**Standard 5: Preparing your de-identified Chart for submission to DEAP**

You will be required to submit ONE completely de-identified patient chart from your electronic or paper medical record system for your initial and renewal applications. If you are selected for an audit at any time during your accreditation term, you will be required to submit 5-10 de-identified charts.

The documentation of the DSMES intervention requested as part of your DEAP application should represent how you will document and communicate your DSMES services within your electronic or paper medical record.

You are providing a snapshot from one patient who has received diabetes education and support as part of your DSMES program and showing the entire intervention as "proof" that you are meeting Standard 5: Person Centered DSMES. Use our DEAP Chart Audit tool as a reference to be sure you have included each required component in your DSMES chart record.

**DSMES CHART AUDIT TOOL**

**At the core of high-quality DSMES: Compassionate, Person-Centered Care**

**Have a conversation, listen to your participant and work collaboratively with them to guide what they need to know and how they learn best.**

| | STANDARD 5: PERSON-CENTERED DSMES | Notes: Where in the medical record |
|---|---|---|
| R | 1. **Referral for DSMES** in chart: see diabeteseducator.org/referdsmes for template & guidelines for Medicare; Referral order will be reviewed for compliance with Medicare Requirements. | |
| ASSESSMENT | 2. **DSMES Needs Assessment**<br>a) **Health Status**: type of diabetes, clinical needs, health history, disabilities, physical limitations, SDOH and health inequities (e.g., safe housing, transportation, access to nutritious foods, access to healthcare, financial status, and limitations), risk factors, comorbidities, and age<br>b) **Psychosocial Adjustment**: emotional response to diabetes, diabetes distress, diabetes family support, peer support (e.g., in-person or via social networking sites), and other potential promotors and barriers<br>c) **Learning Level**: diabetes knowledge, health literacy, literacy, numeracy, readiness to learn, ability to self-manage, developmental stage, learning disabilities, cognitive/developmental disabilities (e.g., intellectual disability, moderate-severe autism, dementia), and mental health impairment (e.g., schizophrenia, suicidality)<br>*d)* **Lifestyle Practices**: self-management skills and behaviors, health service or resource utilization, cultural influences, alcohol and drug use, lived experiences, religion, and sexual orientation | |
| DSMES PLAN | 3. **DSMES PLAN***: Document at least once throughout DSMES intervention:*<br>How (group, individual)<br>What (Assessment of ADCES7 Self Care Behaviors and needs – to be determined collaboratively between participant and DSMES team)<br>When (number and frequency of visits estimated/anticipated)<br>Where (in person, telehealth (audio or audio-video) combination) | |
| DSMES INTERVENTION | 4. **DSMES Encounters***: Each item below is required in the documentation at every single encounter*<br>When: Date of Service and Plan for Follow-Up (timing for next DSMES session)<br>Who: DSMES Instructor/Team and Participant/family in attendance<br>What: Topics Covered (ADCES7 Self-Care Behaviors can be an easy way to document this)<br>How: Participant's progress with learning<br>Why: Participant's current progress with SMART goal and action plan; then next steps (what will participant work on between now and next DSMES session documented on two separate encounters) | |
| | 5. **Communication back to referring provider** ***at least once per referral intervention*** that includes a summary of DSMES provided, participant outcomes, and plan for follow-up (need for additional referral/critical times). | |

This tool is used by ADCES (DEAP) Auditors and should be used as a self-audit tool for Quality Coordinators to use for program planning and implementation, EMR template building and self-auditing to ensure your program continues to meet the National Standards for DSMES.

*Add numbers to your de-identified chart to clearly show where each item is located; include notes where needed for additional clarity.

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**PHI: Protected Health Information**

Your chart must be completely de-identified and must not contain PHI. As a healthcare provider, you must adhere to HIPAA guidelines; if a chart is submitted to DEAP containing any PHI, it will be immediately deleted. Submitting documents that include any PHI will result in deletion of the document from your application. You will be required to re-submit the document with all PHI removed, ultimately delaying the approval of your application. The following list was obtained from https://compliancy-group.com/protected-health-information-understanding-phi/ accessed on 5/11/23

1. Name
2. Address (including subdivisions smaller than state such as street address, city, county, or zip code)
3. Any dates (except years) that are directly related to an individual, including birthday, date of admission or discharge, date of death, or the exact age of individuals older than 89
4. Telephone number
5. Fax number
6. Email address
7. Social Security number
8. Medical record number
9. Health plan beneficiary number
10. Account number
11. Certificate/license number
12. Vehicle identifiers, serial numbers, or license plate numbers
13. Device identifiers or serial numbers
14. Web URLs
15. IP address
16. Biometric identifiers such as fingerprints or voice prints
17. Full-face photos
18. Any other unique identifying numbers, characteristics, or codes

Please also reference https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html#protected

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