referral/critical times).	Encourage specific follow up plan with 4 critical times for DSMES referral.

At the core of high quality DSMES: Compassionate, Person-Centered Care

Have a conversation, listen to your participant and work collaboratively with them to guide what they need to know and how they learn best.

DSMES Chart Audit Tool: This tool is used by ADCES (DEAP) Auditors and Medicare Contractors who audit DEAP programs. It is also used as a self-audit tool for Quality Coordinators to use for program planning and implementation, EMR template building and self-auditing to ensure your program continues to meet the National Standards for DSMES.

	Standard 5: Person Centered DSMES	Notes:
☐	**Referral for DSMES** in chart: see diabeteseducator.org/referdsmes for template & guidelines for **Medicare – reviewed by DEAP auditors to support programs to ensure they are being reimbursed for DSMT appropriately.**	
☐	**Assessment:** Health Status: type of diabetes, clinical needs, health history, disabilities, physical limitations, SDOH and health inequities (e.g., safe housing, transportation, access to nutritious foods, access to healthcare, financial status, and limitations), risk factors, comorbidities, and age	
☐	Psychosocial Adjustment: emotional response to diabetes, diabetes distress, diabetes family support, peer support (e.g., in-person or via social networking sites), and other potential promotors and barriers	
☐	Learning Level: diabetes knowledge, health literacy, literacy, numeracy, readiness to learn, ability to self-manage, developmental stage, learning disabilities, cognitive/developmental disabilities (e.g., intellectual disability, moderate-severe autism, dementia), and mental health impairment (e.g., schizophrenia, suicidality)	
☐	Lifestyle Practices: self-management skills and behaviors, health service or resource utilization, cultural influences, alcohol and drug use, lived experiences, religion, and sexual orientation	
☐	***Document at least once throughout DSMES intervention:*** How (group, individual) What (Assessment of ADCES7 Self Care Behaviors and needs – to be determined collaboratively between participant and DSMES team) When (how many visits anticipated and how often they will come for DSMES) Where (in person, telehealth (audio or audio-video) combination) Why: Purpose for DSMES, diagnosis, complications, etc.	
☐	***Document for each participant at every session:*** When: Date of Service and Plan for Follow Up (timing for next DSMES session) Who: DSMES Instructor/Team and Participant/family in attendance What: Topics Covered (ADCES7 Self Care Behaviors) How: Participant's progress with learning Why: Participant's current progress with SMART goal and action plan; then next steps (what will participant work on between now and next DSMES session)	
☐	**Communication back to referring provider** that includes summary of DSMES provided, participant outcomes and plan for follow up.	