



**STANDARDS**

# **DIABETES SERVICE STANDARDS**

**4TH EDITION**



## NADC DIABETES SERVICE STANDARDS ACCREDITATION PROGRAM

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The NADC accreditation program offers the opportunity for healthcare entities to assess themselves against the Diabetes Service Standards and benchmark against like sized organisations. The NADC Diabetes Service Standards Accreditation program 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

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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 program 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

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The NADC Accreditation Standards (4th 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

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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 5th edition and the National Safety and Quality Health Service (NSQHS) Standards.

### WHO NEEDS TO COMPLETE NADC ACCREDITATION?

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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 who 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 the information provided to other health professional organisations.

Service teams who 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 works together to take a 360-degree look at the service, with a focus on quality improvement. NADC strongly urges that the application should 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

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There are wide-ranging benefits to achieving NADC accreditation. These include, but are 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 nationwide 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 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 to ensuring improved consumer health outcomes through reflective practice, evidence-based care, and best practice clinical care.

There are many components to quality improvement including the 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.

## 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 Centre of Excellence or 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 an indicator has been met or why that indicator is not applicable to their service

Accreditation is assessed on an honesty basis, however, services are reminded that the NADC assessors may ask for evidence during the review process and conduct random audits of services requesting the provision of evidence against any chosen section/criteria.

**Services are also required to submit a Quality Improvement Plan outlining key areas for improvement. Further details are provided on receipt of accreditation Expression of Interest.**

## INDICATORS

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

## 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 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 criteria, 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 critical that any accreditation application 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 service 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 the achievement of meeting each of the criteria. The final two outcomes of each assessment are:

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

The NADC will contact and discuss any criteria and indicators that are assessed as 'Not met' and which 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 with a 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 required criteria are met.

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

### GETTING STARTED

To be eligible to apply for NADC Accreditation the service must be a NADC member.

An Expression of Interest (EOI) must also be submitted and once accepted, NADC will provide all the required documentation to begin the accreditation application.

Further information and EOI forms can be found: <https://nadc.net.au/accreditation/>

### TIMING OF ACCREDITATION

The NADC Accreditation program is open 3 times per year. Expressions of Interest must be received no later than the dates below. Applications will be due 2 months from these dates.

- ⌚ 2021: 3rd September 2021
- ⌚ Round 1: 7th February 2022
- ⌚ Round 2: 9th May 2022
- ⌚ Round 3: 5th September 2022

# CONTENTS

NADC Diabetes Service Standards Accreditation Program	1
Accreditation	1
Applicability of the Diabetes Clinician Standards for diabetes services	1
Overlap with other standards	1
Who needs to complete NADC Accreditation	1
Benefits of Accreditation	1
Indicators	2
Non applicable criteria or indicators	2
Approaches to meeting NADC Standards	3
Rationale section	3
Assessment and rating	3
Getting Started	3
Timing of accreditation	3
<b>SECTION 1 HEALTHCARE IMPROVEMENT</b>	<b>7</b>
<b>Standard 1.1. Diagnosis and treatment</b>	<b>7</b>
<b>Core Service Indicators</b>	<b>7</b>
Criterion 1.1.1 Evidence based care	7
Criterion 1.1.2 Multidisciplinary care	7
<b>Secondary Service Indicators</b>	<b>7</b>
Criterion 1.1.1 Evidence based care	7
Criterion 1.1.2 Multidisciplinary care	7
<b>Tertiary Service Indicators</b>	<b>7</b>
Criterion 1.1.2 Multidisciplinary care	7
<b>Standard 1.2. Promotion of consumer self-management</b>	<b>6</b>
<b>Core Service Indicators</b>	<b>7</b>
Criterion 1.2.1 Contribution to health improvement through consumer empowerment	7
Criterion 1.2.2 Improved Consumer Health Literacy	8
Criterion 1.2.3 Consumer Reminders	8
Criterion 1.2.4 Individualised Consumer Care	8
<b>Secondary Service Indicators</b>	<b>8</b>
Criterion 1.2.1 Contribution to health improvement through consumer empowerment	8
<b>Tertiary Service Indicators</b>	<b>8</b>
Criterion 1.2.1 Contribution to health improvement through consumer empowerment	7
<b>Standard 1.3. Improved consumer health outcomes</b>	<b>9</b>
<b>Core Service Indicators</b>	<b>9</b>
Criterion 1.3.1 Demonstrated activities to achieve desired health targets	9
<b>Tertiary Service Indicators</b>	<b>9</b>
Criterion 1.3.1 Demonstrated activities to achieve desired health targets	9
<b>Standard 1.4. Integrated care</b>	<b>9</b>
<b>Core Service Indicators</b>	<b>9</b>
Criterion 1.4.1 Engagement with other services	9
Criterion 1.4.2 Continuity of comprehensive care	9

