

Section 1: Agency capacity and resources

Key Question Section 1 Agency capacity and resources	Grading/comment
1.1 Is there agency support for best practice diabetes prevention and management? ⁹	
<p>Best Practice would mean:</p> <ul style="list-style-type: none"> ▪ An overall agency vision has been developed via a collaborative effort within the agency and the vision is explicitly supported in agency policies and plans ▪ Workplans are developed and implemented collaboratively with clear objectives, agreed timeframes and specified team member roles ▪ Appropriate resources and time are allocated to the provision of diabetes prevention and management ▪ There is support for team members involved in diabetes services to participate in diabetes related committees, working parties and professional activities. 	
1.2 The agency has suitably qualified staff to oversee the planning, implementation, and evaluation of diabetes services. ⁹	
<p>Best Practice would mean:</p> <ul style="list-style-type: none"> ▪ The diabetes services have a project coordinator with academic and/or experiential preparation in program management and expertise in diabetes and the care of individuals with chronic disease. ▪ The agency ensures that the skill level of health professionals involved in diabetes services is appropriate. ▪ In an integrated diabetes service staff, work to co-ordinate their roles with others in the team to ensure quality of practice is maintained. 	
1.3 The agency develops co-operative working relationships with other agencies? ⁹	
<p>Best Practice would mean:</p> <ul style="list-style-type: none"> ▪ The agency involves key partners in the development of new services and or products. ▪ The agency explores options for problem solving and works towards reaching an agreement with partner agency's to solve problems. ▪ The agency supports the formation of joint planning working parties involving interdisciplinary representation of health professionals & consumers to develop implementation agreements. 	

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<p>Key Question Section 1 cont.</p> <p>Agency capacity and resources</p>	<p>Grading/comment</p>
<p>1.4 The agency has suitably qualified staff to provide diabetes prevention and management services⁶</p>	
<p>Best Practice would mean:</p> <ul style="list-style-type: none"> ▪ Diabetes prevention and management is provided according to best practice standards incorporating current knowledge and research findings. ▪ Core diabetes prevention and management team consists of a registered nurse, dietitian and podiatrist these team members are credentialed (or working towards) diabetes educators or have recent experience and knowledge in diabetes management and would be competent to education in the following areas. <ul style="list-style-type: none"> 1. Describing the <i>diabetes disease process</i> and treatment options 2. Incorporating appropriate <i>nutritional management</i> 3. Incorporating <i>physical activity</i> into lifestyle 4. Utilizing <i>medications</i> (if applicable) for therapeutic effectiveness 5. <i>Monitoring</i> blood glucose, urine ketones (when appropriate), and using the results to improve control 6. Preventing, detecting, and treating <i>acute complications</i> eg. <i>hypoglycaemia/hyerglycaemia</i> 7. Preventing (through <i>risk reduction</i> behaviour), detecting, and treating chronic complications 8. <i>Goal setting</i> to promote health, and <i>problem solving</i> for daily living 9. Integrating <i>psychosocial adjustment</i> to daily life 10. Promoting <i>preconception care</i>, management 11. during <i>pregnancy</i>, and <i>gestational diabetes management</i> (if applicable). ▪ Other health workers involved in service provision that may not be diabetes specific but has people with diabetes involved have knowledge in the areas above sufficient to provide safe care to people with diabetes. 	

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Section 2: Provision of planned care based on best practice guidelines

