



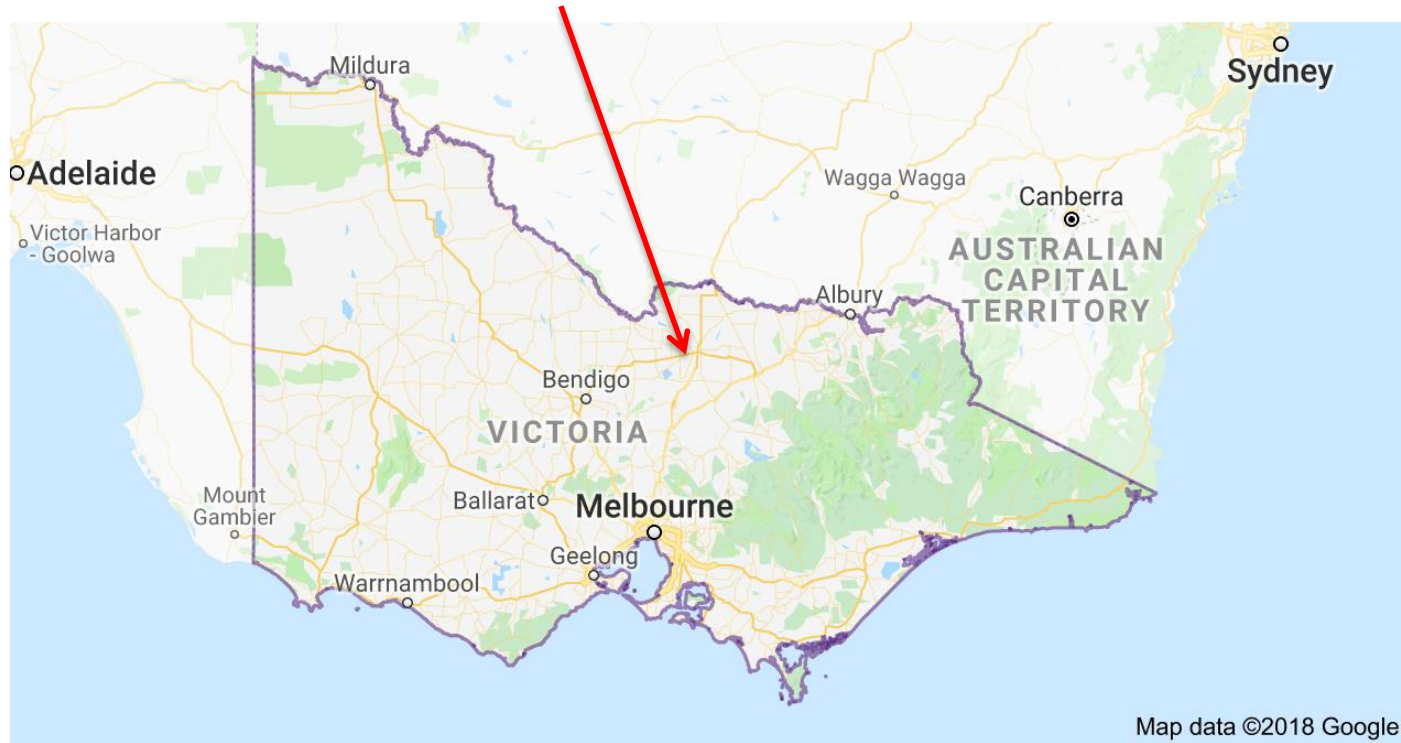
KYABRAM DISTRICT
HEALTH SERVICE

Primary Diabetes Care Centre

Wendy Pogue CDE RN Division 1

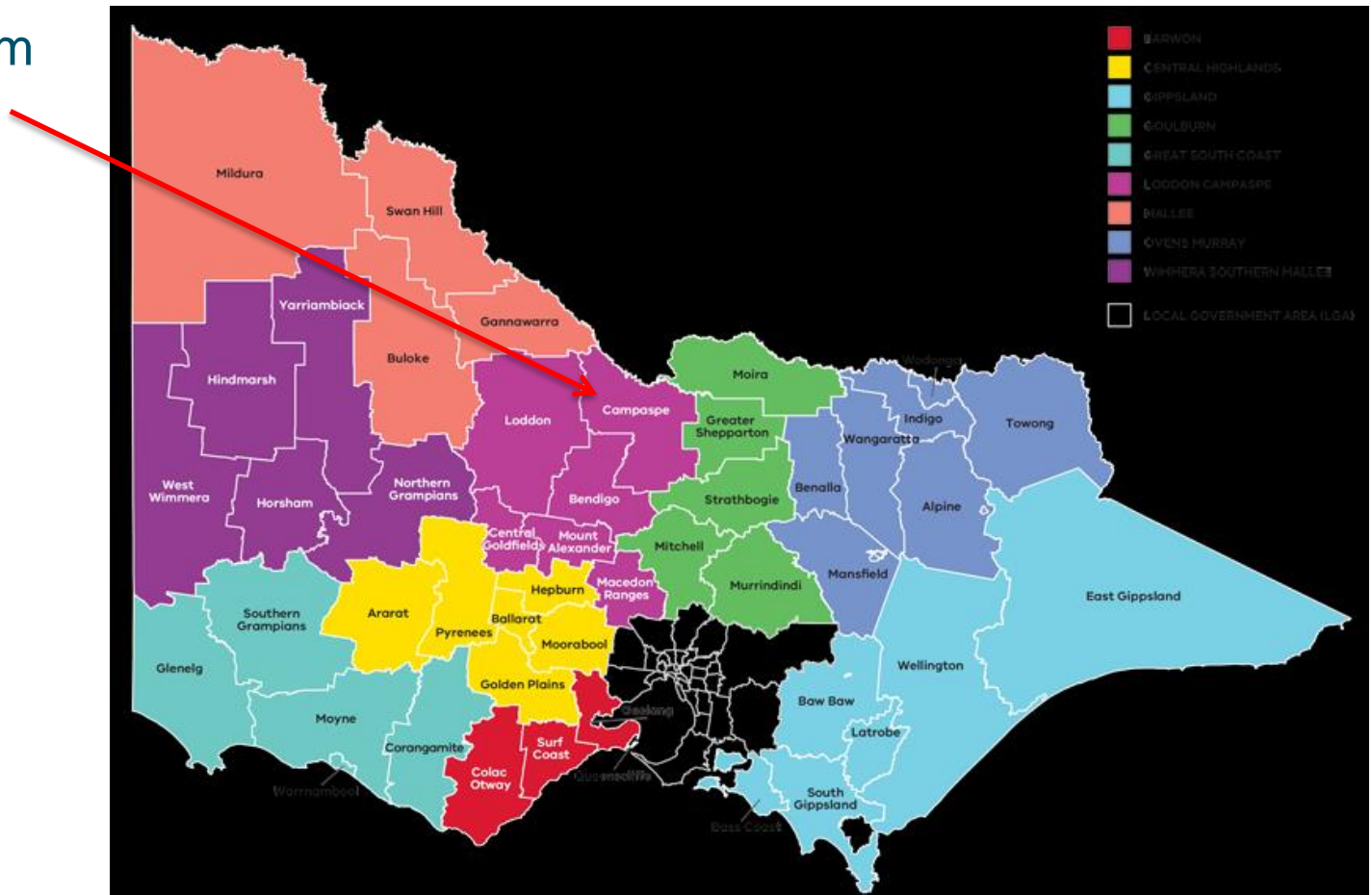


Kyabram District Health Service



Primary Diabetes Care Centre

- Kyabram Area



Kyabram Health Service

- **Acute Hospital:**
 - 28 beds: Medical and Surgical
 - Perioperative services – visiting surgeons
 - Urgent care
 - 3 Dialysis chairs
 - Oncology unit, Palliative care, TCP, DNS
 - Visiting Specialists

Kyabram Health Service

- **Primary Health:**
- Diabetes, Dietetics, Counselling, Asthma, Physiotherapy, Occupational Therapy
Cardiac Rehab, Speech Pathology, HP, Well Women's Clinic, NDIS, Aboriginal Health Liaison Officer, Early Childhood Intervention

Kyabram Health Service

- **Aged Care:** “continuing my life’s journey – my way”
- 30 high care beds
- 12 memory support beds



Primary Diabetes Care Centre

DIABETES TEAM

- Endocrinologist
- 3 CDE: 1 EFT/RN Div 1, 0.5 EP,
(CDE RN Div 1 seconded PHM)
- 2 Accredited Dietitians: 0.8 and 0.4
- Exercise Physiologist 0.4
- Social worker 0.6

