Centres of Excellence Criteria 2019

Background

The National Association of Diabetes Centres (NADC) Centres of Excellence (COE) Accreditation Program offers a robust national standard for NADC member diabetes services across Australia to demonstrate they operate as Centres of Excellence in diabetes care. Centres of Excellence in diabetes care are services that not only maintain the highest standards of diabetes care in Australia, but also influence and drive quality improvement in diabetes care on a national and international scale.

The Centres of Excellence standards are underpinned by the principles of chronic disease management. These include a multidisciplinary approach with an effective system of service delivery, integration and co-ordination of care between different services and service providers. A Centre of Excellence promotes self-management, evidence-based decision making and clinical information systems, with the focus being on proactive maintenance of good health and complication prevention. Diabetes Centres of Excellence also actively bridge the gap between the acute care hospital system and the care provided by primary care and community services, and have strong inter-hospital referral and collaboration services.

The NADC Accreditation Standards for Centres of Excellence recognise clinical, research, education, service advocacy and policy leadership on a national scale in the provision of excellence in diabetes care.

Applying for COE is a fully voluntary process. The application for NADC COE is detailed and involved. Completing the COE application takes significantly more time than a standard NADC accreditation application. The NADC membership, when it originally requested the NADC to develop the Centre of Excellence Accreditation

program, sought a robust method to identify those services that are consistently providing the highest standards of care, nationally. For this reason, applications must provide examples of evidence to satisfy each criterion. The COE application process is not meant to be a "tick the box" exercise, which would diminish the reputation and status of the NADC Centre of Excellence. The NADC COE process is consistent with international standards; therefore, the NADC COE application process is all-encompassing and includes in-depth and sophisticated assessment processes. **Therefore, the application process should not be left to an individual to complete, but it should be a team-based application process.**

Primary, Secondary and Tertiary diabetes services are eligible to apply for the NADC COE Accreditation if they have achieved standard NADC accreditation. The application and information provided in the evidence material is kept confidential by the NADC and COE assessors. No information will be disclosed to third parties or used for any purpose other than the COE process.

Core and Developmental Criteria

Core Criteria – All core criteria must be met by the organisation and evidence must be provided to support claims about each criterion. Evidence should be no more than 2 years old.

Developmental Criteria – Where a developmental criterion is 'not met' or only 'partially met', the NADC Quality Improvement Plan must be submitted outlining the service's strategies to ensure the criterion will be met in the future and what plans are in place to address it. The assessor will determine whether there is strong evidence to demonstrate that the outstanding criterion will be met.

