

LEADERSHIP

LEADERSHIP STANDARD 1: Has institutional support for obtaining and maintaining AAACE Center of Excellence designation

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>L1(SE1): A signed letter(s) of support/commitment from the leadership of the applicant's institution that shows that the organization will provide the needed resources to meet and maintain AAACE's Center of Excellence Standards</p> <p>L1(SE2): Signed acknowledgement that the institution's leadership is committed to meeting each of AAACE's Center of Excellence Standards</p> <p>L1(SE3): Organizational chart that shows or a description of applicant's institutional structure that explains the endocrinology department/clinic/ practice and, if applicable, its relationship to the hospital or system in which it functions</p>	<ol style="list-style-type: none"> 1. A signed letter of commitment from your organization's leadership indicating that the organization will provide the needed resources to meet and maintain the AAACE Center of Excellence Standards L1(SE1) 2. A signed acknowledgement that your organization's leadership is committed to meeting each of the Standards L1(SE2) 3. An organizational chart and a description of the structure that explains the endocrinology department/clinic/ practice and any relationship to a hospital or system in which it functions L1(SE3)

LEADERSHIP STANDARD 2: Establish an endocrinologist-led committee/ leadership group to oversee QI, Educational Excellence and Disease state specific standards to meet and maintain AAACE's CoE Standards. This group must:

- a. Reflect the multi-disciplinary and/or interprofessional team who provides endocrine care
- b. Include a majority of endocrinologists (as defined by AAACE's FACE committee) who are AAACE members and at least one AAACE member non-endocrinologist)
- c. Include at least one endocrinologist who has obtained/ committed to pursuing AAACE's FACE designation
- d. Adopt AAACE's Guidelines for Diabetes, or similar *evidence-based* clinical guidance/ standards of care applicable to the region/country
- e. Meet regularly to act on needed changes as identified through Quality Improvement efforts

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>L2(SE1): Membership roster reflects an endocrinologist-led, multi-disciplinary and/or interprofessional committee</p> <p>L2(SE2): Records to show the majority of endocrinologists (as defined by AAACE's FACE committee) on the committee are current AAACE members</p> <p>L2(SE3): Records that show current AAACE-membership of at least one non-endocrinologist in the group</p> <p>L2(SE4): Records that show FACE status or commitment attestation from at least one endocrinologist to work towards FACE status</p> <p>L2(SE5): Record of adoption of evidence-based clinical guidance used as standards of care</p> <p>L2(SE6): Meeting minutes/records show that the group has met and/or plans to meet on a regular basis</p> <p>L2(SE7): Attendance records and meeting minutes/records demonstrate active participation of endocrinologist(s) and other endocrine team members in leadership efforts</p>	<ol style="list-style-type: none"> 1. A roster of the CoE leadership group/committee that shows: <ol style="list-style-type: none"> a. It is led by an endocrinologist L2(SE1) b. It is multidisciplinary and/or interprofessional L2(SE1) 2. Records to show that: <ol style="list-style-type: none"> a. The majority of endocrinologists (as defined by AAACE's FACE committee) on the leadership group/committee are current AAACE members L2(SE2) b. At least one non-endocrinologist group member is a current AAACE member L2(SE3) c. At least one endocrinologist member has current FACE status, or a committed attestation they are working towards this status L2(SE4) 3. Records of adoption of evidence-based clinical guidance used to support care of patients L2(SE5) 4. Meeting minutes and/or records showing that the leadership group/committee has met and has plans to continue meeting on a regular basis. Include attendance records and meeting minutes to demonstrate active participation of endocrinologists and other endocrine team members in leadership efforts L2(SE6 & 7)

QUALITY IMPROVEMENT

QUALITY IMPROVEMENT STANDARD 1: Has a team that implements quality improvement (QI) initiatives that includes endocrine team members and staff from other areas/departments as needed for successful QI efforts

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>QI1(SE1): Roster of team that implements QI initiatives for the program</p> <p>QI1(SE2): Description of how the center manages its quality improvement efforts (e.g., internal department(s), external groups, etc.)</p>	<ol style="list-style-type: none"> 1. QI team roster that includes names, departments, and roles QI1(SE1) 2. Description of how the center will manage its quality improvement efforts (including, but not limited to which departments will be involved, how they will coordinate work; what processes they will use to identify quality improvement needs, plan initiatives, implement them, and evaluate success) QI1(SE2)