Primary Diabetes Care Centre

- VISITING SERVICES:
 - Endocrinology: onsite / teleconferencing
 - Podiatry; Bendigo Rural Health Team
 - Ophthalmologists x 2
 - Cardiology
 - Hearing
 - Geriatric
- Renal/Nephrologist is Echuca or GVH

Primary Diabetes Care Centre

- Referrals from 2 main GP clinics
- Review inpatients and residential care
- Pre-diabetes lifestyle program;
Life! “helping prevent diabetes heart disease and stroke”
- MBS T2 Group Exercise
- Continuous Glucose Monitoring
- Telehealth with Endocrinologist

NADC Levels of Membership

- Centre of Excellence
- Tertiary Diabetes Care Centre
- Secondary Diabetes Care Centre
- **Primary Diabetes Care Centre**
- Pharmacy Diabetes Services
- Network Members

Primary Diabetes Care Centre

- NADC Initial interest 2015-16
- NADC financial member 2016
- NADC Accreditation completed 2017
 - feedback by assessor very helpful
- ANDA (Australian National Diabetes Audit)
 - completed 2017 and 2018

This certificate acknowledges that the

***Kyabram District
Health Service***

has successfully met the high standards
of NADC accreditation to be recognised as an:

Diabetes Care Centre

until 1st June 2021



Natalie Wischer

Chief Executive Officer - NADC



ANDA-AQSM 2018
Australian National Diabetes Audit - Australian Quality Self Management Audit