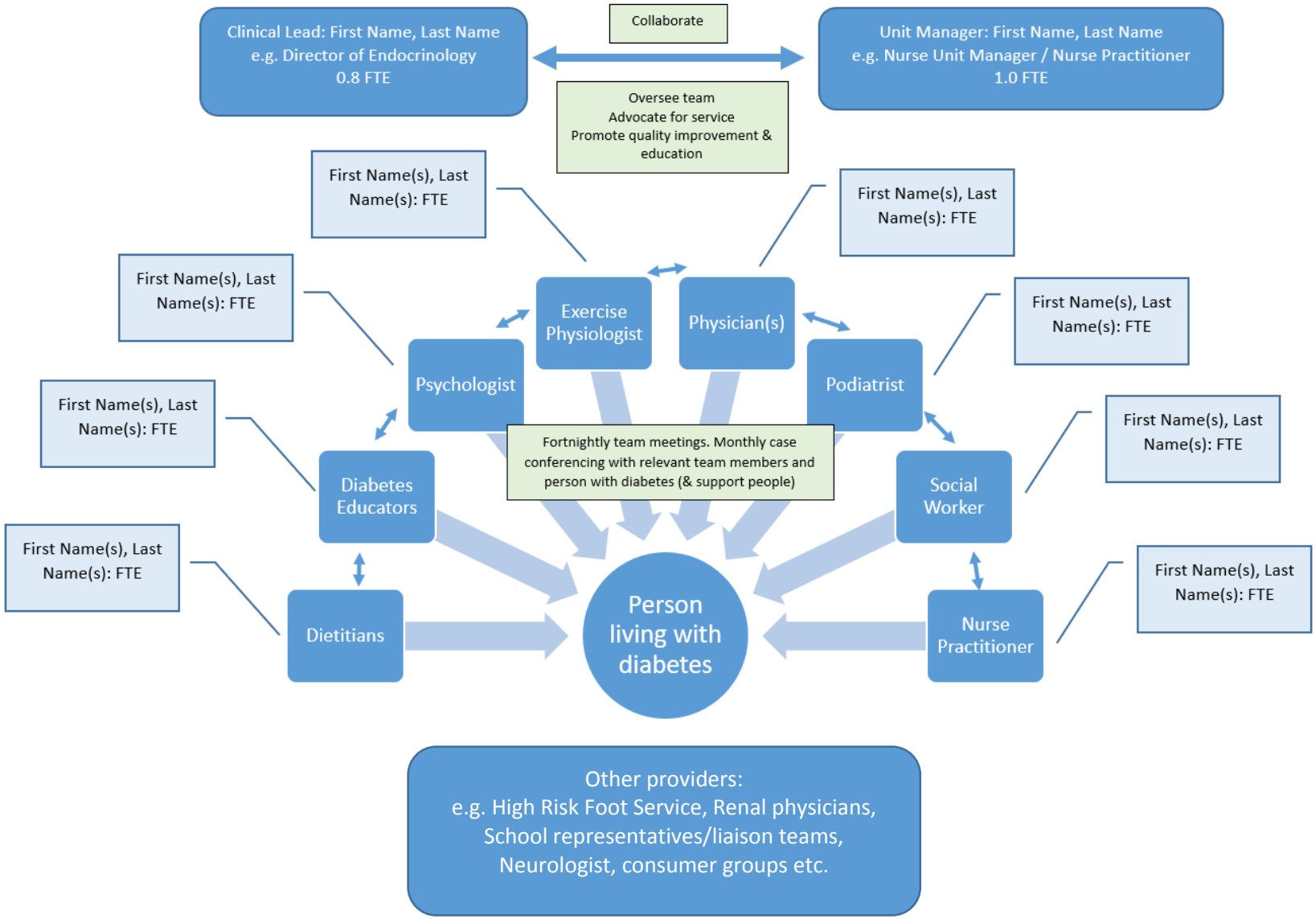
Organisations that have **previously achieved NADC Centre of Excellence Accreditation** must meet or have made substantial progress towards developmental criteria because the NADC anticipates that the service has been working on these criteria for the previous four years as a Centre of Excellence. Evidence to support claims about each developmental criterion must be provided in this situation and evidence should be no more than 2 years old.

Evidence

- All evidence must be provided electronically and labelled clearly, according to the criterion number, with multiple examples of evidence matching the criterion number numerically e.g. 1.1.1 “description of document (e.g. 1.1.1 List of recent publications)”, 4.1.1 “description” (e.g. 4.1.1 Team meeting agendas).
- Evidence should not be handwritten unless no other option is available, and discussed and approved by the NADC prior to application submission.
- At least one piece of evidence should be provided for each criterion.
- No more than ten evidence attachments per criterion will be accepted and evidence should be no more than two years old.
- An organisational chart of the diabetes centre must be included in the documentation. The NADC strongly recommends applicants spend time ensuring the submitted organisational chart clearly outlines the diabetes service structure, how the service functions and the way members of the team collaborate and integrate. A de-identified example is included for your information on the next page.
- Weekly schedule of clinics, services and education provided must also be included.

