

STANDARD 7 INDIVIDUALIZATION

The components of this standard include:

1. Completely de-identified chart with evidence of ongoing education planning, behavioral goal setting and follow up, based on collaboratively identified participant needs
 - a. De-identified means removing name, address, phone numbers, email addresses, medical record numbers, account numbers, dates of birth, and any other information that could lead to identification of the participant
 - b. Once the chart has been de-identified, have a different person review to see if any identifiable information has been missed
2. The chart must include an assessment in the following areas:
 - a. Disease process
 - b. Nutrition management
 - c. Physical activity
 - d. Monitoring
 - e. Preventing, detecting and treating acute and chronic complications
 - f. Pertinent clinical history
 - g. Cognitive (knowledge of self-management skills and functional health literacy)
 - h. Diabetes distress and support systems
 - i. Behavioral (readiness to change, lifestyle practices, self-care behaviors)
 - i. The assessment can be done individually or in a group
 - ii. Participant may complete a self-assessment before the initial visit
3. Based on the assessment and the participant's priorities and values, the participant and team member develop on individualized DSMES plan together.
 - a. Education plan should include interventions and desired outcomes
 - b. Completion should be defined by the achievement of the education plan
 - c. Participant is not required to complete a set DSMES structure
 - d. When working with participant to set a plan and goals, it is recommended that you select from the following effective methods of communication:
 - i. Collaborative goal setting
 - ii. Action planning
 - iii. Motivational interviewing
 - iv. Shared decision-making
 - v. Cognitive behavioral therapy
 - vi. Problem-solving approach
 - vii. Self-efficacy enhancement
 - viii. Teach back method
 - ix. Relapse prevention strategies