



nadc

National Association
of Diabetes Centres

ACCREDITATION STANDARDS WORKBOOK

Accreditation 3.0 Version 2 2018

Overview of NADC Accreditation

NADC Diabetes Quality Improvement Accreditation

The NADC accreditation for diabetes services is the only accreditation of its kind to offer comprehensive diabetes-specific accreditation aimed at the improvement of quality and safety. The accreditation model is focused on a three-pronged approach combining governance, educational and clinical criteria. The objective of the NADC accreditation is to assist diabetes services to achieve quality consumer care through improved governance, service structure, and improved educational and clinical services.

Accreditation

Accreditation is one tool in a range of strategies that can be used to improve safety and quality in a health based organisation. It is a way of verifying:

- actions are being taken
- system data are being used to inform activity
- improvements are made in safety and quality

The NADC accreditation also aims to lift the standard of service delivered by services across Australia in an effort to meet key goals under the Australian National Diabetes Strategy 2016-2020. Namely, practices and procedures resulting in improved care, improved quality of life among people with diabetes, and a reduction in the prevalence of diabetes-related complications.

Applicability of the diabetes clinician Standards for Diabetes Services

The NADC Accreditation Standards (3rd edition) have been written for Diabetes Services of all models and sizes in Australia. One of the great strengths of diabetes care is its diversity. If your service provides diabetes care, even if it seems to have an unusual or unconventional structure, then these Standards are applicable.

The Standards also apply to primary healthcare services that are not specifically focused on diabetes care but which nevertheless provide diabetes care to a distinct community (eg. Aboriginal diabetes services, community health services, or mobile clinics caring for homeless people).

Overlap with other standards

Many NADC services are already accredited in their affiliation with a larger hospital, community health service or General Practice. There are deliberate synergies and overlap with existing accreditation systems such as the RACGP Standards for General Practice 4th edition and the National Safety and Quality Health Service (NSQHS) Standards (see Acknowledgements on pg.5).

Who needs to complete NADC accreditation?

The NADC defines a Diabetes Service as an organisation that provides diabetes care in a consumer centred, continuing, comprehensive and coordinated manner. The Accreditation Standards are wholly relevant to all services that meet this definition.

Service teams that complete accreditation will have their status updated to say 'Accredited NADC Service', which will be promoted on the NADC website, in NADC member lists, maps published on the website, and in information provided to other health professional organisations. Service teams that choose not to participate in accreditation will not be elevated to accredited status. The NADC accreditation process is expected to be a team effort, whereby the multidisciplinary team, work together to take a 360 degree look at the service, with a focus on quality improvement. NADC strongly urge that the application not be left to a single individual to complete.

Organisation's planning to apply for Centre of Excellence (COE) status are required to be accredited as a Tertiary Care Diabetes Service prior to being eligible to apply for COE status.

Benefits of NADC accreditation

There are wide-ranging benefits to achieving NADC accreditation. This includes, but is not limited to:

- **Status & Reputation** - NADC certification as a high-quality diabetes service
- **Recognition** - as a best practice service meeting stringent quality and safety standards
- **Knowledge-sharing** – ability to leverage knowledge from other accredited centres to improve service delivery and care
- **Quality Improvement** – be part of a broader goal to improve health services nation-wide by mentoring and educating smaller centres
- **Benchmarking** – opportunity to compare performance against peer services and to identify opportunities for improvement
- **Business Expansion** – opportunity to broaden your centre's reputation and consumer base
- **Service Improvement** – opportunity to utilise the evidence gained from the accreditation process to lobby for increased funding and resourcing in areas where your service can be enhanced

Continuous quality improvement approach

Quality Improvement is central to the NADC accreditation standards as it is integral for ensuring improved consumer health outcomes through reflective practice, evidence-based care, and best practice clinical care. There are many components to quality improvement including physical structure and process of an organisation, through to governance, leadership, education and training, and clinical care. Participation in the Australian National Diabetes Audit (ANDA) is encouraged as part of a service's quality improvement practice.

The NADC Standards require monitoring and improvement strategies to be put in place. This guide should be used in the context of the service's overall approach to quality improvement. **The NADC's Quality Improvement Plan must be submitted with the application.**

Information about quality improvement is included in Appendix 1 and at <http://nadc.net.au/quality-improvement/>

Timeframes for implementation

From the time of receipt of the NADC accreditation application package, organisations will have 2 months to complete the process. The due date for the applications will be specified in the email sent upon registration.

On successful completion against the revised Standards, organisation's will receive certification as an Accredited NADC Service (noting Tertiary, Secondary or Primary Care Diabetes Service level) for a period of **4 years**.

Important Note

Self-assessment against the Standards

To achieve accreditation, it is expected that your service could provide evidence to demonstrate how they have met each relevant indicator of the standards if audited by the NADC. A statement/ dot point is required for each indicator in the rationale column of the application to support how/why they've met an indicator or why that indicator is not applicable to their service

Accreditation is assessed on an honesty basis, however services are reminded that the NADC will conduct a random audit of selected services that will be required to provide evidence against a chosen section/criteria.

Services are also required to submit a Quality Improvement Plan outlining key areas for improvement. Please see further details under the Quality Improvement Plan section on page 4.