# CONTENTS

<b>Secondary Service Indicators</b>	<b>10</b>
Criterion 1.4.1 Engagement with other services	10
Criterion 1.4.2 Continuity of comprehensive care	10
<b>SECTION 2 GOVERNANCE AND PROCESSES</b>	<b>11</b>
<b>Standard 2.1. Service structure and management</b>	<b>11</b>
<b>Core Service Indicators</b>	<b>11</b>
Criterion 2.1.1 Organisational structure	11
<b>Secondary Service Indicators</b>	<b>11</b>
Criterion 2.1.2 Leadership and accountability	11
<b>Tertiary Service Indicators</b>	<b>11</b>
Criterion 2.1.2 Leadership and accountability	11
<b>SECTION 3 MANAGEMENT OF QUALITY AND SAFETY</b>	<b>12</b>
<b>Standard 3.1. Quality improvement and innovation</b>	<b>12</b>
<b>Core Service Indicators</b>	<b>12</b>
Criterion 3.1.1 Quality improvement practices	12
Criterion 3.1.2 Technology	12
<b>Secondary Service Indicators</b>	<b>12</b>
Criterion 3.1.2 Technology	12
Criterion 3.1.3 Innovation programs	12
<b>Tertiary Service Indicators</b>	<b>12</b>
Criterion 3.1.1 Quality improvement practices	12
<b>Standard 3.2. Education and training</b>	<b>13</b>
<b>Core Service Indicators</b>	<b>13</b>
Criterion 3.2.1 Qualifications and professional development of staff	13
Criterion 3.2.2 Education programs	13
Criterion 3.2.3 Participation in knowledge-sharing	13
<b>Tertiary Service Indicators</b>	<b>13</b>
Criterion 3.2.1 Qualifications and professional development of staff	13
Criterion 3.2.2 Education programs	13
Criterion 3.2.3 Participation in knowledge-sharing	14
<b>SECTION 4 SERVICE MANAGEMENT</b>	<b>15</b>
<b>Standard 4.1. Records management</b>	<b>15</b>
<b>Core Service Indicators</b>	<b>15</b>
Criterion 4.1.1 Clinical records and consumer information	15
Criterion 4.1.2 Results management	15
<b>Secondary Service Indicators</b>	<b>15</b>
Criterion 4.1.1 Clinical records and consumer information	15
<b>Standard 4.2. Service maintenance</b>	<b>15</b>
<b>Core Service Indicators</b>	<b>15</b>
Criterion 4.2.1 Service and replacement of equipment	15

<b>CENTRE OF EXCELLENCE SIABETES SERVICE STANDARDS</b>	<b>16</b>
Background	17
Core and developmental Criteria	17
<b>STANDARD 1: EDUCATION</b>	<b>18</b>
Core Criteria	18
Criterion 1.1 Ongoing training of internal health professionals within the organisation	18
Criterion 1.2 Training external health professionals	18
Criterion 1.3 Certified Training programs	18
Criterion 1.4 Consumer education sessions	18
Criterion 1.5 Teaching of medical, nursing and Allied Health students.	19
<b>STANDARD 2: NATIONAL INFLUENCE</b>	<b>19</b>
Core Criteria	19
Criterion 2.1 Partnership with major diabetes organisations	19
Criterion 2.2 Staff with national or international profiles/influence	19
Developmental Criteria	19
Criterion 2.3 Partnership with non-diabetes organisations	19
<b>STANDARD 3: RESEARCH</b>	<b>19</b>
Core Criteria	19
Criterion 3.1 Investigator initiated and/or key involvement in research related to diabetes or chronic disease management	19
Criterion 3.2 Evidence of translational research	19
Criterion 3.3 Supervision of medical, nursing or allied health students and Honours, Masters and PhD candidates	19
<b>STANDARD 4: SERVICE DELIVERY</b>	<b>20</b>
Core Criteria	20
Criterion 4.1 Evidence of an inter-disciplinary team culture and regular interdisciplinary team meetings	20
Criterion 4.2 Evidence of successful integrated care initiatives to improve collaboration among internal and external care providers and collaborative care planning	20
Criterion 4.3 Demonstration that models of care are underpinned by best practice chronic disease management principles	20
Criterion 4.4 Outreach service provision	20
Criterion 4.5 ANDA participation	20
Criterion 4.6 Effective and appropriate service delivery to high risk groups and groups with special needs	20
Developmental Criteria	21
Criterion 4.7 Technology is used to promote sharing of health information across services	21
Criterion 4.8 Succession planning	21
Criterion 4.9 Technology is used to provide training programs and education	21
Criterion 4.10 Data collected via technology are used to develop new programs, interventions or practice changes	21
<b>STANDARD 5: PRACTICE/POLICY DEVELOPMENT AND GUIDANCE</b>	<b>21</b>
Core Criteria	21
Criterion 5.1 Quality improvement programs with measurable outcomes	21
Criterion 5.2 Consumer engagement	21
Criterion 5.3 Diabetes database	22
Criterion 5.4 Evidence of team attendance at relevant national/international diabetes meetings	22
Criterion 5.5 Evidence of the regular review of organisational policies and involvement in the roll-out of national guidelines within the centre	22
Criterion 5.6 Involvement in development of key position statements & guidelines for national organisations	22
Criterion 5.7 Professional development within the diabetes team	22
<b>APPENDIX</b>	<b>23</b>

