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 an 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