Indicators

To achieve accreditation, it is expected that all Tertiary level organisations will be able to meet most of the applicable criterion indicators.

Secondary and Primary Care Diabetes Services will be assessed against like-sized organisations and will also be reviewed against the type and level of services the organisation provides. This background information must be provided in the application form and in the **additional information documents** to be attached to the NADC accreditation application.

Non-applicable criteria or indicators

In some circumstances, an individual NADC Standard criterion or indicator may be considered non-applicable. 'Non-applicable actions' are those that are inappropriate in a specific service context or for which assessment would be meaningless.

There are two ways to classify indicators as non-applicable:

1. During the accreditation process, an individual service may consider an action to be non-applicable. A service can explain during their submission as to why this criterion or indicator is not applicable in the relevant box.
2. The NADC accreditation committee may consider there to be some non-applicable indicators for certain services. This will be dependent on the size, type and services provided by your organisation and will be considered in context to the background information provided with the application.

Approaches to meeting NADC Standards

Flexible standardisation

'Standardisation' is a fundamental concept in safety and quality and there is strong evidence that outcomes improve when standard processes are implemented. However the standardisation of any process must be designed to fit the context in which the organisation operates. Diabetes services vary widely and have different functions, sizes, locations, structures and service delivery models.

In considering how an organisation meets the NADC Standards, and the criterion, the assessors will consider the local context and the consumers it serves.

It is expected that common sense is used when reviewing the criteria and indicators. They are designed to allow organisations to meet those indicators that are applicable and appropriate only.

It is important that this accreditation process is a collaborative process and has input from a range of staff involved in the delivery and support services provided by the organisation.

Rationale section

Services are to provide a brief statement/ dot point in the rationale column of the application to assist the reviewers to understand how/why the services has met an indicator or why that indicator is not applicable to their service. The comments should be brief in nature but assist the reviewer to understand the context of your service.

Assessment and rating scale

The NADC Accreditation committee will assess all applications for achievement of meeting each of the criteria. The final two outcomes of each assessment are:

- **Satisfactorily met**—the relevant indicators required have been achieved.
- **Not met**—the required indicators have not been achieved.

The NADC will contact and discuss any criteria and indicators that are believed to be 'Not met' and that are critical to being eligible for achievement of NADC Accreditation with the organisation's key contact. This discussion will be to clarify the organisation's background, services and reason for not meeting the indicators.

It is expected that a Quality Improvement Plan will be submitted at the time of application, outlining an action plan to address all 'not met' criteria.

The assessor may agree that the not-met criterion/criteria are appropriate to be not applicable or may negotiate with the service an appropriate action plan and timeline for achieving the required criterion if it is felt that it should be met. If the required actions are not met within the agreed timeline, a 'not met' will be recorded and the organisation will not be elevated to the status of an 'Accredited NADC Service' until such time as a second application is received and the required criterion are met.

Any criterion that the applicant deems as 'partially met' will also need to be addressed in the Quality Improvement Plan and submitted at the time of application.

Additional Information Required with your application

Attach the following documents:

a) Application form

- The application form includes a criteria and indicator checklist as well as additional questions about the service, its contribution to research, clinical services provided, health professional education and integrated care.

b) Organisational structure chart or similar document describing the Diabetes Service (please refer to attached examples):

- This document may be detailed if your centre is a Tertiary Care Diabetes

Service or more organisational if a Secondary Care or Primary Care Diabetes Service. Please indicate all linkages within and external to the organisation where relevant to the Service's functioning

- **Please provide the diabetes service's organisational chart – not the organisational chart for the entire organisation.** Whilst the greater organisational information is beneficial, the assessors are looking to observe the integration and collaboration between the diabetes multidisciplinary team specifically, and the structure of the diabetes service.
- Attach a PDF copy to your application
- If you require an example of an organisational structure, please click on the following link: <http://nadc.net.au/accreditation/>

c) Timetable of weekly clinics or similar documents:

- Attach timetables etc. that indicate the weekly or monthly timetable of events at the Service. If you are a Primary Care Diabetes Service, this is not expected to be very detailed.
- Examples of timetables can be downloaded from the NADC website and accessed via the following link or typing in: <http://nadc.net.au/accreditation/>
- Attach a PDF copy to your application

d) A Quality Improvement Plan:

A quality improvement plan is to be developed after completion of the application form with an indication of existing Quality Improvement activities in addition to any further requirements identified through this process. This should include details of timelines and responsible person.

It is expected that at the completion of this process, a list of action areas will have arisen that would lead to service improvement. Each service must complete the Quality Improvement Plan and execute actions documented in the plan within the timeframes outlined on the Quality Improvement Plan template. The action items and stated priority levels will be reviewed by the NADC surveyor to ensure these are appropriate. If they are felt to not be appropriately defined, the organisation will be contacted by the NADC to discuss these further. Where High Priority action items have been identified by either the organisation or the surveyor, the NADC will follow up with services to ensure implementation of these has been undertaken. If organisation action items, in consultation with the assessor, are felt to have not been met within an appropriate timeframe, accreditation may be withdrawn.

The length and type of items included in the Quality Improvement Plan will vary depending on the size, services and staffing of the Service, but it is expected that even Primary Care Diabetes Services will identify areas for improvement.