# Section 1: Healthcare Improvement

Standard 1.1. Diagnosis and treatment	
Criterion	Indicators
<b>CORE SERVICE INDICATORS</b>	
<b>Criterion 1.1.1</b> Evidence based care	<p>A. Our service has preventive health programs in place to encourage diagnosis and early detection of diabetes</p> <p>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</p> <p>C. Our service team can demonstrate clinical practice guidelines used in the management of consumers. This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>C.1 hypoglycaemia and hyperglycaemia management</li> <li>C.2 sick day management</li> <li>C.3 guidelines for initiation of diabetes treatment</li> </ul>
<b>Criterion 1.1.2</b> Multidisciplinary care	<p>A. Our service team is committed to striving to offer comprehensive multidisciplinary care to our consumers in line with the Diabetes Referral Pathways</p> <p>B. Our service team can demonstrate service links though to the following disciplines: general practitioner, endocrinologist/diabetologist/physician, Credentialed Diabetes Educator, podiatrist, psychologist, social work and other clinical supports)</p>
Criterion	Indicators
<b>SECONDARY SERVICE INDICATORS</b>	
<b>Criterion 1.1.1</b> Evidence based care	<p>A. Our service team can demonstrate clinical practice guidelines used in the management of consumers. This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>A.1 diabetes inpatient management</li> <li>A.2 pre and post-surgery management</li> <li>A.3 insulin initiation and insulin titration management</li> <li>A.4 foot care</li> </ul>
<b>Criterion 1.1.2</b> Multidisciplinary care	<p>A. Our service team, can demonstrate services including:</p> <ul style="list-style-type: none"> <li>A1. Medical professional with a special interest in diabetes</li> <li>A.2 pre-pregnancy and pregnancy care</li> <li>A.3. pump education</li> <li>A.4 continuous glucose monitoring</li> </ul> <p>B. Routine availability of an on-site diabetes nurse educator</p>
Criterion	Indicators
<b>TERTIARY SERVICE INDICATORS</b>	
<b>Criterion 1.1.2</b> Multidisciplinary Care	<p>A. Our service team, can demonstrate services including:</p> <ul style="list-style-type: none"> <li>A.1 ophthalmology</li> <li>A.2 high-risk foot care</li> <li>A.3 Other specialty clinics (eg Cystic Fibrosis, Transplant, Mental Health, Cancer Services)</li> </ul>
Standard 1.2. Promotion of consumer self-management	
Criterion	Indicators
<b>CORE SERVICE INDICATORS</b>	
<b>Criterion 1.2.1</b> Contribution to health improvement through consumer empowerment	<p>A. Our service team provides education to consumers on how to manage their diabetes through:</p> <ul style="list-style-type: none"> <li>A.1 Face-to-face consultations by clinical staff</li> <li>A.2 Self-management programs for consumers</li> <li>A.3 Other</li> </ul>