Example

1: Organisational Chart



Process

- Expressions of Interest (EOI) for COE must be completed and emailed to: admin@nadc.net.au prior to the closing date: **Friday 15th March 2019**
- The EOI can be accessed at: https://nadc.net.au/centre-of-excellence/
- On receipt of the EOI, the organisation will be sent the required documents including instructions about how to complete the application and record the evidence.
- If the organisation has previously achieved COE and their standard NADC accreditation (e.g. tertiary, secondary or primary accreditation) is due for renewal, both accreditation packages will need to be completed.
- The application form and evidence must be completed and sent to the NADC no later than COB, **Friday 24th May 2019**
- Evidence must be clearly labelled as detailed in the previous section.
- Applications will be assessed by the NADC Centres of Excellence committee.
- Applications are only open for a limited period every two years, as indicated on the NADC website: https://nadc.net.au/centre-of-excellence/.
- Accreditation as a Centre of Excellence will be awarded for a period of four years after which time reapplication is required to retain COE status.
- **Late applications will not be accepted.**
- **Handwritten applications will not be accepted.**

Outcome

- Applicants will be informed about the outcome of their application within 12 weeks from the submission closing date.
- The assessors can seek further information or clarification from the applicant to substantiate information provided.
- Decisions made by the committee are final and no correspondence will be entered into.
- Summaries of the assessors' reviews will be provided to the applicants after the COE are officially announced.
- The awards will be announced at the Australasian Diabetes Congress and the NADC Best Practice in Diabetes Centres (BPDC) meeting.
- Successful applicants will be awarded COE status and receive a certificate and plaque.
- COE organisations will be acknowledged on the NADC website and via NADC's newsletters, social media and publications where applicable.
- COE recipients will be required to showcase their service at the Best Practice in Diabetes Centres (BPDC) meeting in October 2019, as well as on the NADC website and/or as discussed with the CEO of the NADC.

Further information

- Further information is available via the NADC website at: http://nadc.net.au/centre-of-excellence/
- Additional support can be sought via email: admin@nadc.net.au

Final Application Checklist

SHARED WITH THE NADC **NO LATER THAN FRIDAY 24th May 2019**

- ☐ Application form
- ☐ Evidence for each criterion
- ☐ Organisational chart
- ☐ Quality Improvement Plan addressing ‘not met’ or ‘partially met’ developmental criteria
- ☐ Weekly schedule of clinics, services and education provided

CENTRES OF EXCELLENCE CRITERIA

Standard 1: Education

Core Criteria			
	Criteria	**Guidance**	**Mandatory Evidence Checklist**
1.1	Training internal health professionals.	Education is provided to internal staff on various topics that relate to the care of people with diabetes. Evidence can include, but is not limited to: • training program, date of training, participant list (e.g. nurses and other clinical staff within the organisation) • training reports about the use of the NADC National Diabetes Care Course and/or General Care Course	☐ Evidence that healthcare professional training is offered by the organisation to internal clinical staff.
1.2	Training external health professionals.	Education is provided to external staff on various topics that relate to the care of people with diabetes. Evidence can include, but is not limited to: • education session(s) program, date of session and participant list (e.g. external healthcare professionals – GPs, primary care nurses) • training reports about the use of the NADC National Diabetes Care Course and/or General Care Course • conference presentation abstracts/poster presentation details and summary of target audience	☐ Evidence that healthcare professional training is offered by the organisation to external clinical staff.
1.3	Certified Training programs.	Certified training programs may include courses offered by the organisation that, on completion, provide certification or other professional education recognition for clinical staff internal and external to the organisation. Evidence can include, but is not limited to: • list of training programs, including when/how these are delivered and the certification/certificates obtained • training reports about the use of training programs for clinical staff	☐ Evidence that training programs are being offered.