- Quality Improvement plans will only be accepted on the NADC Accreditation Quality Improvement template which can be downloaded from the NADC website and accessed via the following link or typing in: <http://nadc.net.au/accreditation/>
- Attach a PDF copy to your application

Saving Attachments

All completed documents are to be typed. **No handwritten applications will be accepted.**

Completed forms need to be saved using the following document naming protocol:

Organisational NADC number (as per original email sent to your organisation upon registration for NADC accreditation) followed by “attachment 1”

i.e. 501-Attachment-1

Need Help?

Any questions about the application process can be emailed to: admin@nadc.net.au – please place in the subject line “question about accreditation”

Acknowledgements:

- The RACGP Standards for General Practices (4th edition)
<http://www.racgp.org.au/your-practice/standards/standards4thedition/>
- National Safety and Quality Health Service Standards – September 2012
<https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

All attachments are to be attached to one email and sent with the subject of the email headed ‘*organisation’s name - completed NADC Accreditation Application*’ to admin@nadc.net.au

FINAL CHECKLIST

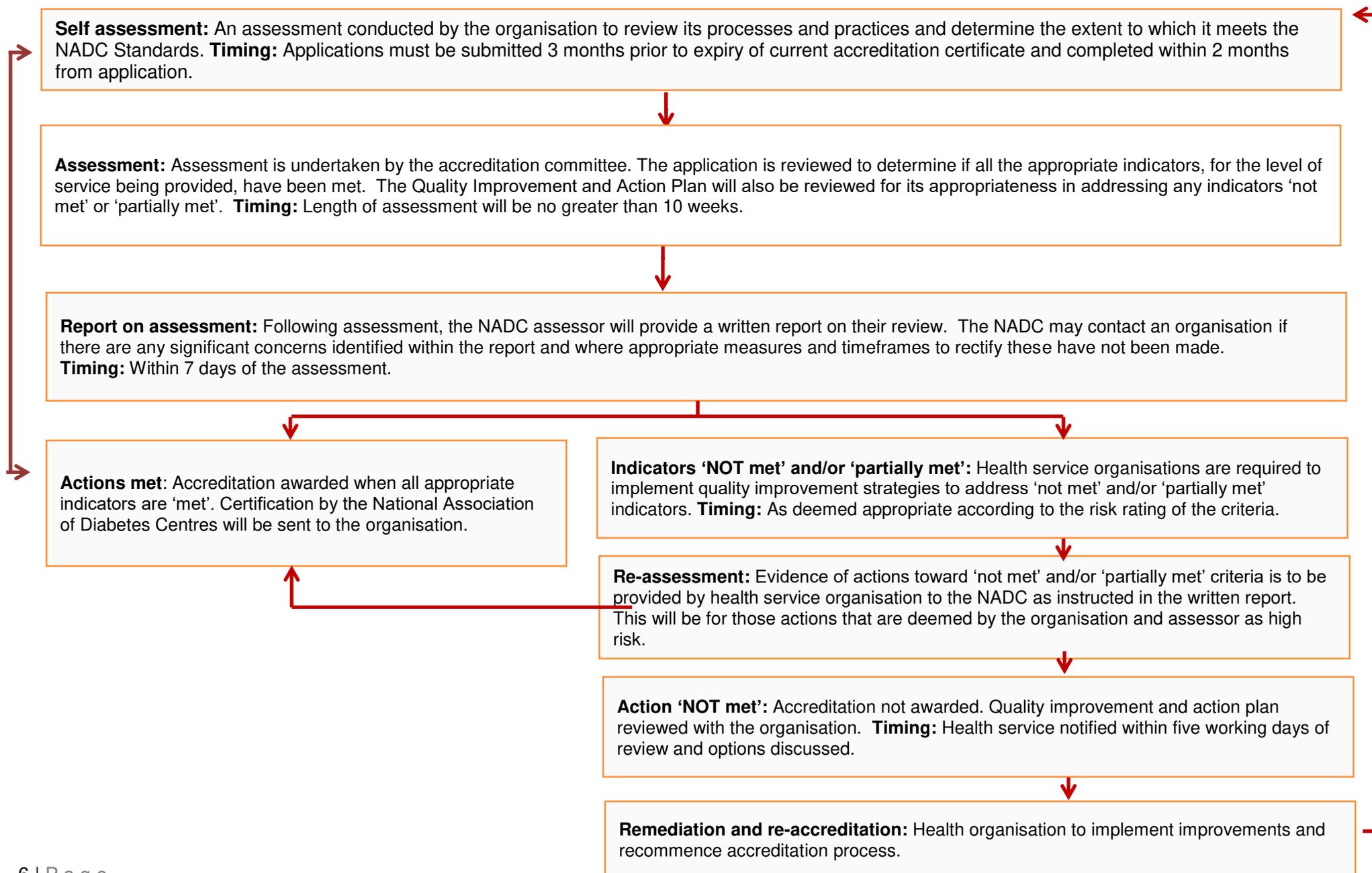
Ensure the following are attached to your application and that all attachments are saved with the organisation’s name.

