

AADE DEAP POLICY



POLICY NUMBER: 3

TITLE: DECISION-MAKING PROCESS

POLICY

The structure of the DSMT accreditation program will ensure the integrity of essential certification decisions at all levels to protect against undue influence that could compromise accreditation decision-making. The accreditation program shall be comprised of AADE staff who have accreditation experience and knowledge. Decision-making at the DSMT program review level will be conducted by AADE staff. Should a program challenge a decision, the application will be forwarded to 3 volunteer auditors for review and final decision-making.

PROCEDURE

Decision-Making Criteria

Decisions about compliance with the NSDSMES will be made by AADE staff, assisted by the Volunteer Accreditation Auditor (VAA) who conducted the on-site audit. (see policy 15) The following criteria will serve as the basis for decision-making.

Full Accreditation

- The DSMT program is in substantial compliance, which is defined as the provision of evidence that the essential elements for each NSDSMES have been met.

Extension of Application Time to Complete Unmet Essential Elements

- There is evidence that there are sufficient resources to implement any unmet essential elements that do not jeopardize patient health within a set timeframe by AADE Staff (i.e., “correctable deficiencies”).
- Examples of correctable deficiencies (this list is not exhaustive):
 - Standard 1: Revising the organizational chart to accurately depict the organizational structure and relationships
 - Standard 4: Revising a job description to accurately reflect the scope of responsibilities of DSMT program instructors or coordinator
 - Standard 6: Updating the curriculum
 - Standard 7: Provide additional chart to ensure compliance
 - Standard 8: Developing a process that ensures that the referring provider will receive information about educational services provided and participant outcomes
 - Standard 10: Documenting a systematic CQI process

Denial of Accreditation

If there are uncorrectable deficiencies (deficiencies for which there are insufficient resources to implement unmet essential elements within ninety days or there are deficiencies that jeopardize or adversely affect patient health), a persistent history of deficiencies (failure to maintain corrective action) and/or consistent lack of compliance with accreditation program requirements, then accreditation will be denied.

Examples of unmet deficiencies that would result in removal of accreditation

- Non-CDE instructors were not adequately trained
- The DSMT program was fraudulent
- Patient rights were abused (e.g., confidentiality breached)
- There is not a qualified DSMT program coordinator

Individuals involved in the decision-making process will have the necessary education and experiences to promote valid and reliable decision-making.

- AADE staff
 - Education and experience
 - Minimum of a master's degree in a field of study that relates to health care, education, program management and administration, or outcomes analysis
 - Education or experience in health program evaluation/accreditation
 - Experience in diabetes education
- Volunteer Accreditation Auditors (VAA)
 - Education and experience
 - Previous experience with a DEAP accredited DSMT program
 - Holds a current unrestricted United States license or registration
 - Experience of coordinating a DEAP program for at least 2 years preferred
 - Previous experience with health care program review/auditing preferred
 - Content and frequency of training
 - Volunteer auditors will participate in an AADE Accreditation Program training process and episodic continuing education conference calls (minimum annually)
 - This can be done 1:1 based on volunteer needs and availability
 - Process if VAAs are involved with an entity under evaluation
 - All auditors will be required to disclose in writing any relationships with other DSMT programs that could result in bias and no auditor will be assigned an auditor to review a program with which an identified relationship has been disclosed
 - As a general rule, any auditor assigned to an audit or other review should be outside of the DSMT program's market area (identified as living or working within a fifty-mile radius of the DSMT program being audited)