



NATIONAL ASSOCIATION OF DIABETES CENTRES A YEAR IN REVIEW

2022-2023





What are you going to do?



NADC STEERING COMMITTEE



Prof Christopher Nolan

ADS Council & NADC Steering Committee Chair



Prof Anthony Rusell

ADS Council & NADC **Steering Committee**



Prof Sophia Zoungas ANDA Chair & NADC **Steering Committee**



Adj A/Prof Marg McGill NADC Steering Committee



Michelle Robins NADC Steering Committee



Dr Konrad Kangru NADC Steering Committee



Dr Elaine Pretorius NADC Accreditation Committee Chair & NADC **Steering Committee**



A/Prof Glynis Ross NADC Steering Committee



Prof Elizabeth Davis NADC Steering Committee



Dr Anna Wood NADC Steering Committee



NADC TEAM



Natalie Wischer OAM NADC CEO



A/Prof Sof Andrikopoulos ADS CEO



Linda Valenzisi Business & Events Manager



Georgina Frank

Foot Forward Project Officer



Lei Calma NADC Admin & Marketing Manager



Marjorie Castro

NADC Admin & Marketing Assistant



Michaela Watts High Risk Foot Service Project Officer



Dr. Joel Lasschuit High Risk Foot Service Database Manager



Berline Martinez

ADS Admin & Marketing Assistant



Jennifer Nicholas

Diabetes Technology Standards & Accreditation Project Officer



What did NADC achieve in 12 months?

NADC KEY FOCUS AREAS



Standards & Accreditation

- To promote higher standards of diabetes care through facilitating the development of standards supported by accreditation and benchmarking opportunities for:
 - Primary, Secondary and Tertiary health services
 - Centres of Excellence
 - Interdisciplinary High Risk Foot **Services**
 - Pharmacies
 - Diabetes technology

Collaboration

- To increase access to information and networking opportunities among diabetes services
- To encourage and support specialist diabetes services to work with non-diabetes health professionals to optimise the delivery and standards of diabetes care
- To provide support for smaller diabetes services in regional, rural and remote communities.
- Strengthen relationships with government and decision-makers to accelerate change and maximise the impact

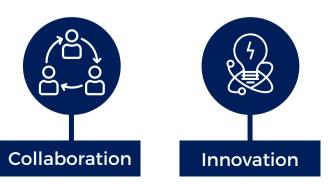
Shared Resources

- To facilitate the sharing of diabetes related resources to achieve the highest quality of care and education including:
 - policies and procedures
 - models of diabetes care • educational content
- Lead system integration and collaboration with community and industry partners
- Work with partners on shared solutions to improving the standard of diabetes care
- quality assurance programs Provide a baseline of knowledge on diabetes for healthcare professionals caring for people with diabetes through the National

NADC Goal

NADC supports and connects diabetes centres and services to deliver optimal diabetes care outcomes by setting standards of care and improvement.

Our Values





Quality Improvement

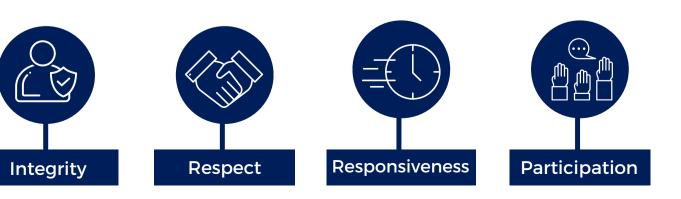
- To foster enhanced diabetes care through quality improvement activities, including:
 - facilitating standards and accreditation
 - benchmarking opportunities
 - auditing

Diabetes Care Course



Communication and Sustainability

- To create and execute a communications and marketing plan that targets members, potential member services, partner organisations and broader audiences that support the attainment of NADC goals
- Explore diversified funding streams that support ongoing financial sustainability



NADC PROJECT PLANS



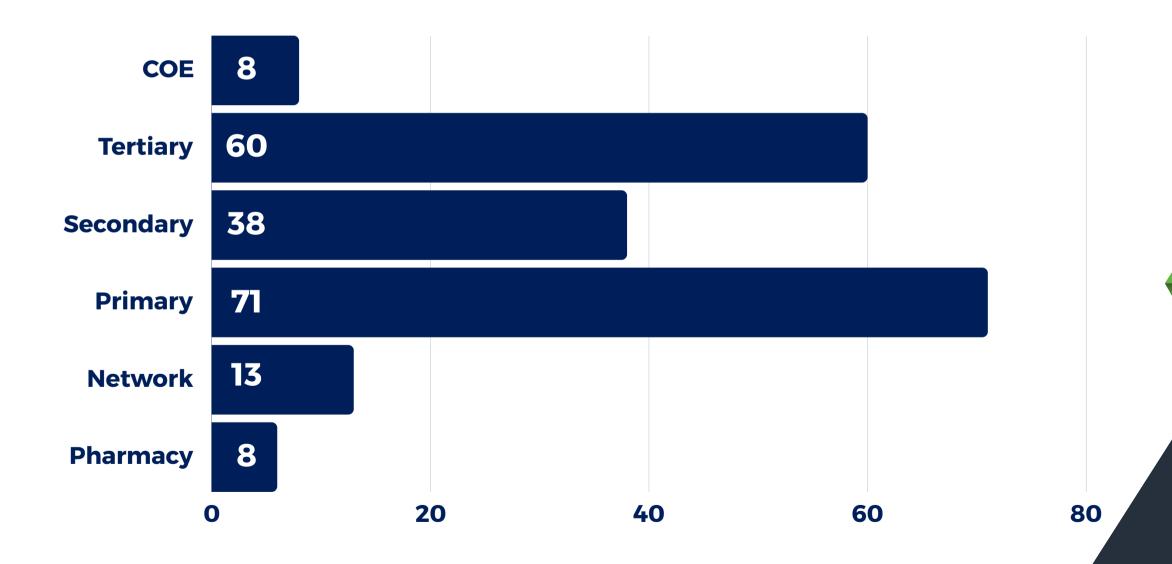




NADC MEMBERSHIP

NADC MEMBERSHIP

The National Association of Diabetes Centres (NADC) is the bridge and the linchpin between primary care services and the hospital, and this model is underpinned by the philosophy of shared care.