	<p>B. Education programs are evaluated for quality improvement through:</p> <ul style="list-style-type: none"> <li>B.1 The documentation of sessions</li> <li>B.2 The assessment of sessions for attendee feedback and satisfaction</li> <li>B.3 The use of feedback for improvement of education sessions</li> <li>B.4 Other</li> </ul> <p>C. Education sessions are provided to consumers by staff with relevant qualifications according to position descriptions and professional registration bodies</p> <p>D. Our service team can demonstrate support provided to consumers to improve their wellbeing. This may include:</p> <ul style="list-style-type: none"> <li>• referral to diabetes support groups</li> <li>• referral to a counsellor or psychologist</li> </ul> <p>E. Our service can demonstrate shared decision-making with the person with diabetes/family/carers</p>
<p><b>Criterion 1.2.2</b> Improved Consumer Health Literacy</p>	<p>A. Our service team can demonstrate resources available to consumers discussing important health care information. These resources have been tested and validated, are factually accurate, and meet readability criteria. They may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• health information brochures</li> <li>• online information on our website</li> <li>• links to information via other healthcare organisations</li> </ul> <p>B. Resources are published in language that is easy-to-understand</p> <p>C. Resources are published in languages reflective of the culturally diverse backgrounds of consumers attending the service</p> <p>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</p> <p>F. Staff assist consumers who are visually impaired to source appropriate equipment to enable them to manage their diabetes</p> <p>G. Staff ask consumers if they understand verbal and/or written information</p>
<p><b>Criterion 1.2.3</b> Consumer Reminders</p>	<p>A. Systematic and timely delivery of consumer reminders to attend clinic appointments</p> <p>B. Systematic and timely delivery of consumer reminders to attend allied health and specialist appointments (i.e. podiatrist, ophthalmologist)</p> <p>C. Systematic and timely delivery of consumer reminders to obtain specific tests (i.e. lipids, HbA1c)</p>
Criterion	Indicators
<b>SECONDARY SERVICE INDICATORS</b>	
<p><b>Criterion 1.2.1</b> Contribution to health improvement through consumer empowerment</p>	<p>A. Our service team provides education to consumers on how to manage their diabetes through:</p> <ul style="list-style-type: none"> <li>A.1 Education programs for consumers</li> </ul>
Criterion	Indicators
<b>TERTIARY SERVICE INDICATORS</b>	
<p><b>Criterion 1.2.1</b> Contribution to health improvement through consumer empowerment</p>	<p>A. Our service team provides education to consumers on how to manage their diabetes through:</p> <ul style="list-style-type: none"> <li>A.1 Group education programs for relatives/family/carers</li> <li>A.2 Group education programs for service providers (GPs, schools, etc.)</li> </ul>

### Standard 1.3 Improved consumer health outcomes

Criterion	Indicators
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#### CORE SERVICE INDICATORS

**Criterion 1.3.1**

Demonstrated activities to achieve desired health targets

- A. Our clinical staff discuss clear goals and care planning with each consumer
- B. Our clinical staff conduct in-house assessments for consumers including:
  - B.1 Pathology for HbA1c
  - B.2 Testing of kidney function
  - B.3 Foot assessments
  - B.4 Other (please specify)
- C. Our clinical team can demonstrate how and when referrals are made for consumers to external complications assessment
- 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

Criterion	Indicators
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#### TERTIARY SERVICE INDICATORS

**Criterion 1.3.1**

Demonstrated activities to achieve desired health targets

- A. Our clinical staff conduct in-house specialist assessments for consumers including (but not limited to); eye examinations, foot assessments, nerve function, geriatric assessments and others
- B. A protocol is in place for tracking changes and escalating care when deterioration is noted over time in individual consumers

### Standard 1.4. Integrated care

Criterion	Indicators
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#### CORE SERVICE INDICATORS

**Criterion 1.4.1**

Engagement with other services

- A. Our clinical team can demonstrate how referrals are made with relevant external services
- B. Our clinical team can demonstrate how consumer health records are accessed and updated by relevant treating clinicians internal and external to the service
- C. Our clinical team can demonstrate how they communicate on a regular basis with a consumer's relevant healthcare provider(s)

**Criterion 1.4.2**

Continuity of comprehensive care

- A. Our service staff can demonstrate continuity of care through processes including:
  - A.1 shared care among clinical staff within our service including between the:
    - treating clinician and
    - other specialist staff
  - A.2 shared care among clinical staff external to our service
  - A.3 shared documentation and information among clinical staff
  - A.4 accurate and timely handovers between clinical staff involved in a consumer's care
- B. Our service staff can demonstrate that medical care plans are provided to all treating clinicians where appropriate
- C. Our staff can describe consumer preference for requesting a preferred diabetes clinician when making an appointment or attending our service.

Criterion	Indicators
<b>SECONDARY SERVICE INDICATORS</b>	
<b>Criterion 1.4.1</b> Engagement with other services	<p>A. Our clinical team can demonstrate how we plan and coordinate comprehensive care by our interaction with other services such as:</p> <p>A.1 primary healthcare services</p> <p>A.2 diabetes services including:</p> <ul style="list-style-type: none"> <li>• diagnostic services</li> <li>• hospitals and</li> <li>• specialist consultant services</li> </ul> <p>A.3 allied health services</p> <p>A.4 pharmacists</p> <p>A.5 disability and community services</p> <p>A.6 health promotion and public health services and programs</p> <p>A.7 services providing care outside normal opening hours</p>
<b>Criterion 1.4.2</b> Continuity of comprehensive care	<p>A. Staff can demonstrate that team meetings are held regularly among the service's healthcare staff about individual consumers and with external staff where necessary.</p>