QUALITY IMPROVEMENT STANDARD 2: Engages the team in meetings and QI efforts with regularity to support QI efforts and goals

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>QI2(SE1): Descriptions and materials that show team engagement in QI efforts (e.g., attendance records, meeting minutes/ correspondence from QI efforts)</p>	<ol style="list-style-type: none"> 1. Description of how the team will be engaged in QI efforts and what materials will be used at renewal to show engagement (such as attendance records, meeting minutes, and internal communication from QI efforts) QI2(SE1)

QUALITY IMPROVEMENT STANDARD 3: Has the ability to access data on the performance of the Endocrine Care team and patient health status and outcomes

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>QI3(SE1): System and/or processes used to store and access data on clinician/practitioner performance and patient outcomes</p> <p>QI3(SE2): Description of how data are accessed and can be used in QI efforts</p>	<ol style="list-style-type: none"> 1. Description of the systems that will be used to collect and store data on clinician/practitioner performance and their patients' health status and outcomes QI3(SE1) 2. Description of the processes that will be used to collect, store, and access data and how it will be used in QI efforts QI3(SE2)

QUALITY IMPROVEMENT STANDARD 4: Implements quality improvement to drive better care and outcomes for patients with diabetes

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>QI4(SE1): Description of the quality improvement framework(s)/ methods used in QI efforts (e.g., PDSA, Lean, Six Sigma, IHI Model for Improvement, Root Cause Analysis, etc.)</p> <p>QI4(SE2): Description and/or materials that show the framework has been implemented at least two times in a COE assessment cycle/term</p> <p>QI4(SE3): Description and/or materials to show how data were used more than once to assess improvements in processes or outcomes</p> <p>QI4(SE4): Materials developed for quality improvement efforts (e.g., QI forms and documents, provider education, provider communications, patient education and communications, and/or changed processes)</p>	<ol style="list-style-type: none"> 1. Description of the quality improvement framework(s) the center will use QI4(SE1) 2. Description of plans to implement QI framework that will support the use of framework (a) at least two times during the CoE term and (b) with data use in each QI effort QI4(SE2 & 3) 3. Descriptions of materials that could be developed for two QI efforts planned (e.g., QI forms and documents, provider education plans and communications, patient education plans and communications, and/or improved processes) QI4(SE4)

EDUCATION

EDUCATION EXCELLENCE STANDARD 1: Participation in CE Conferences: Requires all CoE endocrinologists (as defined by AACE's FACE committee) to participate in professional society and/or academic continuing education programs via international/national/ regional conferences at a minimum of once per year (in-person, preferred, as available). AACE designated/sponsored programs, as available, are preferred.

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>E1(SE1): Agenda and description of educational program, including host organization, schedule, and topics covered</p> <p>E1(SE2): Education program record(s) that verify participation</p>	<ol style="list-style-type: none"> 1. Agendas and descriptions of educational programs endocrinologists participated in during the last 12 months, including host organization, schedule, and topics covered E1(SE1)

EDUCATIONAL EXCELLENCE STANDARD 2: Participation in Education tailored to QI efforts: Facilitates and supports endocrine care team members' involvement/participation in educational offerings that help address areas of need identified through QI efforts

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>E2(SE1): Description of the process used to identify the education needed to support QI initiative(s)</p> <p>E2(SE2): Materials that show that the endocrine care team is engaged in education that supported QI goals</p> <p>E2(SE3): Description/analysis of feedback from learners on the education provided</p>	<p>Description of:</p> <ol style="list-style-type: none"> 1. How you will identify the education topics that your endocrine care team needs related to your QI initiatives E2(SE1) 2. How you will monitor the endocrine care team's engagement in education that will support your QI efforts E2(SE2) 3. How you will solicit and use feedback from your endocrine care team on the educational programs in which they participated E2(SE3)

EDUCATIONAL EXCELLENCE STANDARD 3: Participation in Center-driven Education: Provides center-specific education based on educational needs of the endocrine care team

