

ANNUAL STATUS REPORT INSTRUCTIONS

Timeline

The *Annual Status 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.

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.

Submitting your Annual Status Report through the online DEAP Dashboard

1. Go to www.diabeteseducator.org and click the down arrow under Sign In.
2. Click on the link for the DEAP Dashboard.



3. Enter your username and password (use the original you used to create the account)

The screenshot shows the AADE website header with the logo and navigation menu. The main heading is "Sign-in or Create an Account". Below it, there are two columns of forms. The left column is for "Sign In" and contains fields for "E-Mail Address" (with the value "jhunter@aadenet.org") and "Password". The right column is for "Create an Account" and contains a field for "E-Mail Address". A "Search for Account" button is located below the email field in the right column. A "Sign In" button is located below the password field in the left column.

4. Click "Manage Approved Program"

The screenshot shows the AADE website header and a navigation menu. The main heading is "DEAP Dashboard". Below it, there is a section titled "Your DEAP Applications:". This section contains two entries for "jessie duke". The first entry is "jessie duke (Approved for term 04/04/2018 - 04/03/2022)" with a status of "Approved" and a "Program Coordinator: Hunter Jession". A blue circle highlights the "Manage Approved Program" link next to this entry. The second entry is "jessie duke (Approved for term 04/03/2013 - 04/03/2018)" with a status of "Approved" and a "Program Coordinator: Hunter Jession".

5. Scroll down to “Annual Status Data” and click the plus sign to the right 6.S

AADE Find a Diabetes Educator MY AADE NETWORK Online Store Annual Meeting About AADE [JOIN AADE](#)

Practice Living with Diabetes Education News Research Advocacy Prevention Profile

jessie duke
200 W Madison ST Chicago, IL 60606-3414, Phone: [3121988-5658](tel:3121988-5658)

Please select what type of change you are requesting

- Reprint DEAP Certificate
- Change Program Name
- Adding/Deleting Locations
- Change Program Coordinator
- Change Sponsor Information
- Change Program/Branch Contact Information

[Back](#)

Program Coordinator:

Name
Hunter Jessica

Professional Instructors/Community Workers: +

Last Name	First Name	Type	Credentials	Credentials - Other
clinaman	grant	Professional Instructor	RN	Edit

Additional Locations:

Location Name	Location Type	State	Contact Info
sdfsd	Community		N/A
Avance Primary Care	Community		N/A
church	Community	IL	N/A

Annual Status Data: + [Add Annual Review Data](#)

Year	Status	Last Modified	View
2018	Submitted	10/11/2017	View
2017	Submitted	06/19/2017	View

[New](#)

6. Select your Annual Status Report year, defined as the year in which you submit your Annual Status Report (for example, if you are submitting your Annual Status Report in 2018, you should select “2018”).
7. Make the required attestations by checking the boxes next each one, then enter the number of participants seen in the last 12 months. Please report the total number of unique participants your program has seen in the last 12 months regardless of how many times each participant followed up with you.

Organization Information

organization name: jessie duke

year: The program coordinator has obtained the required minimum of 15 hours of continuing education. All instructors have obtained the minimum 15 hours of continuing education in the field of diabetes. There have been no changes to our target population. Our program has reviewed its curriculum and updated it as needed. number of patients seen last 12 months:

8. Enter pre-program and post-program data for **at least one** behavioral goal (see below). In order to know which participant data to include for post-program, you will need to have a definition for completion of your services. That definition is determined by you, as there are no specific guidelines for that. Some examples include:
- When the individualized Education Plan is completed
 - When the participant has had at least one in person session and at least one form of follow up on goals (could be telephonic, for example)
 - When they have completed their individual assessment visit and at least 2 group sessions.

This is the data you should enter for each behavioral goal field in the screenshot below:

of patients: The number of patients that have selected this goal at the beginning of the program.

of f/u patients: The number of patients that have selected this goal and completed the program according to your definition.

reporting success: The number of f/u patients reporting success with this goal. Some programs define success as a certain percentage of completion of a goal (e.g. meeting it 75% of the time) and some simply by the participant stating that they were successful. Moreover, if the goal is a SMART goal to begin with (specific, measurable, achievable, relevant and timebound), it should be straightforward to determine whether it is met or not met.

% achieved: The percent of patients that have been successful with this goal. This is calculated by dividing the # reporting success by the # of f/u patients. Please round the result to the nearest whole number.

Benchmark %: The percent of goal achievement you were aiming for. For example, you might set your benchmark at 70%, meaning you expect 70% of participants to achieve their goals. You should consider aligning your benchmark with your organization's benchmarks, if applicable.

