

Standard 10

National Standard	Essential Highlights	Interpretive Guidance	Checklist
<p>Standard 10: Quality Improvement</p> <p><i>The DSMES service quality coordinator will measure the impact and effectiveness of the DSMES service and identify areas for improvement by conducting a systematic evaluation of process and outcome data.</i></p>	<p>Formal quality improvement strategies can lead to improved diabetes outcomes.</p> <p>By measuring and monitoring both process and outcome data on an ongoing basis, providers of DSMES can identify areas of improvement and adjust participant engagement strategies and service offerings accordingly. Evaluation can contribute to the sustainability of the service.</p> <p>Once areas of improvement are identified, the DSMES quality coordinator determines timelines and important milestones, including data collection, analysis, and presentation of results.</p> <p>Process measures are often targeted to those processes that affect the most important outcomes.</p> <p>A variety of methods can be used for quality improvement initiatives, such as the Plan Do Study Act model, Six Sigma, Lean, Re-AIM, and workflow mapping.</p>	<p><i>Standard 10 relates to the process by which programs assess their operations, including the delivery of education and support.</i></p> <p>Collecting and Reporting Data DSMES providers must have a procedure in place to collect, aggregate, analyze, and report clinical and process outcomes and behavioral goal achievement. Evidence of this procedure will need to be submitted at the time of application. Examples of outcomes to measure include but are not limited to: <i>Process outcomes:</i> wait times, program attrition, referrals, education process, reimbursement issues, follow up <i>Clinical outcomes:</i> A1c's, % of body weight lost, foot and eye exams, ER visits, newborn weight, C-section delivery rate, hospitalization days, ER visits <i>Behavioral outcomes:</i> participant satisfaction, behavioral goal achievement, reduction in diabetes distress</p> <p>Three fundamental questions should be answered by the CQI project: 1. What are we trying to accomplish? 2. How will we know a change is an improvement? 3. What changes can we make that will result in an improvement?</p> <p>Timing CQI is a cyclical, data-driven process, which is proactive, not reactive. Data for the CQI plans is collected and used to make positive changes—even when things are going well, rather than waiting for something to go wrong and then fixing it.</p> <p>All DSMES sites, including new entities, must be able to show implementation of the CQI plan by the six-month mark. A program may be randomly selected within their first year of accreditation to submit their CQI plan.</p> <p>Annually, DSMES providers will need to submit a report of their CQI project from the previous 12 months through their anniversary date, and their CQI plan for the next 12 months.</p>	<p>25. Evidence of a procedure for collecting aggregate data to use for analysis of clinical, behavioral and process outcomes</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>26. Documentation of a CQI project measuring the effectiveness and impact of the DSMES services that identifies areas of improvement through the evaluation of process and outcome data and is reviewed and reported annually</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Quality Improvement:

The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data.

AADE Interpretive Guidance:

Standard ten relates to the annual process by which programs will assess their operations, including the delivery of education and support.

Programs must have a process/system in place in order to collect, aggregate and analyze clinical outcomes measures and behavioral goal achievement.

Evidence of this process with data will need to be submitted at time of application and annually, such as:

- AADE’s A7S System
- Electronic Medical Record Reports
- Excel Spreadsheet

Continuous Quality Improvement (CQI) insures program engagement, intentional and systematic service improvement with intention of increasing positive outcomes. CQI is a cyclical, data-driven process which is proactive, not reactive. Data for the CQI plan is collected and used to makes positive changes—even when things are going well—rather than waiting for something to go wrong and then fixing it.

All DSMES programs, including new entities by the six month mark, must be able to show implementation of the CQI plan. A program may be randomly selected within the first year of accreditation to submit their CQI plan. Examples include but are not limited to:

Process outcomes

wait times
program attrition
referrals
education process
reimbursement issues
follow up
scheduling
workflow
class times

Clinical outcomes

A1c
foot and eye exams
ER visits
newborn weights
C-section delivery rates
hospitalization days
rate of hypoglycemia
BP
BMI
Cholesterol levels

Behavioral outcomes

participant satisfaction
behavioral goal achievement
reduction in diabetes distress

Documentation Requirements for Standard 10:

The components for this standard are:

- Evidence of a procedure for collecting aggregate data to use for analysis of clinical, behavioral and process outcomes
- Documentation of a CQI project measuring the effectiveness and impact of the DSMES services that identifies areas of improvement through the evaluation of process and outcome data and is reviewed and reported annually

A written continuous quality improvement (CQI) project plan that identifies areas of improvement through the evaluation of process and outcomes data.

Once areas of improvement are identified, the quality coordinator determines the timelines and important milestones, including data collection, analysis, and presentation of results.

A variety of methods can be used for quality improvement initiatives, such as:

- Plan Do Study Act
- Six Sigma
- Lean
- Re-AIM
- Workflow mapping

Three fundamental questions should be answered by the CQI project:

1. What are we trying to accomplish?
2. How will we know a change is an improvement?
3. What changes can we make that will result in an improvement?

Additional Resources

[Blank PDSA Template example \(not required\)](#)

AADE resources for understanding Continuous Quality Improvement

- [CQI for DSMES Programs, 2nd Edition](#)
- [Continuous Quality Improvement for Diabetes Education and Support Programs, 3rd Edition](#)
- [DEAP webinar on CQI - webinar slides](#)

Aggregated Outcomes for Annual Status Report:

	Healthy Eating	Being Active	Monitoring	Taking Medication	Problem Solving	Reducing Risks	Healthy Coping
A. # of patient who chose this goal.							
B. # of patient who chose this goal and completed the program.							
C. Actual # of patients who reported success.							
D. Actual % of Patients who Reported Success							
Target % of Patient Goal Achievement.							
Target % of Patient Goal Achievement for Next Year							

Clinical Outcome <i>(Choose ONE)</i>	Average Baseline Before DSMT	Average after Completion of DSMES	Comments if applicable
A1C			
B/P			
BMI			
Other (specify)			