1. Accreditation application
2. Organisational Structure
3. Timetable of clinics
4. Quality Improvement Plan

- **All attachments are to be sent in one email and with the subject of the email headed ‘*organisation’s name*’ completed Accreditation Application’ to admin@nadc.net.au**

i.e. Yerring Hospital-Completed Accreditation Application

THE ACCREDITATION PROCESS



How to use this Workbook

This workbook is designed for three levels of NADC services; Tertiary, Secondary and Primary Care Diabetes Service members. It will help services to review their safety and quality systems and make notes about what actions need to be taken to meet the indicators.

To fully support the quality improvement process, organisations are required to download and use the NADC Quality Improvement plan found at: <http://nadc.net.au/accreditation>.

Structure of the workbook

For each standard there is:

- A brief summary of the criteria
- Indicators for each criterion
- Key points

Use the “Notes/Action required” area to make observations on what your organisation needs to do to meet the criteria.

This information workbook is NOT submitted to NADC but is to be used as a tool to assist the review of your organisation.

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Section 1 Healthcare improvement

Standard 1.1. Diagnosis and treatment

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.1.1 Evidence based care Our service can demonstrate evidence-based diagnosis and treatment of consumers.	A. Our service has preventive health programs in place to encourage diagnosis and early detection of diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our clinical team can list which clinical guidelines they use to assist in the diagnosis of diabetes. These are consistent with current national guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service team can demonstrate clinical practice guidelines used in the management of consumers. This may include but is not limited to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• hypoglycaemia and hyperglycaemia management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• sick day management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• diabetes inpatient management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• pre and post-surgery management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• insulin initiation and insulin titration management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- A commitment to the use of nationally approved clinical guidelines for the diagnosis of consumers
- A commitment to the use of approved clinical practice guidelines for the management and treatment of consumers
- Commitment to a consistent and high-quality approach to diagnosis and treatment of consumers

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.1.2 Multidisciplinary care Our service can demonstrate a commitment to multidisciplinary care for our consumers.	A. Our service team is committed to striving to offer comprehensive multidisciplinary care to our consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service team, can demonstrate services including:					
	• endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• diabetes educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• dietetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• podiatry and high-risk foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• pre-pregnancy and pregnancy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• pump education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• continuous glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• psychological and/or psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Where any of the above services cannot be provided under one roof, clinical staff refer consumers to relevant external services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Routine availability of an on-site diabetes nurse educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Explanation & Information for Consideration

Key points:

- A commitment to a multidisciplinary approach to consumer care involving relevant healthcare professionals
- A commitment to providing all essential services in-house where possible
- A commitment to ensuring that consumers can access necessary services even if these are not provided at the service

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.1.3 Medication management Our service is committed to ensuring the safe prescribing and storage of medication	A. Our service team can demonstrate how clinical staff are kept up-to-date about new and available medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service team can demonstrate how medication is prescribed to consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service team can demonstrate that health risks and considerations are taken into account when prescribing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service team can demonstrate appropriate storage processes and facilities are in place to ensure the safe storage of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- A commitment for staff to be up-to-date on new medication available
- Clear commitment for staff to communicate to consumers, new and available medication
- A consumer-centred approach to the prescription of medication. All necessary health risks should be factored in during the prescription of medication
- A commitment to the safe storage and management of all medications onsite

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.1.4 Consumer rights and privacy Our service is committed to ensuring the dignity and privacy of all our consumers.	A. Our service layout and consultation rooms are conducive to upholding consumer privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service has processes in place to assist and support consumers who may feel uncomfortable or vulnerable during a consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service team can demonstrate that privacy and confidentiality of all consumers is maintained at all times during and after a consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- A clear commitment to upholding and enhancing consumer privacy at the service
- A clear commitment to promoting and upholding consumer rights during consultations
- Processes in place to ensure rights of consumers are maintained and promoted at the service

Standard 1.2. Promotion of consumer self-management

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.2.1 Contribution to health improvement through consumer empowerment Our service is committed to providing education and support to consumers so they are better able to manage their diabetes and achieve target health outcomes.	A. Our service team provides education to consumers on how to manage their diabetes through:					
	• Face-to-face consultations by clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Self-management programs for consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Group education programs for consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Group education programs for relatives/family/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Group education programs for service providers (GPs, schools, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Education programs are evaluated for quality improvement through:					
	• The documentation of sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• The assessment of sessions for attendee feedback and satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• The use of feedback for improvement of education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Education sessions are provided to consumers by staff with relevant qualifications according to position descriptions and professional registration bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service team can demonstrate support provided to consumers to improve their wellbeing. This may include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	- referral to diabetes support groups					
- referral to a counsellor or psychologist						
E. Our service can demonstrate shared decision-making with the person with diabetes/family/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Explanation & Information for Consideration

Key points:

- Consumer empowerment through education and involved decision-making is essential for achieving improved health outcomes
- Quality of care stretches beyond the clinical, and involves the overall wellbeing of a consumer
- Enhancing consumer engagement assists in the improvement of quality care and improved health outcomes