Section 1. Patient Demographics												
Medical Record No.						Site ID	1	5	0	Staff initials (optional)		
1.1 Date of birth	dd / mm / yy yy					1.2 Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female #FEMALE →		1.2.1 Currently pregnant	<input type="checkbox"/> No <input type="checkbox"/> Yes		
1.3 Date of visit	dd / mm / yy yy					1.4 Initial visit	<input type="checkbox"/> No <input type="checkbox"/> Yes		1.5 Aboriginal/Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes		
1.6 Interpreter required	<input type="checkbox"/> No <input type="checkbox"/> Yes					1.7 DVA patient	<input type="checkbox"/> No <input type="checkbox"/> Yes		1.8 NDSS member	<input type="checkbox"/> No <input type="checkbox"/> Yes		
1.9 Country of birth												
Section 2. Diabetes Type & Management & Lifestyle Issues												
2.1 Year of diagnosis				<input type="checkbox"/> Unknown		2.2 Type of diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> GDM <input type="checkbox"/> Don't know <input type="checkbox"/> Other					
2.3 Management method (Select one option)	<input type="checkbox"/> Diet only <input type="checkbox"/> Insulin & tablets <input type="checkbox"/> Insulin & tablets & injectables <input type="checkbox"/> Insulin #on INSULIN <input type="checkbox"/> <1yr <input type="checkbox"/> Tablets <input type="checkbox"/> Injectables & tablets <input type="checkbox"/> Insulin & injectables <input type="checkbox"/> Injectables 2.3.1 How long ago was insulin started? <input type="checkbox"/> 1-5yrs <input type="checkbox"/> >5yrs											
2.4 Physical activity sufficiency	<input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Sedentary											
2.5 Have you had a flu vaccination in the last 12 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes											
2.6 Have you had a pneumococcal vaccination in the last 12 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes											
2.7 Smoking status	<input type="checkbox"/> Current smoker → #CURRENT <input type="checkbox"/> Past smoker → #PAST <input type="checkbox"/> Never smoked			2.7.1 Have you tried to stop smoking?		<input type="checkbox"/> No <input type="checkbox"/> Yes		2.7.2 Which of the following methods did you use? (Select all that apply)				
							<input type="checkbox"/> Just stopped - no intervention <input type="checkbox"/> Nicotine replacement <input type="checkbox"/> Acupuncture <input type="checkbox"/> Medication <input type="checkbox"/> Hypnosis <input type="checkbox"/> Other					
2.8.1 Most recent HbA1c result (%)				<input type="checkbox"/> Not available		2.8.2 Most recent HbA1c result (mmol/mol)				<input type="checkbox"/> Not available		
Section 3. Medication Use						Section 4. Health Professional Attendances						
3.1 Do you ever forget to take your medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					Has the patient attended any of the following in the last 12 months?						
#YES → 3.1.1 How many times per week?												
3.2 Do you usually take all your medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					4.1 Podiatrist	<input type="checkbox"/> No <input type="checkbox"/> Yes		4.6 Diabetes Specialist	<input type="checkbox"/> No <input type="checkbox"/> Yes		
3.3 Do you sometimes stop taking your medications when you feel better?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					4.2 Diabetes Educator	<input type="checkbox"/> No <input type="checkbox"/> Yes		4.7 Ophthalmologist	<input type="checkbox"/> No <input type="checkbox"/> Yes		
3.4 Do you sometimes stop taking your medications when you feel worse?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					4.3 Dietitian	<input type="checkbox"/> No <input type="checkbox"/> Yes		4.8 Optometrist	<input type="checkbox"/> No <input type="checkbox"/> Yes		
3.5 Are you using a complementary therapy or dietary supplement or over the counter (OTC) Rx?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					4.4 Psychologist	<input type="checkbox"/> No <input type="checkbox"/> Yes		4.9 Dentist	<input type="checkbox"/> No <input type="checkbox"/> Yes		
#YES → 3.5.1 Have you told your doctor or educator about using complementary, dietary supplement or OTC Rx?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					4.5 Social Worker	<input type="checkbox"/> No <input type="checkbox"/> Yes		4.10 Exercise Physiologist	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Section 5. Patient Self Care Practices						Section 6A. BCD						
5.1 Do you have difficulties following your recommended diet?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					Over the last couple of weeks has the patient been:						
#YES → Do the following apply?												
5.1.1 I don't have enough time to prepare healthy meals	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					6A.1 Having restless or disturbed nights?	<input type="checkbox"/> No <input type="checkbox"/> Yes					
5.1.2 It costs too much to eat well	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					6A.2 Feeling unhappy or depressed?	<input type="checkbox"/> No <input type="checkbox"/> Yes					
5.1.3 I don't know what foods are best to eat	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					6A.3 Feeling unable to overcome difficulties?	<input type="checkbox"/> No <input type="checkbox"/> Yes					
5.1.4 I eat out a lot and find it hard to eat well	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					6A.4 Dissatisfied with their way of doing things?	<input type="checkbox"/> No <input type="checkbox"/> Yes					
5.1.5 If Type 1 - it is too hard to count carbs/weight food	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					Section 6B. Treatment						
5.2 Do you check your blood glucose level as often as recommended?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure of recommended testing					6B.1 Is the patient taking antidepressants?	<input type="checkbox"/> No <input type="checkbox"/> Yes					
5.3 If you are on injectables or insulin, do you rotate your injection site?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A					6B.2 Psych. treatment/counselling - past?	<input type="checkbox"/> No <input type="checkbox"/> Yes					
						6B.3 Psych. treatment/counselling - now?	<input type="checkbox"/> No <input type="checkbox"/> Yes					
Section 7. Quality of Life Assessment												
Part A: Self-assessment of health status												
7.1 Own health state rating (0-100)				<input type="checkbox"/> Did not complete		7.2 Screening Scale Q1	<input type="checkbox"/> Did not complete		} If Q1 or Q2 is ≥ 3, complete Part B			
					7.3 Screening Scale Q2	<input type="checkbox"/> Did not complete						
Part B: Diabetes Distress Scale 17 (complete if Screening Scale Q1 or Q2 is ≥ 3)												
7.4 DDS 17 questionnaire completed	<input type="checkbox"/> No <input type="checkbox"/> Yes			7.4.2 Emotional Burden (A)				7.4.4 Regimen-related Distress (C)				
#YES → 7.4.1 Total DDS 17 Score				7.4.3 Physician-related Distress (B)				7.4.5 Interpersonal Distress (D)				

Benefits of NADC membership

- Diabetes specific accreditation organisation
- Focus on review of own diabetes service
- Resources availability
- ANDA results: 200page data

Summary

- There is a level of NADC membership for all organisations providing diabetes care
- review the website
- consider accreditation
- consider ANDA (audit)

DIABETES:
Prevention is better than....

THE CLASS IS
PROGRESSING WELL AND ARE
STARTING TO SHOW THE USUAL
WITHDRAWAL SYMPTOMS FROM
BAD EATING HABITS

KY TOPS
NATIONAL AVERAGE
FOR DIABETES T-2



DIABETES EDUCATOR

*Janice
George*



KYABRAM DISTRICT
HEALTH SERVICE