## Section 2: Governance and Process

Standard 2.1. Service structure and management	
Criterion	Indicators
<b>CORE SERVICE INDICATORS</b>	
<b>Criterion 2.1.1</b> Organisational Structure	A. Our service staff can demonstrate a clear organisational structure  B. Our service staff can demonstrate clear reporting lines within the organisational structure and clear delineation of roles and responsibilities  C. The service's organisational structure is clearly communicated to and followed by all staff
Criterion	Indicators
<b>SECONDARY SERVICE INDICATORS</b>	
<b>Criterion 2.1.2</b> Leadership and accountability	A. Our service team can demonstrate the presence of a strong clinical leadership team  B. Our service team can outline the roles and responsibilities of each member of the clinical leadership team  C. Service staff can demonstrate that the clinical leadership team is responsible for maintaining high standards of care and practise within the service
Criterion	Indicators
<b>TERTIARY SERVICE INDICATORS</b>	
<b>Criterion 2.1.2</b> Leadership and accountability	A. Service staff can demonstrate how the clinical leadership team has driven safety and quality improvement at the service



## Section 3: Management of quality and safety

Standard 3.1. Quality improvement and innovation	
Criterion	Indicators
<b>CORE SERVICE INDICATORS</b>	
<b>Criterion 3.1.1</b> Quality improvement practices	A. Our service team uses relevant consumer and service data, evaluations and feedback, for quality and performance improvement (e.g. Improvement of access, chronic disease management, preventive health)  B. Our service staff can demonstrate how evaluations of programs, services and guidelines are conducted for quality improvement purposes  C. Our service has participated in <a href="#">ANDA audits</a>  D. Our service team can demonstrate how ANDA and/or similar audits and data have been used to improve services  E. Our service team can demonstrate improvements made in response to analysis of audits, evaluations and consumer feedback
<i>*The next section describes the NADC/NDSS Diabetes Technology Standards. Although not mandatory for accreditation of your service, we strongly encourage that secondary and tertiary services review and assess their services against these standards. Diabetes technology will increasingly become an integral part of diabetes care. <a href="#">More Information Here</a></i>	
<b>Criterion 3.1.2</b> Technology	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:  B. Our service maintains electronic medical records for all consumers*  C. Our service has a system in place to facilitate electronic reporting of blood glucose values by consumers*
Criterion	Indicators
<b>SECONDARY SERVICE INDICATORS</b>	
<i>*The next section describes the NADC/NDSS Diabetes Technology Standards. Although not mandatory for accreditation of your service, we strongly encourage that secondary and tertiary services review and assess their services against these standards. Diabetes technology will increasingly become an integral part of diabetes care. <a href="#">More Information Here</a></i>	
<b>Criterion 3.1.2</b> Technology	A. Our service staff can demonstrate how they are trained in new technologies  B. Staff provide advice and assistance to consumers where appropriate, about new electronic equipment that may assist in managing their diabetes
<b>Criterion 3.1.3</b> Innovation programs	A. Our service staff can demonstrate programs in place to encourage staff to innovate for quality improvement purposes  B. Staff at the service can demonstrate that all staff are encouraged to participate in improvement and innovation programs  C. Our service staff can demonstrate how innovation has improved services and/or consumer care
Criterion	Indicators
<b>TERTIARY SERVICE INDICATORS</b>	
<b>Criterion 3.1.1</b> Quality improvement practices	A. 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:  A.1 internal communications including newsletter, online information, reports A.2 presentations at team meetings A.3 award programs to encourage quality improvement