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.2.2 Improved Consumer Health Literacy Our service provides consumers with verbal and written information that is easy-to-understand and interpret to increase consumer empowerment and self-management.	A. Our service team can demonstrate resources available to consumers discussing important health care information and these resources have been tested and validated, being factually accurate and meeting readability criteria. These may include but is not limited to: - health information brochures - online information on our website - links to information via other healthcare organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Resources are published in language that is easy-to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Resources are published in languages reflective of the culturally diverse backgrounds of consumers attending the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service staff have a list of contact details for interpreters and other communication services for consumers who do not speak the primary language of English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Our service staff provide information about services for consumers with hearing and visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F. Staff assist consumers who are visually impaired to source appropriate equipment to enable them to manage their diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	G. Staff ask consumers if they understand verbal and/or written information supplied to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Health literacy is essential for achieving quality consumer health outcomes
- A consumer’s ability to understand and interpret information is essential for consumer empowerment and confidence
- Empowerment and confidence are essential in assisting a consumer to self-manage their disease

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.2.3 Consumer Reminders Our service provides consumers with systematic and timely consumer reminders	A. Systematic and timely delivery of consumer reminders to attend clinic appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Systematic and timely delivery of consumer reminders to attend allied health and specialist appointments (i.e. podiatrist, ophthalmologist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Systematic and timely delivery of consumer reminders to obtain specific tests (i.e. lipids, HbA1c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Processes in place to ensure systematic and timely consumer reminders to attend appointments and obtain specific tests

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.2.4 Individualised Consumer Care Our service provides individualised consumer care	A. Protocol in place for assessing consumer preferences, readiness to change and self-management factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Delivery of individualised consumer education tailored to specific consumer factors (i.e. consumer preferences, readiness to change and self-management factors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Individualised consumer care is essential for achieving quality consumer health outcomes
- Processes in place to ensure consumer care is individualised

Standard 1.3. Improved consumer health outcomes

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.3.1 Demonstrated activities to achieve desired health targets Our service has clear health plans and targets for each consumer.	A. Our clinical staff discuss clear goals and care planning with each consumer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our clinical staff conduct in-house specialist assessments for consumers including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Nerve function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Pathology for HbA1c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Testing of kidney function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Geriatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our clinical team can demonstrate how and when referrals are made for consumers to external complications assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Our clinical team can demonstrate how we minimise avoidable presentations and/or hospitalisations including the provision of consumer information about what to do in the case of an issue after hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. A protocol is in place for tracking changes in outcomes over time in individual consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Explanation & Information for Consideration

Key points:

- Services should have care plans, goals and targets for all consumers
- Clinical staff are encouraged to communicate these goals with their consumers
- Service teams are required to demonstrate how they actively engaged in preventing diabetes-related complications in consumers
- Services should have processes in place to ensure that consumers are receiving the best care and support possible to prevent avoidable healthcare problems. This can include care after normal business hours

Standard 1.4. Integrated care

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.4.1 Engagement with other services Our service engages with a range of health services to ensure consumers receive optimal care.	A. Our clinical team can demonstrate how we plan and coordinate comprehensive care by our interaction with other services such as:					
	• primary healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• diabetes services including: - diagnostic services - hospitals and - specialist consultant services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• allied health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• disability and community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• health promotion and public health services and programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• services providing care outside normal opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our clinical team can demonstrate how referrals are made with relevant external services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our clinical team can demonstrate how consumer health records are accessed and updated by relevant treating clinicians internal and external to the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Our clinical team can demonstrate how they communicate on a regular basis with a consumer's relevant healthcare provider(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Explanation & Information for Consideration

Key points:

- Engagement with other services is an important aspect of high quality healthcare
- Partnerships with other healthcare services ensures that consumers are receiving comprehensive care
- Clinical teams are encouraged to communicate about a consumer's care with relevant external healthcare providers on a regular basis to ensure consistent care

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.4.2 Continuity of comprehensive care Our service provides continuity of comprehensive care to consumers, which involves shared care and accurate and timely clinical handovers.	A. Our service staff can demonstrate continuity of care through processes including:					
	• shared care among clinical staff within our service including between the:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	- treating clinician and					
	- other specialist staff					
	• shared care among clinical staff external to our service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• shared documentation and information among clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• accurate and timely handovers between clinical staff involved in a consumer's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Staff can demonstrate that team meetings are held regularly among the service's healthcare staff about individual consumers and with external staff where necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Our service staff can demonstrate that medical care plans are provided to all treating clinicians where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Our staff can describe consumer preference for requesting a preferred diabetes clinician when making an appointment or attending our service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Explanation & Information for Consideration

Key points:

- Clinical handover of consumer care occurs frequently both with the service as well as among external healthcare providers
- Failure or inadequate transfer of care is a major risk to consumer safety and a common cause of serious adverse consumer outcomes. Inadequate handover can also lead to delayed treatment, delayed follow up of significant test results, unnecessary repeat of tests, medication errors and increased risk of medico legal action
- Consumer health records are updated regularly and are accessible by all healthcare providers both internal and external to the service

Standard 1.5. Decision Support

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 1.5.1 Clinician Reminders Our service ensures systematic guideline-	A. Our service has a system in place to provide guideline-based reminders to clinicians when seeing consumers to ensure recommended processes of care are up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
based reminders are provided to clinicians	B. Our service has a system in place to provide guideline-based reminders to clinicians when seeing consumers to ensure age-appropriate preventative services are up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service has a system in place to provide guideline-based reminders to clinicians when seeing consumers to ensure age-appropriate risk assessments are up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service has a system in place to provide guideline-based reminders to clinicians when seeing consumers to provide lifestyle counselling (i.e. smoking cessation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Guideline based reminders aid clinicians to assist consumers to achieve optimal health status
- Services should have processes in place to ensure that consumers are receiving the best care and support possible to prevent avoidable healthcare problems