AADE 7 Self Care Behavior Review

Healthy Eating

a. # of Patients who Chose this Goal	<input type="text"/>
b. # of Patients who Chose this Goal & Completed Program	<input type="text"/>
c. # of Patients who Reported Success	<input type="text"/>
d. Healthy Eating % Achieved (c/b)	<input type="text"/>
e. Benchmark %	<input type="text"/>

Being Active

a. # of Patients who Chose this Goal	<input type="text"/>
b. # of Patients who Chose this Goal & Completed Program	<input type="text"/>
c. # of Patients who Reported Success	<input type="text"/>
d. Being Active % Achieved (c/b)	<input type="text"/>
e. Benchmark %	<input type="text"/>

Monitoring

a. # of Patients who Chose this Goal	<input type="text"/>
b. # of Patients who Chose this Goal & Completed Program	<input type="text"/>
c. # of Patients who Reported Success	<input type="text"/>
d. Monitoring % Achieved (c/b)	<input type="text"/>
e. Benchmark %	<input type="text"/>

Taking Medication

a. # of Patients who Chose this Goal	<input type="text"/>
b. # of Patients who Chose this Goal & Completed Program	<input type="text"/>
c. # of Patients who Reported Success	<input type="text"/>
d. Taking Medication % Achieved (c/b)	<input type="text"/>
e. Benchmark %	<input type="text"/>

Problem Solving

a. # of Patients who Chose this Goal	<input type="text"/>
b. # of Patients who Chose this Goal & Completed Program	<input type="text"/>
c. # of Patients who Reported Success	<input type="text"/>
d. Problem Solving % Achieved (c/b)	<input type="text"/>
e. Benchmark %	<input type="text"/>

Reducing Risks

a. # of Patients who Chose this Goal	<input type="text"/>
b. # of Patients who Chose this Goal & Completed Program	<input type="text"/>
c. # of Patients who Reported Success	<input type="text"/>
d. Reducing Risks % Achieved (c/b)	<input type="text"/>
e. Benchmark %	<input type="text"/>

Healthy Coping

a. # of Patients who Chose this Goal	<input type="text"/>
b. # of Patients who Chose this Goal & Completed Program	<input type="text"/>
c. # of Patients who Reported Success	<input type="text"/>
d. Healthy Coping % Achieved (c/b)	<input type="text"/>
e. Benchmark %	<input type="text"/>

9. Enter pre-program and post-program data for **at least one** clinical outcome measure (see below):

Please note: If you have a clinical outcome measure that is not listed, (including but not limited to: % of body weight lost, ER visits, newborn weight, C-section delivery rate, hospitalization days, ER visits, pre- and post-knowledge) use the comments section of any of the listed outcomes to describe pre and post values.

Clinical Data Outcomes

Your program is required to track at least one of the following clinical data outcomes. Please only include patients who have completed your program for the following questions.

a1c

a1c average baseline:	<input type="text"/>	a1c average after dsmt:	<input type="text"/>
comments:	<input type="text"/>		

Blood Pressure

b/p systolic pre:	<input type="text"/>	b/p systolic post:	<input type="text"/>
b/p diastolic pre:	<input type="text"/>	b/p diastolic post:	<input type="text"/>
comments:	<input type="text"/>		

BMI

bmi average baseline:	<input type="text"/>	bmi average after dsmt:	<input type="text"/>
comments:	<input type="text"/>		

Weight

weight average baseline:	<input type="text"/>	weight average after dsmt:	<input type="text"/>
comments:	<input type="text"/>		

Foot Exam

foot exam # of patients who completed before initial assessment:	<input type="text"/>
foot exam referred or completed exam after initial assessment:	<input type="text"/>
foot exam total:	<input type="text"/>
comments:	<input type="text"/>

Dilated Eye Exam

dilated eye exam # of patients who completed before initial assessment:	<input type="text"/>
dilated eye exam referred or completed exam after initial assessment:	<input type="text"/>
dilated eye exam total:	<input type="text"/>
comments:	<input type="text"/>

10. Enter your CQI Plan in the box provided. You can find examples of CQI plans here (link). You can also email your CQI Plan to deap@aadnet.org. Attest that your CQI Plan was shared with your advisory board by clicking the box next to the attestation statement below:

Conclusion
Please include your CQI plan in the box below or email your CQI as an attachment to deap@aadnet.org and include your organization name in the subject line.

Our CQI plan was shared with our advisory board:

11. Please read and sign as prompted:

Affirmation: Upon Completion of this Annual Status and Performance Measurement Report, please read and sign below:

- As an accredited Diabetes Self-Management Education Program I attest that the National Standards for Diabetes Self-Management Education Program (NSDSMEP) quality standards, accreditation program policies and procedures and the instructions for AADEs accreditation process have been and will continue to be complied.
- The administrator responsible for the program verifies that the information included in this annual status and performance measurement report is true and accurate.
- It is the responsibility of the program coordinator to notify appropriate entities and comply with their requirements in order to receive reimbursement.

name of person completing report:

title of person completing report:

12. If you have completed your Annual Status Report **and are ready to submit it for final review**, please click "Submit".
If you wish to **come back and edit your Annual Status Report later**, please click "Save" (see below).



13. If you do not hear back from us within 4 weeks of submitting your ASR, please contact DEAP@aadnet.org.