Standard 3.2. Education and training	
Criterion	Indicators
<b>CORE SERVICE INDICATORS</b>	
<b>Criterion 3.2.1</b> Qualifications and professional development of staff	A. Our clinical team can provide evidence of appropriate current national diabetes registration and other relevant clinical qualifications
<b>Criterion 3.2.2</b> Education programs	A. Where a service is unable to provide education programs in-house, clinical staff can demonstrate what external services consumers and their support person/s are referred to, and what information is provided to ensure ease of accessibility
Criterion	Indicators
<b>SECONDARY SERVICE INDICATORS</b>	
<b>Criterion 3.2.1</b> Qualifications and professional development of staff	<p>A. Our service staff can demonstrate that all administrative and support staff are appropriately qualified, holding qualifications relative to their job description</p> <p>B. Our service can provide evidence of staff development programs</p>
<b>Criterion 3.2.2</b> Education programs	<p>A. Our service staff can demonstrate education programs provided to consumers. These may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• What is diabetes?</li> <li>• Carbohydrate counting</li> <li>• Management of insulin and titration</li> <li>• Hypoglycaemia management</li> <li>• Sick day management</li> </ul>
<b>Criterion 3.2.3</b> Participation in knowledge-sharing	<p>A. We can demonstrate how collaboration is practised between staff within our service. This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Sharing of 'lessons learnt' at team meetings</li> <li>• Documented updates and staff information resources</li> <li>• Presentations delivered to staff</li> </ul>
Criterion	Indicators
<b>TERTIARY SERVICE INDICATORS</b>	
<b>Criterion 3.2.1</b> Qualifications and professional development of staff	<p>A. Our allied health staff possess relevant diabetes qualifications and this can be demonstrated including further upskilling and refresher courses including, but not limited to:</p> <ul style="list-style-type: none"> <li>• <a href="#">Foot Forward online training modules</a></li> <li>• <a href="#">Diabetes and intellectual disability disorder</a></li> <li>• <a href="#">Pre-pregnancy planning and care for women with diabetes</a></li> </ul> <p>B. Our service staff can demonstrate that education and other programs are developed in consultation with the target audiences e.g. people with diabetes</p>
<b>Criterion 3.2.2</b> Education programs	<p>A. Our service staff can demonstrate education programs offered to a consumer's family or carers for upskilling and refresher courses including, but not limited to:</p> <p>B. Our service staff can demonstrate that education and other programs are developed in consultation with the target audiences e.g. consumers, people with diabetes</p>

**Criterion 3.2.3**

Participation in  
knowledge-sharing

A. We can demonstrate how we collaborate with healthcare staff at external services.  
This may include, but is not limited to:

- 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

B. Our service staff can provide examples of contributions made through information, time and resources that have been provided to the NADC, ADS and/or ADEA for knowledge-sharing purposes

## Section 4: Service Management

### Standard 4.1. Quality improvement and innovation

Criterion	Indicators
<b>CORE SERVICE INDICATORS</b>	
<b>Criterion 4.1.1</b> Clinical records and consumer information	<p>A. Our service maintains a registry of all consumers with diabetes</p> <p>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</p> <p>C. We can demonstrate that consumer health records are updated and contain recommended management plan(s) and, where appropriate, expected process of review</p> <p>D. Our service team can demonstrate that relevant consumer information including history, allergies, medication, risk factors, hypoglycaemia risk, mental health issues, falls risk etc. are outlined and updated in the consumer file and relevant to the age of the consumer being cared for</p> <p>E. Our service staff (particularly within primary and secondary care services) can demonstrate that they are working toward recording preventive care status (e.g. currency of immunisation, smoking, nutrition, alcohol, physical activity, blood pressure, height and weight [body mass index], screening)</p> <p>F. Our service staff can demonstrate that confidential consumer information is stored securely</p> <p>G. Our clinical team can demonstrate how pathology results, imaging reports, investigation reports and clinical correspondence is reviewed and updated in consumer records</p>

Criterion	Indicators
<b>SECONDARY SERVICE INDICATORS</b>	
<b>Criterion 4.1.1</b> Clinical records and consumer information	<p>A. Our service team can demonstrate how issues, problems, concerns or complaints raised during previous consultations, are followed up and updated in consumer records</p>

### Standard 4.2. Service maintenance

Criterion	Indicators
<b>CORE SERVICE INDICATORS</b>	
<b>Criterion 4.2.1</b> Service and replacement of equipment	<p>A. Our service staff can demonstrate how frequently clinical equipment is calibrated and tested to ensure it is working according to manufacturer guidelines</p> <p>B. A log book for the service and maintenance of all clinical equipment (where relevant) can be demonstrated</p> <p>C. Our service team can demonstrate a budget for the maintenance of clinical equipment</p> <p>D. Our service team can demonstrate process and decision-making around the purchase of new equipment or replacement of equipment</p>





# STANDARDS

## CENTRE OF EXCELLENCE DIABETES SERVICE STANDARDS

4TH EDITION



## 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 demonstrate that they 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 among 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; thus, the NADC COE application process is all-encompassing and includes in-depth and sophisticated assessment processes. The application process should not be left to an individual to complete, as 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.

