

Diabetes Self-Management Education and Support Service

Standard 3 Target Population Demographic Data

The target population of the Diabetes Self-Management Education and Support Service has been identified based on the demographics of the County as well as participants receiving services at the Pharmacy and includes the following:

1. Ethnic/cultural background of participants
 - a. The majority of participants will be White/Caucasian, Hispanic/Latino, and Pacific Islanders.
 - b. Demographics of the County will be reviewed annually to determine what changes need to be made to the curriculum to provide culturally proficient care.
2. Age ranges of participants
 - a. The large majority of patients who will utilize the Service will be adults 45 or older. The program will also serve patients 19-44 years old. Pediatric patients will not be included.
3. Participant education/literacy levels
 - a. The County has a high literacy level with approximately 95% of the population being a high school graduate+.
4. Location
 - a. The Service is situated in the Hospital Pharmacy.
 - b. Located in a suburban community bordered by suburban and rural communities.
5. DSMES Class Structure
 - a. One-on-one education
 - b. Group education
6. Types of diabetes among participants
 - a. The majority of participants served by the service will have type 2 diabetes
 - b. Education will also be provided to participants with type 1 diabetes, gestational diabetes, and pre-diabetes

Resource Allocation

1. Space/Physical facilities/Equipment
 - a. The Pharmacy is equipped with a private patient consultation/education room that is available during pharmacy hours.
 - b. Group education rooms are available in the Hospital and in the Medical Office towers. These rooms must be scheduled in advance but are readily available.
2. Materials
 - a. Print materials for diabetes patient education have already been developed and are currently in use at other DSMES Services.
 - i. Topics include understanding diabetes, diagnosing diabetes, managing diabetes, monitoring blood glucose, taking medication, following a meal plan, getting regular exercise, healthy habits, special circumstances, and when to call a healthcare provider.
 - b. Print materials are easily accessible, regularly updated, and available in English and Spanish.
3. Curriculum
 - a. The DSMES Service curriculum to be used has been developed by physicians, certified diabetes educators, and pharmacists. The curriculum addresses key components of diabetes management, is updated frequently, and written at a 6th grade level to be accessible for patients with low health literacy.
 - b. The curriculum is available in English and Spanish and can be tailored to meet the unique needs of each participant.
4. Staff/Personnel
 - a. There is a certified diabetes educator/pharmacist on staff at the Pharmacy. Another of the current educators speaks Spanish.
 - b. Pharmacy technicians and cashier will be trained to file paperwork, complete data entry, and conduct follow-up phone calls with participants and providers.
5. Interpreter services
 - a. To accommodate the needs of participants requiring interpretation services, language line interpreters will be available by phone and print materials will be available in both English and Spanish.

6. Accommodations for low vision
 - a. To address visual impairment, educational materials will be available using large type face.
7. Hearing impaired
 - a. Educators will be trained to work specifically with elderly patients and will speak slowly and clearly to ensure hearing impaired patients receive the appropriate information.
8. Disabled
 - a. The physical location is ADA compliant.
 - b. Wheelchairs are available at all entrances to the building.
 - c. All entrances to the building are equipped with power assist doors.
 - d. Handicap parking is available near all entrances.
 - e. All restrooms are ADA compliant.
9. Low literacy
 - a. All participant material will be written at a 6th grade literacy level or lower. Images will accompany written material to help explain concepts.

Actions taken to overcome access-related barriers

1. Transport
 - a. Public transportation includes:
 - i. Light rail
 - ii. buses
 - iii. FLEX-trans
2. Hours of operation
 - a. The Service will be available Mondays from 12:00 pm to 7:00 pm. Evening hours will accommodate patients that work during the day.
 - b. Scheduling is currently limited to when the CDE educator/pharmacist is staffing with another pharmacist. Two pharmacists are typically staffed during normal business hours and one evening per week. As the program develops, a part-time pharmacist or CDE will be hired to allow for more frequent education sessions.
 - c. Weekend appointments will not be available initially due to staffing requirements of the Pharmacy.
3. Electronic Health Record
 - a. The program has an integrated EHR in which all DSMES education will be documented. The educational records are available to physicians and other caregivers working with the participants.
 - b. Visit templates have already been developed and help maintain consistency of documentation and adherence to service requirements for data collection.
 - c. Communication pools will be set-up to allow for consistent communication with physicians.
 - d. Participants have access to an electronic patient portal which allows them to communicate with caregivers in real-time should issues or questions arise.
4. Patient Assistance
 - a. The program has a dedicated team of individuals who can help participants obtain health insurance, prescription assistance, and charity care if eligible.
5. Relationships with other health care practitioners
 - a. The Pharmacy has very strong relationships with the primary care providers in the Hospital Primary Care and Geriatric Clinics.
 - b. The current ambulatory care pharmacist will no longer be staffed at the Geriatric Clinic and providers have expressed a need for pharmacist assistance with diabetes education.
6. Technology enabled services
 - a. Electronic medical records will be used with all participants
 - b. Participants will have access to an online communication system which allows email communication with their physicians.
 - c. Smart phone applications will be identified by the quality coordinator and will be used to help increase tracking and monitoring of blood glucose, diet, and exercise.

The target population, resources, and access will be reviewed annually at the stakeholder meeting. Problems identified will be documented and actions assigned to specific committee members. Documentation of completed action items will be updated on a continuous basis. The quality coordinator will keep track of action items and due dates and will follow-up with committee members if action items are not completed by the due date assigned.

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