		internal and external to the organisation	
1.4	Consumer education sessions.	Information and education sessions about diabetes prevention and management are offered to people with diabetes and community members. Evidence can include, but is not limited to: • details of education/information sessions run for patients, including content overview, length of sessions, how sessions are delivered and how often they are delivered (dates provided) • details of education/information sessions run for community members, including target audience, content overview, length of sessions, how sessions are delivered and frequency of sessions (dates provided)	☐ Evidence of consumer education offered by the organisation, separate to routine education provided as part of everyday care.
1.5	Teaching of medical, nursing and Allied Health students.	The organisation actively provides training and engagement of health professional students in their programs and/or accommodates placements to the unit. Evidence can include, but is not limited to: • contracts or memorandum of agreement with universities and other education providers regarding clinical placement agreements • details of training provided to health professional students including content overview, length of sessions, how sessions are delivered and how often they are delivered (dates provided) • number of student placements over past two years, including healthcare discipline • Feedback from students with regard to placement • Evidence of ADEA mentorship involvement/Nurse Practitioner Candidate support	☐ Evidence of teaching programs that are offered by the organisation to students.

Standard 2: National Influence

	Core Criteria		
	Criteria	**Guidance**	**Mandatory Evidence Checklist**
2.1	Partnership with major diabetes organisations.	Organisations should demonstrate their partnerships with national or international organisations such as Diabetes Australia, ADS, ADEA, JDRF, ADA, EASD, ADIPS, ADA and IDF. Evidence can include, but is not limited to: • partnerships with significant input into organisations • members of diabetes team being part of the executive or committees of national or international organisations, or may be co-opted into working parties of the organisation	☐ Evidence of partnerships or executive/consultancy memberships.
2.2	Staff with national or international profiles/influence.	Demonstration of the significant national or international profiles of key organisational staff which may include speaking engagements and/or representation on committees etc. This criterion excludes pharmaceutical/industry engagements. Evidence can include, but is not limited to: • list of key organisational staff, with details of their (inter)national profiles, including speaking engagements over last 2 years and/or committee involvement	☐ Evidence of national or international profile of staff.

Standard 2: National Influence

Developmental Criteria			
	Criteria	**Guidance**	**Evidence Checklist**
2.3	Partnership with non-diabetes organisations.	Organisations demonstrate their partnerships with non-diabetes organisations where the goal is to improve the management of diabetes (e.g. Information Technology organisations, Data Collection organisations etc.). Evidence can include, but is not limited to: • partnerships with significant input into organisations	☐ Evidence or development plan for non-diabetes partnerships.

Standard 3: Research

Core Criteria			
	Criteria	**Guidance**	**Mandatory Evidence Checklist**
3.1	Investigator initiated and/or key involvement in research related to diabetes or chronic disease management.	Evidence of original research led by the organisation and its employees relating to the management of diabetes or other related chronic disease or risk factor management. Evidence can include, but is not limited to: • list of publications and attached journal articles • description of projects/audits conducted by the organisation, in which the outcomes have resulted in wider changes to clinical practice and improved outcomes for people with diabetes	☐ Evidence of research initiated by or actively participated in by the organisation.
3.2	Evidence of translational research.	Evidence of using research to improve clinical diabetes practice/treatment. Evidence can include, but is not limited to: • list of publications and attached journal articles • description of projects/audits conducted by the organisation, in which the outcomes have resulted in wider changes to clinical practice and improved outcomes for people with diabetes • evidence that research is translated into policies and procedures e.g. research translation plan document/publications	☐ Evidence of translational research improving patient care.
3.3	Supervision of medical, nursing or allied health students and PhD, Honours and Masters candidates.	Evidence of supervision. Evidence can include, but is not limited to: • Contracts or memoranda of agreement with universities regarding supervision arrangements agreements • details of supervision provided to health professional and/or research students • number of supervisions provided over past two years • contributions of the organisation to high degrees by research	☐ Evidence of student supervision.