Key Question Section 2: Provision of planned care based on best practice guidelines.	Grading/comment
2.1 How well does your service provide planned diabetes prevention and management when a person with diabetes contacts your agency? ⁸ Error! Bookmark not defined.	
<p>Best Practice would mean:</p> <p>The service has clear protocols for Initial Contact/Initial Needs Identification: i.e. when people with diabetes contact your agency staff collect appropriate information to:</p> <ul style="list-style-type: none"> ▪ Determine eligibility for the service ▪ Identify individuals at high risk i.e. foot problems, newly diagnosed, pregnancy, poorly controlled diabetes ▪ Ensure those at high risk are referred and care prioritised appropriately within the service ▪ Individuals not eligible for the service are referred to appropriate resources ▪ Referrals from other agencies are acknowledged (receipt of referral) and informed of progress of referral. 	
2.2 How well do health professional in your service, assess the needs of individuals with diabetes? ⁸	
<p>Best Practice would mean:</p> <p>The diabetes service has a clear and documented process for comprehensive assessment of individuals attending the service including:</p> <ul style="list-style-type: none"> ▪ Information about medical, physical, social and psychological needs, from a range of sources, to reflect a comprehensive picture of consumer/family/carer strengths, resources and problems ▪ Assessment is based on the participation of the individuals(s) with diabetes, their support systems(s) and interdisciplinary team members ▪ The assessment incorporates appropriate risk assessment for diabetes complications and other co-morbidities associated with diabetes. 	

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2.3 How well do health professionals plan care for people with diabetes?⁸	
<p>Best Practice would mean:</p> <p>Following a comprehensive assessment individuals within your diabetes service have a documented care plan that:</p> <ul style="list-style-type: none"> ▪ Is developed collaboratively with individuals(s) with diabetes, their support systems(s) and interdisciplinary team members ▪ Identifies issues/problems, risk profile and develops appropriate strategies to address these. ▪ Includes appropriate treatment regime and education interventions according to best practice guidelines. ▪ Encourages and supports self-care strategies. ▪ Identifies appropriate follow up and review ▪ Has recall mechanisms in place including protocols for early identification and treatment of diabetes complications. ▪ Documents individual's progress, including goals and achievement of them. ▪ Referral to other providers is documented and appropriate information supplied ▪ Privacy and confidentiality procedures are adhered to. 	
2.4 How well do health professionals involved in your service support individuals to understand how diabetes mellitus affects their body and the implications of healthy living?⁶	
<p>Best Practice would mean:</p> <ul style="list-style-type: none"> ▪ The diabetes service provides comprehensive information/ education for people with diabetes including information on: <ul style="list-style-type: none"> ○ Factors involved in the development of diabetes ○ Basic components of the treatment appropriate to the type of diabetes ○ The relationship between diabetes and other conditions ○ How to prevent, recognise and treat short term complications eg. hypoglycaemia and long term complications ○ The interrelationship between nutrition, exercise, stress, smoking, medications, and healthy living with diabetes. ▪ Education is provided in a variety of formats ▪ Information is provided in appropriate languages ▪ Individuals are provided with consumer friendly versions of best practice guidelines ▪ Individuals are informed of other services for people with diabetes such as Diabetes Australia, National Diabetes Services Scheme. 	

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<p>Key Question Section 2:</p> <p>Provision of planned care based on best practice guidelines.</p>	<p>Grading/comment</p>
<p>2.5 How well do health professionals in your service support individuals to be actively involved in their own care and change behaviour?</p>	
<p>Best Practice would mean</p> <ul style="list-style-type: none"> ▪ Staff employ a range educational strategies that gain attention, influence beliefs and values and lead to a better understanding of the root causes (determinants of health) of their life situation. These may include: <ul style="list-style-type: none"> ▪ Use of a credible source to persuade individuals ▪ The provision of information in various forms ▪ Structure the learning experiences to suit different learning styles ▪ Staff teach skills needed to provide support for intentions and decision-making ▪ Appropriate group facilitation strategies are applied to promote a collective identification of the problem, enhance peer learning and skill development ▪ Staff understand and apply the principles underlying effective behaviour change ▪ Referral pathways exist and staff refer clients to complimentary activities to support maintenance of lifestyle changes ▪ Staff are sensitive to cultural beliefs and the social and economic circumstances of individuals. 	

