

Simplified Steps to Accreditation by the Association of Diabetes Care and Education Specialists (ADCES)

Part of the Vermont State Strategy to improve the availability and accessibility of DSMES

Step 1

National Standard: Support for diabetes self-management education and support services (DSMES)

What you need: A letter of support from an administrative level sponsor at your organization or practice.

Details: Letters can be provided by a CEO, president, director, quality manager, supervisor, etc. If you are applying for accreditation as a solo health care professional, the letter must come from a referring physician or other qualified health professional who will refer to your DSMES services. Letters must be dated within six months of initial and renewal DSMES applications.

Resources:

[Sample Letter of Administrative Support](#)

Step 2

National Standard: Population and Service Assessment

What you need: A description of your organization's diabetes demographics and other considerations such as Social Drivers of Health and other barriers that impact your target population.

Details: This information is available from a variety of sources, including but not limited to community needs assessments by local or state health departments, health system and organizations specific to the populations, and DSMES data.

Resources:

[Find your Vermont Department of Health \(VDH\) Local Health Office](#)

Diabetes population demographics by county (customizable for your organization's application)

Step 3

National Standard: DSMES Team

What you need: A team that includes a designated Quality Coordinator and at least one credentialed health professional (RDN, RN, Pharmacist, CDCES, BC-ADM)



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Details: The application must include a description of the Quality Coordinator's role and responsibilities within and outside the DSMES team, attestation that at least one team member is a credentialed health professional with documentation of each license, registration or certification and evidence of at least 15 hours of diabetes-related continuing education for each team member who is not a CDCES or BC-ADM. Any additional DSMES care team members (Diabetes Community Care Coordinators) must report to a credentialed team member and have training or experience that is relevant to their role on the team.

Resources:

[Templates for attestation and job description \(open this link and scroll to Standard 3\)](#)

Step 4

National Standard: Delivery and Design of DSMES Services

What you need: Evidence that the team has access to and is familiar with a published and up to date diabetes education curriculum that is applicable to the people you serve. You will need to attest that all team members have reviewed the curriculum for content and relevance for your program.

Details: The chosen DSMES curriculum must include the following core content areas, and content must be prioritized to meet the person with diabetes (PWD's) current needs, abilities and goals:

- Pathophysiology of diabetes and treatment options
- Coping
- Nutritious eating
- Being active
- Taking medication
- Monitoring
- Reducing risk (treating acute and chronic complications)
- Problem solving and behavior change strategies

Resources:

DEAP pre-approved curricula:

- [ADCES Diabetes Education and Care Curriculum \(E-Book \\$140 non-member/\\$112 member\)](#)

- [ADA Life with Diabetes](#) (Book \$99.95 member discounts available)
- [My Healthy Vermont](#) (MHVT) uses the approved [Self-Management Resource Center](#) (SMRC)-licensed curriculum. Patients may be referred to MHVT for the curriculum portion of their DSMES services. For more information, please see Strategy Theme #6 or reach out to AHS.VDHHPDPMYHealthyVT@vermont.gov

Step 5

National Standard: Person-Centered DSMES

What you need: A description of how the assessment process (ongoing collaborative communication with the person with diabetes (PWD)) will be conducted and assurance that the communication is PWD-centered to best identify needs and agree on the PWD's preferred educational, coping, and behavioral interventions that will be used to develop needed problem solving, decision making, and self-management skills and strategies.

You also need to provide evidence of at least one DSMES intervention within the last 12 months as documented in the medical record (electronic health record (EHR)), participant registry, paper chart, or other Health Insurance Portability and Accountability Act (HIPAA) compliant record that allows for collaboration across the care team).

Details: The record for the submitted example (and records for all DSMES participants once accredited) must include:

- DSMES Assessment
- DSMES Plan
- Each DSMES visit including date/time and topic areas covered with plan for follow-up
- Behavior Goal (ADCES7) and progress
- Outcomes of intervention communicated to referring physician or qualified health care professional

Resources:

[ADCES7 Self-Care Behaviors](#)

Sample documentation in "SOAP" format

Step 6

National Standard: Measuring and Demonstrating Outcomes of DSMES Services

What you need: A plan for collecting outcome data for evaluation and improvement of overall DSMES services and reporting to ADCES as part of Annual Status Report. DSMES

teams must have a procedure in place to collect, combine, analyze, and demonstrate outcomes for participants seen as part of the DSMES services across all sites. A list of outcome examples is available in the resources below.

Details: Each year of accreditation, sites are required to engage in a basic continuous quality improvement (CQI) project that is designed to inform answers to the following questions:

1. What are we trying to accomplish?
2. How will we know a change is an improvement?
3. What changes can we make that will result in an improvement?

One additional program level outcome must also be reported each year, and that measure CAN be part of the CQI project.

Resources:

[Table of DSMES Outcome Examples \(open link and scroll to last page of the document\)](#)