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>E3(SE1): Description of the process(es) used to identify problem(s) education aims/aimed to solve</p> <p>E3(SE2): Description of and materials developed for the education planned/offered</p> <p>E3(SE3): Materials that show that the endocrine care team is engaged in education</p> <p>E3(SE4): Description/analysis of feedback from learners on the education provided</p>	<p>Description of:</p> <ol style="list-style-type: none"> 1. How you will identify general educational needs of the endocrine care team E3(SE1) 2. Past education the center has provided to the endocrine care team. Explain why the education was provided and what materials were developed E3(SE2) 3. How you will monitor the endocrine care team's engagement in education that the center provides E3(SE3) 4. How you will solicit and use feedback from your endocrine care team on the educational programs you provide E3(SE4)

EDUCATIONAL EXCELLENCE STANDARD 4: Mentorship: Provides mentorship opportunities for endocrine care team members in support of improvement goals

Supporting Evidence for this Standard	Requirements in <u>Initial Application</u>
<p>E4(SE1): Description the mentoring program/process</p> <p>E4(SE2): Information that shows that the endocrine care team members who needed/wanted mentorship were provided with mentoring</p>	<ol style="list-style-type: none"> 1. Description of the mentoring program/process E4(SE1) 2. Description of how mentoring program/process will be monitored to ensure that endocrine care team members who ask for mentorship will receive it E4(SE2)

EXCELLENCE IN DIABETES CARE: STANDARDS OF CARE PRINCIPLES

Clinical guidance documents and/or processes used by an AACE Diabetes Center of Excellence in their management of persons with diabetes must align with AACE Standards of Care Principles.¹

COE STANDARDS OF CARE 1: Recommend individualized lifestyle interventions for patients with diabetes

- Promote lifestyle considerations as the cornerstone of diabetes prevention and management
- Recommend evidence-based nutrition plans, considering a person's health status, culture, and preferences.
- Encourage and support regular physical activity adapted to age, comorbidities, and physical ability

COE STANDARDS OF CARE 2: Provide patient education on diabetes to support self-management

- Offer and share educational resources patients can use to help them both understand and manage diabetes
- Ensure that education/educational resources address issues such as literacy, health literacy, and cultural differences

COE STANDARDS OF CARE 3: Define individualized goals for patients with diabetes

- Define realistic, personalized targets for A1C or Time in Range (TIR), weight, blood pressure, lipid levels, and lifestyle
- Reassess goals regularly in response to life changes, disease progression, or new evidence

COE STANDARDS OF CARE 4: Utilize appropriate, accessible evidence-based therapies and glucose monitoring strategies

- Recommend therapies based on evidence, ease of use, availability and/or access
- Consider CGM, as available; or point in time self-monitoring of blood glucose

COE STANDARDS OF CARE 5: Regularly review and document patient weight and height

- Record and evaluate height and weight at each visit
- Use these data to assess metabolic risk, track progress, and guide treatment decisions

COE STANDARDS OF CARE 6: Optimize patient A1c using individualized glycemic targets

- Personalize A1C targets based on age, diabetes duration, comorbidities, risk of hypoglycemia, and patient preferences
- Use TIR as a complementary metric to A1C, especially when using CGM

COE STANDARDS OF CARE 7: Prevent and manage hypoglycemia in patients

- Routinely assess hypoglycemia risk
- Educate patients and caregivers on recognizing and treating low blood glucose

COE STANDARDS OF CARE 8: Address and manage comorbidities for patients with diabetes

- Screen and manage comorbidities, including but not limited to hypertension, dyslipidemia, cardiovascular disease, kidney disease, MASLD, and mental health disorders

Supporting Evidence for these Standards

SC1-8: Examples of how your adopted clinical guidance documents and/or processes with each of AACE's Standard of Care principles

Requirements in Initial Application

For each of AACE's Standard of Care Principles (1-8), **describe** and **provide at least one example** of how the clinical guidance document your center adopted and uses aligns with AACE's Standard of Care principle. Examples might include communications to patients, provider education, algorithm(s) used, workflow and/or process documents.

¹AACE Diabetes Center of Excellence Standards of Care Principles align with the [Principles of the AACE Comprehensive Type 2 Diabetes Management Algorithm](#); American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update; Samson, Susan L. et al., Endocrine Practice, Volume 29, Issue 5, 305 - 340