Standard 4: Service Delivery

Core Criteria			
	Criteria	**Guidance**	**Mandatory Evidence Checklist**
4.1	Evidence of an inter-disciplinary team culture and regular inter-disciplinary team meetings.	Evidence of team collaboration and strong communication about patient care must be demonstrated. Evidence can include, but is not limited to: • meeting schedules • meeting agendas/minutes • action plans • case conferencing schedules	☐ Evidence of interdisciplinary team culture within the organisation.
4.2	Evidence of successful integrated care initiatives to improve collaboration among internal and external care providers and collaborative care planning.	Evidence of integrated care initiatives that demonstrate service collaboration and quality patient care. Evidence can include, but is not limited to: • details of collaborative care – e.g. step down/discharge planning procedures, primary care support initiatives, communication of referral processes between primary, secondary and tertiary care services, examples of collaborative models of care e.g. hub and spoke. • evidence of strong communication and connection with the primary health network/primary care partnership, GPs and primary care system to maximise early intervention and prevention. • Evidence of participation in care models in primary care settings	☐ Evidence of integration among internal and external healthcare providers.
4.3	Demonstration that models of care are underpinned by best practice chronic disease management principles.	Provision of evidence that demonstrates an organisational commitment to best practice in chronic disease management through staff education and service development. Evidence can include, but is not limited to: • information about the models of care that are utilised by the service and how these have been implemented and evaluated to ensure best practice chronic disease management principles • details of staff education provided to promote best practice in service	☐ Evidence that best practice in chronic disease management is utilised by the organisation.

		delivery • details of service development or organisational policy that encourages out of hospital care and self-management principles in chronic care	
4.4	Outreach service provision.	Evidence that support is provided to regional, rural or remote diabetes services. Evidence can include, but is not limited to: • list of outreach services provided to rural or remote services • details of tele/e-health services provided, including structure, frequency and design	□ Evidence of outreach services provided by the organisation.
4.5	ANDA participation.	Demonstration of ANDA participation for a minimum of two years in the previous five-year period. Evidence can include, but is not limited to: • service ANDA reports • details of how ANDA reporting outcomes have been utilised to improve service / clinical care	□ Evidence of ANDA participation by the organisation and the implications of these reports in service improvement.
4.6	CGMS and Insulin pump therapy.	Evidence that the organisation offers insulin pump therapy initiation and titration clinics as well as continuous glucose monitoring initiation and support. Evidence can include, but is not limited to: • list of insulin pump services provided, including multidisciplinary clinician involvement • training schedule of the team/individuals involved in insulin pump and CGM therapy • reports evidencing number of insulin pump therapy / CGM initiations conducted over last 12 months	□ Evidence of pump and CGMS services.
4.7	Effective and appropriate service delivery to high risk groups and groups with special needs	Evidence that effective and appropriate services are provided to high risk groups (e.g. Aboriginal and Torres Strait Islander Peoples, CALD groups) and groups with special needs (elderly, paediatrics, mental illness). May also include specific disease groups (cystic fibrosis, malignancy, renal disease). Evidence can include, but is not limited to: • details of specific services/supports provided to high risk groups • educational resources developed/utilised by the service for high risk	□ Evidence of service delivery to high risk groups.

		groups • reports evidencing routine involvement of Aboriginal support workers / interpreters	

Standard 4: Service Delivery

Developmental Criteria			
	Criteria	**Guidance**	**Evidence Checklist**
4.8	Technology is used in service delivery.	Evidence of how the use of technology is utilised in provision of service such as telehealth consultations, downloading of insulin pumps/CGMS or viewing of clinical data on cloud-based platforms, case conferences with GP's etc. Evidence can include, but is not limited to: • details of telehealth software/equipment and how and when this is utilised • reports evidencing number of telehealth consultations provided over last 12 months	☐ Evidence or development plan on the use of technology in service provision.
4.9	Technology is used to promote sharing of health information across services	Evidence of how technology is utilised to promote the sharing of health information across the care spectrum. Evidence can include, but is not limited to: • evidence of the use of ehealth/digitisation of health information • details of communication with primary care providers through connected ehealth technology systems	☐ Evidence or development plan on the use of technology to promote sharing of health information.
4.10	Succession planning.	Evidence that the organisation has undertaken a review of the organisation's staffing profile and has actively developed a succession plan. Evidence can include, but is not limited to: • succession planning document • details of mentorship and/or staff professional development/upskilling • staffing profile report, including anticipated/projected population and service demand increases • evidence of structured and formal leadership training for key staff	☐ Evidence that the organisation has or is working toward development of a succession plan.
4.11	Technology is used to provide training programs and education	Education and training is offered off-site via technology that may include, but is not limited to: • video conferencing	☐ Evidence or development plan on the use of technology in external education delivery by the

