



ALL You Need to Know ABOUT Creating an Advisory Board: Simplifying Standard 2—External Input

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Don't hesitate to ask one of your patients to be a part of the committee.

Many Diabetes Self-Management Education (DSME) programs struggle with Standard 2 of the National Standards for Diabetes Self-Management Education and Support. Standard 2 states the provider(s) of DSME will seek ongoing input from external stakeholders and experts to promote program quality. Programs tend to struggle with the who, how, what, and why of this standard. Gathering and receiving this input does not need to be daunting and can be easier than you think.

Selecting Committee Members

While the Program Coordinator is required to be on the committee, there are a lot of options for the rest of the members. The American Association of Diabetes Educators (AADE) suggests stakeholders include but are not limited to: people with diabetes, health professionals, and community interest groups. The American Diabetes Association (ADA) suggests if the DSME program is a single discipline program there must be a health care provider of a different discipline.

One suggestion would be to make sure to have a referring provider involved. This would include a physician, physician assistant, or nurse practitioner. Communicate to them that this is not a time-consuming position and you can connect with them by email or phone as well as taking part in a face-to-face group meeting.

Another member who can be very helpful is the layperson who has diabetes. It's great to get input from someone "outside looking in" at your program. When looking for this person, look also for someone who can give frank feedback as well as someone who might help talk about and spread the word about your program. This person will also get feedback from others in the community and bring it to the committee. Think about this person as one of Malcom Gladwell's "connectors" from his book *The Tipping Point*—the one who just loves talking to people and knows about everything going on in the community.

Don't hesitate to ask one of your patients to be a part of the committee. Who better than someone who has taken your program to give you direct feedback? You could receive valuable input to help you develop a satisfaction survey. Your patients can also provide valuable feedback to your providers.

The idea is to get a varied and mixed group that has the time and the interest to further your program's success.

Other people who have worked well on these committees are retired or semi-retired health care professionals such as school nurses, pharmacists, dietitians, or hospital or clinic staff who are not a part of the program. The idea is to get a varied and mixed group that has the time and the interest to further your program's success. If you are a single disciplinary program, you should include someone of another discipline. For example, a solo practitioner RD should consider having an RN or pharmacist on their committee for another point of view.

Another out of the box suggestion is to have a larger employer representative on your committee or maybe a major or small health plan. Find out who is in your community and who may have interest in the health and well-being of the community. It may surprise you who is sitting next door.



Suggestions for Conducting Meetings and Getting Feedback

Programs do not have to have formal sit-down meetings. Input can be gathered by phone, survey, email, or face-to-face as long as it's fully documented. One option is a formalized sit-down meeting with your committee. Many programs still choose this option. A common struggle is getting everyone to attend. Just like your patients, committee members struggle with demanding schedules that often change at the last minute. The following represent a few other options.

Send your program report and outcomes to a few outspoken patients who have gone through your DSME program and ask them if there is anything they would have liked to see done differently. All information should be aggregated, and no individual patient data should be discussed. Don't be afraid to share this information and do not be afraid of the feedback. Whether the feedback is good or hard to hear, it is an opportunity for growth or improvement.

Visit a couple of referring providers, share program information, and ask them if their patients are talking about the program. Ask them if they are seeing results. This also gives you the opportunity to ask a few other questions: Is the program summary I send you sufficient? Would you like more or less? How do you prefer to receive it? Now you can document their answers and add it to your minutes. You could end up with a Continuous Quality Improvement (CQI) plan from some of their answers. Either way, their feedback is valuable. This interaction also helps build and strengthen relationships.

Community input is another great way to provide and receive needed information for this standard. Visit a local gym, weight loss center, dietitian, pharmacist, and/or nurse who does not work for your program. Share your program summary and outcome data. Ask them a few questions based on your program report. You should communicate

with this group before the report or questions are sent in order to make sure they are aware of what is coming and agree to be a part of providing input. Consider hosting a few support groups or informational meetings about diabetes. This is a great way to market your program and allow the community group to see what you are or will be offering and how they fit in.

The following are a few questions to consider for community programs:

- Does anything stand out that you would like to comment on in the report?
- After reviewing our Continuous Quality Improvement report based on the data we provided, do you have any suggestions on future projects for improvement?
- Do you work with people with diabetes?
 - If you answered yes, what do you see as a barrier for them to seek services?
 - What services do you offer to help our patients self-manage their diabetes?
- Based on the report, would you consider providing information to your customers who have diabetes or prediabetes about our DSME program?
- Would you be willing to provide a discount or coupon to our patients who complete the DSME program to take advantage of your services?
- What are you doing to assist the people with diabetes and/or prediabetes that we can share with our patients?

Once you receive the feedback, simply compile it and put it into your binder under Standard 2. You can then share these minutes with the stakeholders who filled out the questions and responded to your program report. Remember you do not necessarily have to have a face-to-face visit with these stakeholders; you can email them and ask for written feedback or you can schedule a time to call them. It is more important that you receive the feedback and utilize it than how you get it.

CQI and Discussion Points

The one requirement that your program needs to receive input on is your CQI plan. Members can give valuable input after reviewing your current outcomes. They can also offer valuable suggestions based on your findings for future projects.

Other suggestions for discussion include: your population, growth or changes in the number of people you are seeing, community outreach, marketing opportunities, access issues, current program curriculum, successes, and concerns related to any facet of the program.

The most important part of all the input is that it brings value to your program and the feedback you receive is beneficial.

First Meetings and Timelines

A suggested timeline for new programs is to reach out to stakeholders within the first 6 months of accreditation and again at the end of the first year. The initial 6-month outreach will allow for input early on and will help shape and formalize new programs.

Another common practice for new programs is to have a meeting or receive input before your program is fully operational. This is a great way to see what the community is looking for and to get buy-in from the beginning. ■

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KEY TAKEAWAYS

1. The external input does not have to be a formal meeting.
2. Expand to providers, patients, and the community for input.
3. You must meet at least once a year.
4. Key areas to cover; Continuous Quality Improvement (CQI), population, curriculum . . .
5. If one way doesn't work, try another.
6. Keep it simple while collecting valuable input.
7. Always check with your certifying organization for baseline requirements.