Section 2 Governance and processes

Standard 2.1. Service structure and management

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 2.1.1 Organisational Structure Our service has a clear organisational structure and accountability processes to ensure safety and quality.	A. Our service staff can demonstrate a clear organisational structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service staff can demonstrate clear reporting lines within the organisational structure and clear delineation of roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. The service's organisational structure is clearly communicated to and followed by all staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- A clearly defined organisational structure is essential for achieving high quality care
- Services are encouraged to have a strong organisational structure in place which is communicated to and followed by all staff
- All staff should have a strong understanding of roles and responsibilities within the service

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 2.1.2 Leadership and accountability Our service has a strong clinical leadership team who demonstrate leadership and accountability.	A. Our service team can demonstrate the presence of a strong clinical leadership team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service team can outline the roles and responsibilities of each member of the clinical leadership team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Service staff can demonstrate that the clinical leadership team is responsible for maintaining high standards of care and practise within the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Service staff can demonstrate how the clinical leadership team have driven safety and quality improvement at the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Services are encouraged to have a strong leadership team who are responsible for driving high standards and encouraging quality improvement within the service
- The leadership team should maintain clear authority which should be communicated to staff
- The leadership team should have clear roles of accountability to ensure complaints and mistakes are managed quickly and appropriately

Standard 2.2. Service Communication

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 2.2.1 Information about the service	A. Our service's opening hours, location details, services, and contact information is clearly visible and accessible to consumers. This may be achieved through, but not limited to:					

Criterion 2.2.2 Our service is committed to providing pro-active and comprehensive information to consumers about the service.	<ul style="list-style-type: none"> information on the website 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> information in the waiting room 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> information in consumer hand-outs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> information recorded on the after-hours telephone voice message 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> information on social media 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Information about how to access the service and its services is clearly communicated to consumers (i.e. if a referral is required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Information about the service is regularly updated where and when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Information about planned and/or unexpected closures is communicated to consumers such as public holiday closures, renovations, relocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Consumer information is available in languages reflective of the service's consumer demographic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F. The service provides an interactive website for consumers which includes information regarding clinic availability, services and contact details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. The service has the availability of multiple modes of communication between consumers and the clinic (i.e. telephone, paper-based mail, SMS, fax, email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Explanation & Information for Consideration

Key points:

- Communication is essential for achieving quality care and ensuring consumers are well-informed about the service's services
- Services are encouraged to display service information via a range of methods including digital, brochures, telephone, etc.
- Services are encouraged to provide communication in a way that is easy to understand by all consumers using the service. This may include the translation of consumer information where required
- Opening hours and information about the service's services should be easily accessible by all consumers

Section 3 Management of quality and safety

Standard 3.1. Risk mitigation

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.1.1 Risk mitigation processes Our service has clinical risk mitigation strategies and protocols in place to ensure consumer safety and care.	A. Our clinical team can demonstrate guidelines in place for identifying, reporting and handling clinical near misses and mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our clinical team can demonstrate the system(s) in place for documenting and assessing clinical near misses and mistakes. This may include but is not limited to: <ul style="list-style-type: none"> - digital/online reporting systems - a form for reporting incidents - a form for assessment, follow up and evaluation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service can demonstrate clear reporting lines and accountability for the management of all incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service staff can demonstrate examples of improvements made following learnings from incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Our clinical team can demonstrate how we ensure that medicines (including samples and diabetes consumables) are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and jurisdictional requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Services are encouraged to have clear and robust risk management processes in place for the identification, reporting and management of incidents at the service
- Services should have clear processes in place to manage misconduct and mistakes as they arise
- Services are encouraged to implement improvement strategies and to learn from mistakes

Standard 3.2. Infection control

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.2.1 Mitigation of infection related incidents Our service has clear processes in place to ensure a clean and sterile environment along with processes to ensure a high standard of infection control.	A. Our service has a written, service specific policy that outlines our infection control processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service team can demonstrate how these documents are promoted and made available to staff, consumers and carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Service staff can demonstrate how risks of potential cross-infection within our service are prevented and managed including procedures for:					
	• service cleaning and sterilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• hand hygiene of staff and consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• safe storage and disposal of clinical waste including sharps and items containing blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• managing blood and body fluid spills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Our service staff can demonstrate the promotion and practice of hand hygiene. This may include but is not limited to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- The promotion of hand hygiene at the service through posters and notices						
- The presence of hand sanitisers at various staff and consumer areas						
- Hand hygiene information recorded on telephone voice messages						

Explanation & Information for Consideration

Key points:

- Infection control is essential for ensuring a safe service for both staff and consumers
- Services should have clear infection control standards and processes in place
- These documents should be made available to staff and staff should be encouraged to promote and execute good hygiene practices