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Key Question Section 2: Provision of planned care based on best practice guidelines.	Grading/comment
2.6 How well does your agency evaluate the effectiveness of its diabetes service?	
<p>Best practice would mean your service collects and documents appropriate client data and is able to demonstrate that:</p> <ul style="list-style-type: none"> ▪ Individuals attending diabetes services report or demonstrate increased ability to accomplish goals for health living with diabetes that are important or meaningful to them and consistent with their desired quality of life ▪ Individuals with diabetes report or demonstrate increased confidence in managing their diabetes. ▪ There is improved physiological control of diabetes as demonstrated by: <ul style="list-style-type: none"> ○ Blood glucose ○ Glycated haemoglobin ○ Serum lipids ○ Body mass index (BMI) and waist circumference ○ Emergency visits and/or hospital admissions for direct diabetes -related reasons are minimised. ▪ Referral and follow-up records indicate that: <ul style="list-style-type: none"> ○ Early detection of risk factors for diabetes complications occurs ○ Individuals with diabetes use resources to prevent complications ○ Emergency and other hospital admissions related to preventable complications are minimised ○ Length of hospital stays related to diabetes complications is minimised. ▪ That the services and care provided are appropriately matched to the client base of the service. ▪ The needs of "at risk" groups have been identified and addressed. ▪ Care planning and service coordination protocols are being adhered to. 	

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Section 3: Planning and provision of diabetes services including health promotion and early intervention programs

Key Question Section 3: Planning and provision of diabetes services including <u>health promotion</u> and <u>early intervention</u> programs	Grading/comment
3.1 How well does your agency establish a relationship and consult with key community members/groups?⁹	
Best Practice would mean: <ul style="list-style-type: none"> ▪ Clients/ stakeholders and/or client groups have been defined and staff are familiar with local community networks and leaders ▪ Needs of specific cultural and other minority groups are valued and participation by these groups is actively promoted ▪ Mechanism and systems are in place to ensure community participation and input into diabetes program planning ▪ The appropriateness of specifically targeted programs is checked with consumers. 	
3.2 How well do people in your agency assess the needs of diabetes community as whole?⁹	
Best Practice would mean: <ul style="list-style-type: none"> ▪ Clients/ stakeholders and/or client groups have been defined and staff are familiar with local community networks and leaders. ▪ Needs of specific cultural and other minority groups are valued and participation by these groups is actively promoted. ▪ Mechanism and systems are in place to ensure community participation and input into diabetes program planning. 	
3.3 How well do people in your agency plan social marketing activities?⁹	
Best Practice would mean: <ul style="list-style-type: none"> ▪ Target audience attributes are identified and segmented to create messages specifically for each segment. ▪ The appropriate locations and channels are selected to position the health message for effective audience reach. ▪ An established health behaviour model is used as the basis of the program. ▪ All the products, promotion materials and services developed for the program are pre-tested with the target audience. 	

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<p>Key Question Section 3:</p> <p>Planning and provision of diabetes services including <u>health promotion</u> and <u>early intervention</u> programs</p>	<p>Grading/comment</p>
<p>3.4 How well do people in your agency undertake social marketing? ⁹</p>	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> ▪ Connections are established with key people, and networks built with community, media and other relevant stakeholders who may be able to complement the program. ▪ A variety of mass media or limited reach approaches are used and creatively executed. ▪ The effectiveness of the social marketing strategies are recorded and monitored and activity is adjusted accordingly. 	
<p>3.5 How well do people in your agency plan risk factor screening activities for health promotion/early intervention?⁹</p>	
<p>Best Practice would mean:</p> <ul style="list-style-type: none"> ▪ Screening programs take into account community sensitivities and issues such as cultural factors, access to transport and follow-up medical attention. ▪ The screening programs are supported by complimentary health promotion interventions aimed at creating agency and social changes to support individual access to resources ▪ Specific high-risk populations are reached via planned strategies to access these groups. ▪ Key referral pathways exist to local GPs and other relevant agencies for diagnosis and on going counselling, support and management. 	
<p>3.6 How well do people in your agency implement risk factor screening programs?⁹</p>	
<p>Best Practice would mean:</p> <ul style="list-style-type: none"> ▪ Staff ensure individuals are screened with privacy and sensitivity. ▪ Best practice use of screening tools and quality control is maintained and monitored to ensure the accuracy and validity of risk factor measurements. ▪ Pre-screening information and post-screening counselling/discussion is provided to all individuals screened. ▪ Clients are assisted to identify their own needs and rights to determine appropriate action. 	

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