

## **STANDARD 9 PARTICIPANT PROGRESS**

The components of this standard include:

1. De-identified chart must have at least one SMART goal (specific, measureable achievable, relevant, and time-bound)
  - a. Action planning and assessment of confidence and conviction(importance) is recommended
  - b. AADE 7 serves as a useful framework for documenting behavior change
2. De-identified chart must have at least one clinical outcome, measured after engagement in DSMES services and compared to a baseline value.
  - a. Clinical outcome measurements need to be chosen based on the population served, organizational practices, and availability of the outcome data, and may include but are not limited to:
    - i. Knowledge
    - ii. Quality of life
    - iii. Cost savings
    - iv. Patient satisfaction
    - v. % body weight lost
    - vi. HbA1c
    - vii. BP
3. Chart must also show communication back to the referring provider, including the education provided and the participant's behavioral and clinical outcomes.
  - a. Recommend to provide this information in a brief, easy to read format, such as a table with pre-program versus post program outcomes, or a bulleted list of education topics and outcomes achieved.