

## **Standard 10 Quality Improvement**

This is an outline of the components to include in your application and binder for Standard 10.

1. A written procedure for collecting and aggregating data for analysis of clinical, behavioral and process outcomes, including the platform you will be using to track data. For example, an excel spreadsheet, reports from your EMR, Microsoft Access, the AADE7 system software, or another platform.
  - a. Examples of process outcomes: wait times, program attrition, referrals, education process, reimbursement issues, follow up, scheduling, workflow, class times
  - b. Examples of clinical outcomes: A1c, foot and eye exams, ER visits, newborn weights, C-section delivery rates, hospitalization days, rate of hypoglycemia, BP, BMI, Cholesterol levels
  - c. Examples of behavioral outcomes: participant satisfaction, behavioral goal achievement, reduction in diabetes distress
2. A written continuous quality improvement (CQI) project plan that identifies areas of improvement through the evaluation of process and outcomes data.
  - a. Once areas of improvement are identified, the quality coordinator determines the timelines and important milestones, including data collection, analysis, and presentation of results.
  - b. A variety of methods can be used for quality improvement initiatives, such as:
    - i. Plan Do Study Act
    - ii. Six Sigma
    - iii. Lean
    - iv. Re-AIM
    - v. Workflow mapping
  - c. Three fundamental questions should be answered by the CQI project:
    - i. What are we trying to accomplish?
    - ii. How will we know a change is an improvement?
    - iii. What changes can we make that will result in an improvement?
  - d. The CQI project should be started immediately after accreditation and results to date reported at the 6-month stakeholder meeting during the first year of accreditation, then at 12 months, and annually thereafter.