Standard 3.3. Quality improvement and innovation

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.3.1 Quality improvement practices Our service is committed to quality improvement and has relevant practices in place.	A. Our service team use relevant consumer and service data, evaluations and feedback, for quality and performance improvement (e.g. Improvement of access, chronic disease management, preventive health).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service staff can demonstrate how evaluations of programs, services and guidelines are conducted for quality improvement purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service has participated in ANDA audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service team can demonstrate how ANDA data have been used to improve services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Our service team can demonstrate improvements made in response to analysis of audits, evaluations and consumer feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F. Our service team can demonstrate how information about quality improvement and consumer safety is shared among staff. This may include but is not limited to:					
	<ul style="list-style-type: none"> • internal communications including newsletter, online information, reports • presentations at team meetings • award programs to encourage quality improvement 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Services are encouraged to have quality improvement programs in place
- Achieving improvements requires the collaborative effort of the service team and all members of the team should feel empowered to contribute
- Consumer feedback is essential for achieving quality improvement and services should have feedback systems in place
- Resources for NADC services: <http://nadc.net.au/quality-improvement/>

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.3.2 Innovation programs All staff at our service are committed to improving services and care through innovation.	A. Our service staff can demonstrate programs in place to encourage staff to innovate for quality improvement purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Staff at the service can demonstrate that all staff are encouraged to participate in improvement and innovation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service staff can demonstrate how innovation has improved services and/or consumer care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Innovation is at the heart of quality improvement
- Innovation can be a small idea or a large idea involving significant funding – all ideas contributing to improvement should be encouraged
- Services are encouraged to have innovation programs and activities in place to encourage all staff to contribute to innovative change

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.3.3 Technology Our service enhances processes and care through technological advancements.	A. Our service team can demonstrate information technology systems used for the benefit of consumers and staff. This may include but is not limited to:					
	• Use of video conferencing between healthcare professionals and for consumer consultations where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• Use of computer based information systems to inform consumers and staff including the web, computer software for internal staff communication, social media, apps, other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service staff can demonstrate how they are trained in new technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Staff provide advice and assistance to consumers where appropriate, about new electronic equipment that may assist in managing their diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	D. Our service maintains electronic medical records for all consumers*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Our service has a system in place to facilitate electronic reporting of blood glucose values by consumers (via SMS, internet or fax)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Technology is empowering consumers to better manage their disease
- Services are encouraged to embrace new technology both within the service as well as recommending technologies that may assist consumers at home
- Appropriate training should be provided to staff when new technology is introduced at the service

*Aspirational / Developmental indicator

Standard 3.4. Education and training

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.4.1 Qualifications and professional development of staff Our service is committed to providing consumers with access to highly skilled professional staff.	A. Our clinical team can provide evidence of appropriate current national diabetes registration and other relevant clinical qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our allied health staff possess relevant diabetes qualifications and this can be demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service staff can demonstrate that all administrative and support staff are appropriately qualified, holding qualifications relative to their job description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service can provide evidence of staff development programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Clinicians must be suitably qualified and trained and maintain the necessary knowledge and skills to provide high-quality clinical care
- Services are encouraged to ensure that all members of the multi-disciplinary clinical team are trained in diabetes care
- Staff development is essential for maintaining a high standard of consumer care

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.4.2 HR management of staff qualifications Our service ensures strong staff performance management to ensure a high standard of care and service delivery.	A. Our service team can demonstrate that it has a system for checking that staff are appropriately qualified and registered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service has clear HR policies in place for the performance management of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service team can demonstrate that all staff have clear position descriptions and roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service team can demonstrate the induction process that all staff undergo prior to undertaking work at the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Services are encouraged to have induction processes in place to ensure staff are aware of expectations, requirements and standards
- Services should maintain robust recruitment processes to ensure only the most suitable and highly-trained staff are recruited for positions
- Staff play a significant role in achieving a high standard of service delivery and HR processes should enable the recognition of good performance, as well as poor performance

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.4.3 Participation in knowledge-sharing Our service contributes to knowledge-sharing between other services in an effort to improve the overall skill-base and standards of diabetes services.	A. We can demonstrate how collaboration is practised between staff within our service. This may include but is not limited to: <ul style="list-style-type: none"> - Sharing of 'lessons learnt' at team meetings - Documented updates and staff information resources - Presentations delivered to staff 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. We can demonstrate how we collaborate with healthcare staff at external services. This may include but is not limited to: <ul style="list-style-type: none"> - The sharing of information - The sharing of resources - Hosting of other services at education and training programs run by our service - Attendance by our service staff at external education and training programs offered by other services 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	C. Our service staff can provide examples of information that has been contributed to the NADC's resource repository for knowledge-sharing purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Explanation & Information for Consideration

Key points:

- Knowledge-sharing is important for achieving improved health care performance
- Consumer health outcomes can be improved through greater sharing of expert knowledge, information, resources
- Knowledge sharing can involve the exchange of information among staff within a diabetes service or among staff at affiliated service(s)
- This can involve direct training of staff, consultative collaboration and guidance, mentoring, or the exchange of resource materials