		• webinar or • web based programs Evidence can include, but is not limited to: • training reports on the use of the NADC National Diabetes Care Course to external healthcare professionals • details of education and training offered off-site via technology, including how this is facilitated, technology use, content overview, length of sessions, number of participants, and training session frequency (dates)	organisation.

Standard 5: Practice/Policy Development and Guidance

Core Criteria			
	Criteria	**Guidance**	**Mandatory Evidence Checklist**
		MANDATORY	
5.1	Quality improvement programs with measurable outcomes.	Evidence is to be provided on how organisations use ANDA and other data to facilitate quality improvement activities. Evidence can include, but is not limited to: • examples of quality improvement activities and cycles including auditing schedules • examples of quality improvement activities identified through standard NADC accreditation	☐ Evidence on how the organisation used ANDA and other data in quality improvement activities.
5.2	Consumer engagement.	Organisations should demonstrate the extent of involvement with consumers in the development of programs, resources and service improvement. Evidence can include, but is not limited to: • details of the review of patient material • consumer membership on committees • consumer focus groups and outcomes • audit of consumer service satisfaction	☐ Evidence on how the organisation involves consumers in programs and resource development.
5.3	Diabetes database.	The organisation uses a database to collect, store and share (with consent) information about their clients and reviews the promulgated data when evaluating and improving services. Evidence can include, but is not limited to: • deidentified snapshot of database tool • example of how data auditing has resulted in service improvement	☐ Evidence of a database used to collect and interpret clinical data.
5.4	Evidence of team attendance at relevant national/international diabetes meetings (e.g. ADS, ADA, EASD, IDF, ADEA, ADA,	Varying key members of the diabetes team attend their relevant professional body meetings. (e.g. ADS, ADA, EASD, IDF, ADEA). Evidence can include, but is not limited to:	☐ Evidence of organisation member attendance to national and/or international meetings.

	ADIPS, DPSG), as well as the sharing of information received at these meetings	• certificates of attendance at professional meetings • abstracts/poster submissions by service members to professional meetings • inservices conducted by those who attended meetings to share information with team members and discuss how new research could be implemented into practice	
5.5	Evidence of the regular review of organisational policies and involvement in the roll-out of national guidelines within the centre.	Evidence of policy review and adherence to best practice through communication of updated national/international diabetes guidelines. Evidence can include, but is not limited to: • internal policy and procedure review timelines and plans • evidence of contributions to updating national/international diabetes guidelines • educational sessions provided with the aim of communicating changes to practice based on updated guidelines, or formal communication mechanisms to announce changes to guidelines within the organisation	☐ Evidence of implementation of national/international guidelines within the organisation.
5.6	Involvement in development of key position statements & guidelines for national organisations.	Participation in the development of peak body position statements or guidelines. Evidence can include, but is not limited to: • submission of position statements highlighting the involvement of the diabetes services or members of the diabetes service	☐ Evidence of key personnel or the organisation's involvement in the development of position statements or guidelines.
5.7	Professional development within the diabetes team.	The service provides ongoing professional development sessions. Evidence can include, but is not limited to: • journal club dates, topics and participants • lunchtime seminar dates, topics and participants • grand rounds dates, topics and participants • leadership or management training	☐ Evidence of ongoing professional development opportunities offered by the organisation.