# CENTRES OF EXCELLENCE CRITERIA



## Standard 1: Education

CORE CRITERIA	INDICATORS
<b>Criterion 1.1</b> Ongoing training of internal health professionals within the organisation	<p>Education is provided to internal staff on various topics that relate to the care of people with diabetes.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• training program, date of training, participant list (e.g. nurses and other clinical staff within the organisation)</li> <li>• training reports about the use of the NADC National Diabetes Care Course and/or General Care Course</li> </ul>
<b>Criterion 1.2</b> Training external health professionals	<p>Education is provided to external staff on various topics that relate to the care of people with diabetes.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• education session(s) program, date of session and participant list (e.g. external healthcare professionals – GPs, primary care nurses)</li> <li>• training reports about the use of the NADC National Diabetes Care Course</li> <li>• conference presentation abstracts/poster presentation details and summary of target audience</li> </ul>
<b>Criterion 1.3</b> Certified Training programs	<p>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.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• list of training programs, including when/how these are delivered and the certification/certificates obtained</li> <li>• training reports about the use of training programs for clinical staff internal and external to the organisation</li> </ul>
<b>Criterion 1.4</b> Consumer education sessions	<p>Information and education sessions about diabetes prevention and management are offered to people with diabetes and community members.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• 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)</li> </ul>
<b>Criterion 1.5</b> Teaching of medical, nursing and Allied Health students	<p>The organisation actively provides training and engagement of health professional students in their programs and/or accommodates placements to the unit.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• contracts or memorandum of agreement with universities and other education providers regarding clinical placement agreements</li> <li>• 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)</li> <li>• number of student placements over past two years, including healthcare discipline</li> <li>• Feedback from students with regard to placement</li> <li>• Evidence of ADEA mentorship involvement</li> <li>• Nurse Practitioner Candidate support</li> </ul>





## Standard 2: National Influence

CORE CRITERIA	INDICATORS
<b>Criterion 2.1</b> Partnership with major diabetes organisations.	<p>Organisations should demonstrate their partnerships with national or international organisations such as Diabetes Australia, ADS, ADEA, JDRF, ADA, EASD, ADIPS, ADA and IDF.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• partnerships with significant input into organisations</li> <li>• 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</li> </ul>
<b>Criterion 2.2</b> Staff with national or international profiles/influence	<p>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.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• list of key organisational staff, with details of their (inter)national profiles, including speaking engagements over last 2 years and/or committee involvement</li> </ul>
DEVELOPMENTAL CRITERIA	INDICATORS
<b>Criterion 2.3</b> Partnership with non-diabetes organisations.	<p>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.).</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• partnerships with significant input into organisations</li> </ul>

## Standard 3: Research

CORE CRITERIA	INDICATORS
<b>Criterion 3.1</b> Investigator initiated and/or key involvement in research related to diabetes or chronic disease management.	<p>Evidence of original research led by the organisation and its employees relating to the aetiology and management of diabetes and its complications</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• list of publications and attached journal articles</li> <li>• success in nationally competitive research grants</li> <li>• 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</li> </ul>
<b>Criterion 3.2</b> Evidence of translational research.	<p>Evidence of using research to improve clinical diabetes practice/treatment.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• list of publications and attached journal articles</li> <li>• 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</li> <li>• evidence that research is translated into policies and procedures e.g. research translation plan document/publications</li> </ul>
<b>Criterion 3.3</b> Supervision of medical, nursing or allied health students and Honours, Masters and PhD candidates.	<p>Evidence of supervision.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Contracts or memoranda of agreement with universities regarding supervision arrangements</li> <li>• details of supervision provided to health professional and/or research students</li> <li>• number of supervisions provided over past two years</li> <li>• contributions of the organisation to high degrees by research</li> </ul>



## Standard 4: Service Delivery

### CORE CRITERIA

### INDICATORS

#### Criterion 4.1

Ongoing training of Evidence of an inter-disciplinary team culture and regular inter-disciplinary team meetings. internal health professionals within the organisation

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

#### Criterion 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 innovative or new models of care with emphasis on community based care or hospital avoidance

#### Criterion 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:

- details of service development or organisational policy that encourages out of hospital care and self-management principles in chronic care
- 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 delivery

#### Criterion 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

#### Criterion 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

#### Criterion 4.6

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



DEVELOPMENTAL CRITERIA	INDICATORS
<b>Criterion 4.7</b> 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: <ul style="list-style-type: none"> <li>evidence of the use of ehealth/digitisation of health information</li> <li>details of communication with primary care providers through connected ehealth technology systems</li> </ul>
<b>Criterion 4.8</b> 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: <ul style="list-style-type: none"> <li>succession planning document</li> <li>details of mentorship and/or staff professional development/upskilling</li> <li>staffing profile report, including anticipated/projected population and service demand increases</li> <li>evidence of structured and formal leadership training for key staff</li> </ul>
<b>Criterion 4.9</b> Technology is used to provide training programs and education	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: <ul style="list-style-type: none"> <li>succession planning document</li> <li>details of mentorship and/or staff professional development/upskilling</li> <li>staffing profile report, including anticipated/projected population and service demand increases</li> <li>evidence of structured and formal leadership training for key staff</li> </ul>
<b>Criterion 4.10</b> Data collected via technology are used to develop new programs, interventions or practice changes	Evidence of how electronic data collection has been utilised to develop new programs, interventions or practice changes:  Evidence can include, but is not limited to: <ul style="list-style-type: none"> <li>applications for additional resources using data</li> <li>communication indicating changes in practice or interventions based on data collected by the service</li> </ul>