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 3.4.4 Education programs Our service provides a range of education programs to consumers, family, carers and industry.	A. Our service staff can demonstrate education programs provided to consumers. This may include but is not limited to: - What is diabetes? - Carbohydrate counting - Management of insulin and titration - Hypoglycaemia management - Sick day management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service staff can demonstrate education programs offered to a consumer's family, carers, or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our service staff can demonstrate that education and other programs are developed in consultation with the target audiences e.g. consumers, people with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Where a service is unable to provide education programs in-house, clinical staff can demonstrate what external services consumers and their family and friends are referred to, and what information is provide to ensure ease of accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Our service staff can demonstrate how they are involved in educating various communities about diabetes i.e. - Local schools - Local child care centres - Local sports clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Education is at the service of quality improvement and consumer empowerment
- Services are encouraged to look beyond the consumer and to also provide education and support services to a consumer's family, carers and friends
- Services are encouraged to provide education programs in-house
- Where a service is unable to resource in-house education programs, staff should ensure that consumers and their family and friends are referred to relevant external services and provided with their contact details

Section 4 Service management

Standard 4.1. Safety and welfare of staff, consumers and visitors

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 4.1.1 Occupational health and safety (OH&S) Our service has strategies and processes in place to ensure a safe work environment for staff.	A. At least two members of the service team are present during normal opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service can demonstrate OH&S policies and processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. We can demonstrate how OH&S policies and procedures are communicated to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. We can demonstrate the presence of at least one OH&S representative at the service to manage OH&S matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Our service staff can demonstrate incident reporting processes used to identify, report and investigate any OH&S incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Safety and wellbeing of service staff is a priority
- All services should have clear OH&S policies and procedures in place
- All OH&S requirements should be clearly communicated to staff to prevent incidents
- Any OH&S incidents should be reported and investigated via a thorough reporting process

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 4.1.2 Management of clinical appointments Our clinical team is committed to ensuring timely, appropriate and efficient care.	A. Our service team can demonstrate a standard of time allocated for consumer consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service team can demonstrate how complex cases or consumers requiring longer appointments are managed to avoid inconveniencing other consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Our administrative team can demonstrate processes in place to support the clinical team in meeting consumer needs while preventing inconvenience to other consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service team can demonstrate how urgent cases are prioritised and managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Our service team can demonstrate how appointments are booked and managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F. Our service has a process in place for pre-visit planning for all appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	G. Our service has a process in place for after-visit follow up (i.e. received care with a consultant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	H. Our service has a process in place for following up with consumers for missed appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Consumer care is of primary concern with respect to safety and quality in healthcare
- Service teams are encouraged to promote the consumer experience to ensure a high standard of service delivery
- Service teams are encouraged to have strategies in place to manage urgent & complex cases to minimise the impact and inconvenience of other consumers

Standard 4.2. Records management

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 4.2.1 Business records All business documents are updated regularly and kept securely.	A. Our service staff can demonstrate that all business documents including HR forms, strategies, business plans etc. are regularly updated and made available to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Service strategic plans and other documents of relevance, are accessible to clients for transparency purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. All documents containing sensitive business information are stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Services are encouraged to have clear strategic plans and business management documents in place
- Services are encouraged to make strategic plans and other relevant documents accessible to staff and clients where appropriate
- All sensitive business information should be stored securely

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 4.2.2 Clinical records and consumer information Our service keeps comprehensive clinical records on each consumer and all records are kept secure.	A. Our service maintains a registry of all consumers with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service staff can demonstrate that all consumers attending the service have a comprehensive consumer record, which is updated regularly by the treating clinician/team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. We can demonstrate that consumer health records are updated and contain recommended management plan(s) and, where appropriate, expected process of review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 4.2.3 Results management Our service has a system in place to flag abnormal results	A. Our service has a system in place for alerting clinicians to abnormal test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service has a procedure in place for arranging follow up with consumers for abnormal test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Services should ensure that all consumer health information is assessed appropriately and in a timely manner

Standard 4.3. Service maintenance

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 4.3.1 Cleaning and maintenance A high standard of cleanliness and hygiene is maintained at the service, along with maintenance of the outside grounds.	A. Our service staff can demonstrate a roster and cleaning protocol for maintaining the cleanliness of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. We can demonstrate how frequently rooms and clinical equipment are cleaned/ maintained and how this is conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. We can demonstrate that all clinical areas are kept hygienic and sterile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service staff can demonstrate that all outside grounds are maintained by gardeners or grounds staff, and that walkways are kept clear of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Cleanliness is essential for ensuring a high standard of care and a vibe at the service that is conducive to consumer wellness
- Services are encouraged to have protocols in place for the cleaning and maintenance of service rooms and equipment
- Services are encouraged to practice good hygiene practices and to ensure that all clinical equipment is sterilised

Criterion	Indicators	Met (Yes)	Not Met (No)	N/A	Partially Met	Notes / Actions Required
Criterion 4.3.2 Service and replacement of equipment Our service is committed to providing equipment that is regularly serviced and replaced if required.	A. Our service staff can demonstrate the policy for maintaining clinical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Our service staff can demonstrate how frequently clinical equipment is calibrated and tested to ensure it is working according to manufacturer guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. A log book for the service and maintenance of all clinical equipment (where relevant) can be demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Our service team can demonstrate a budget for the maintenance of clinical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E. Our service team can demonstrate process and decision-making around the purchase of new equipment or replacement equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explanation & Information for Consideration

Key points:

- Services are encouraged to regularly service and maintain relevant clinical equipment
- Services are encouraged to ensure that clinical equipment is calibrated and working according to manufacturer specifications
- Services are encouraged to test equipment regularly and to replace/service faulty equipment where required.