## Standard 5: Practice/Policy Development and Guidance

CORE CRITERIA	INDICATORS
<b>Criterion 5.1</b> 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: <ul style="list-style-type: none"> <li>examples of quality improvement activities and cycles including auditing schedules</li> <li>examples of quality improvement activities identified through standard NADC accreditation</li> </ul>
<b>Criterion 5.2</b> 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: <ul style="list-style-type: none"> <li>details of the review of patient material</li> <li>consumer membership on committees</li> <li>consumer focus groups and outcomes</li> <li>audit of consumer service satisfaction</li> </ul>



<p><b>Criterion 5.3</b> Diabetes database.</p>	<p>Organisations should demonstrate the extent of involvement with consumers in the development of programs, resources and service improvement.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• details of the review of patient material</li> <li>• consumer membership on committees</li> <li>• consumer focus groups and outcomes</li> <li>• audit of consumer service satisfaction</li> </ul>
<p><b>Criterion 5.4</b> Evidence of team attendance at relevant national/international diabetes meetings, as well as the sharing of information received at these meetings</p>	<p>Varying key members of the diabetes team attend their relevant professional body meetings. (e.g. ADS, ADA, EASD, IDF, ADEA, ADA, ADIPS, DPSG)</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• certificates of attendance at professional meetings</li> <li>• abstracts/poster submissions by service members to professional meetings</li> <li>• in-services conducted by those who attended meetings to share information with team members and discuss how new research could be implemented into practice</li> </ul>
<p><b>Criterion 5.5</b> Evidence of the regular review of organisational policies and involvement in the roll-out of national guidelines within the centre.</p>	<p>Evidence of policy review and adherence to best practice through communication of updated national/international diabetes guidelines.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• internal policy and procedure review timelines and plans</li> <li>• evidence of contributions to updating national/international diabetes guidelines</li> <li>• 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</li> </ul>
<p><b>Criterion 5.6</b> Involvement in development of key position statements &amp; guidelines for national organisations.</p>	<p>Participation in the development of peak body position statements or guidelines.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• submission of position statements highlighting the involvement of the diabetes services or members of the diabetes service</li> </ul>
<p><b>Criterion 5.7</b> Professional development within the diabetes team.</p>	<p>The service provides ongoing professional development sessions.</p> <p>Evidence can include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• journal club dates, topics and participants</li> <li>• lunchtime seminar dates, topics and participants</li> <li>• grand rounds dates, topics and participants</li> <li>• leadership or management training</li> </ul>

# APPENDIX

TABLE OF ABBREVIATIONS	
ADATS	Australasian Diabetes Advancements and Technology Summit
ADC	Australasian Diabetes Congress
ADEA	Australian Diabetes Educator Association
ADS	Australian Diabetes Society
ADIPS	Australasian Diabetes in Pregnancy Society
AHW	Aboriginal Health Worker
AIHW	Australian Institute of Health and Welfare
ANDA	Australian National Diabetes Audit
APEG	Australasian Paediatric Endocrine Group
APNA	Australian Primary Health Care Nurses Association
BPDC	Best Practice in Diabetes Centres
ESA	Endocrine Society of Australia
CDE	Credentialed Diabetes Educator
CEO	Chief Executive Officer
CKD	Chronic Kidney Disease
CVD	Cardiovascular Disease
DA	Diabetes Australia
DFA	Diabetic Foot Australia
FF	Foot Forward
GP	General Practitioner
HCP	Healthcare Professional
HP	Health Professional
IDF	International Diabetes Federation
iHRFS	Interdisciplinary High Risk Foot Service
KPI	Key Performance Indicator
MESAC	Medical Education Scientific Advisory Council
NADC	National Association of Diabetes Centres
NADC FN	NADC Foot Network
NDCC	National Diabetes Care Course
NDSS	National Diabetes Services Scheme
PCP	Primary Care Partnerships
PERL	Patient Education Resource Library
PHN	Primary Health Network
QI&CPD	Quality Improvement and
CPD	Continuing Professional Development
RACGP	The Royal Australian College of General Practitioners
RACP	The Royal Australasian College of Physicians
WDD	World Diabetes Day



# **DIABETES SERVICE STANDARDS**

**AND**

# **CENTRE OF EXCELLENCE DIABETES SERVICE STANDARDS**

**4TH EDITION**

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