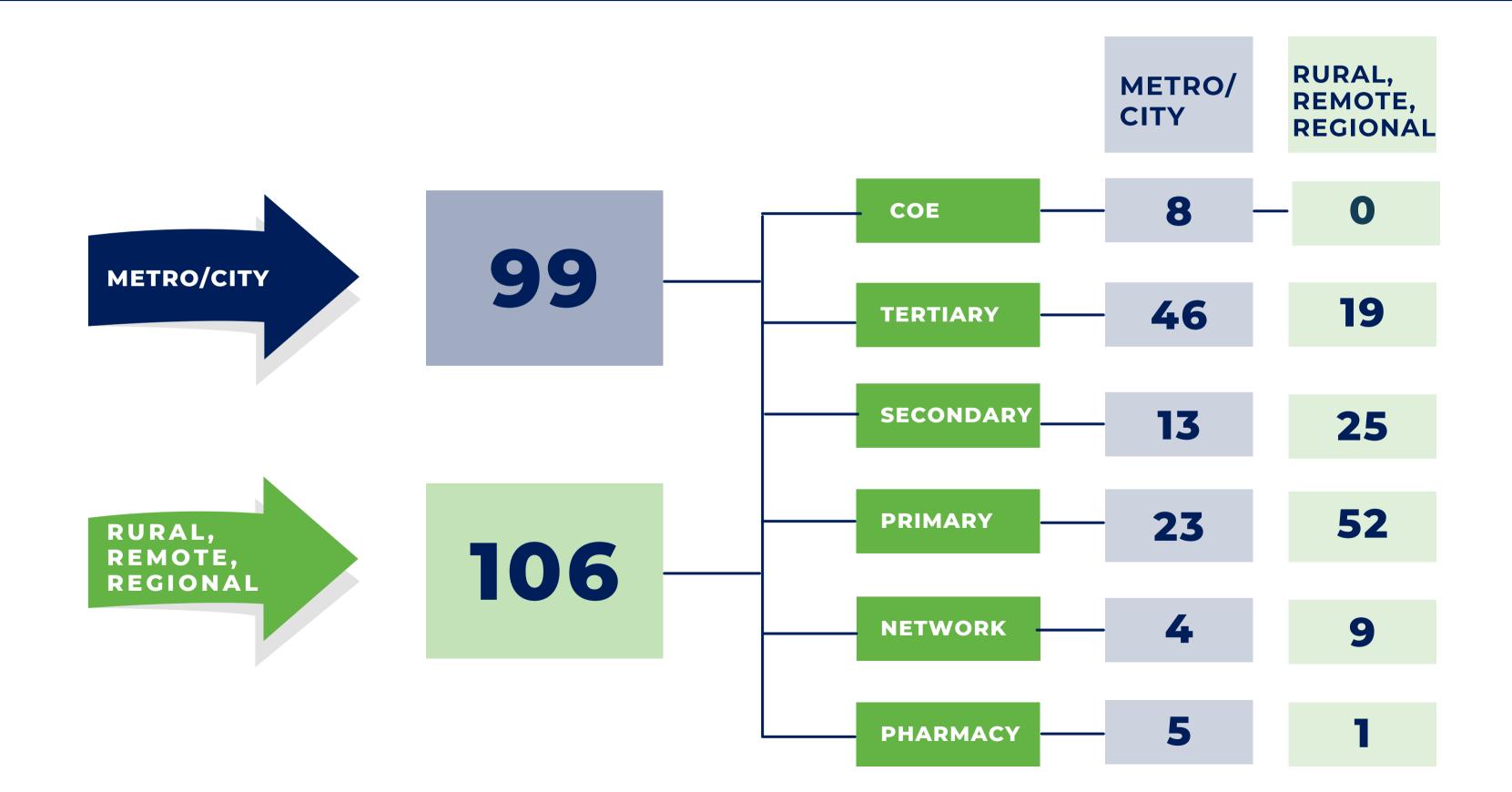








MEMBERSHIP TYPE 2023





DIABETES SERVICE ACCREDITATION & CENTRE OF EXCELLENCE

2022 - 2023 DIABETES SERVICE AND COE ACCREDITATION



19 services

2022-2023 Diabetes Service Accreditation

6 services

2022-2023 COE Accreditation







CENTRE OF EXCELLENCE

St Vincent's Hospital Melbourne

TERTIARY DIABETES SERVICE

Mater Health Queensland Diabetes & Endocrinology Centre

CURRENTLY IN THE PROCESS OF RENEWING THEIR ACCREDITATION.

GP Plus Noarlunga ICS Diabetes Services
 Geelong Endocrinology and Diabetes Service
 John Morris Diabetes Centre

NortBarvMac

2022 ACCREDITED SERVICES





nadc.net.au/nadcaccreditation

- ✓ Northern Health
 - **Barwon Health**
 - Mac Arthur Diabetes Service

CENTRE OF EXCELLENCE

- **Royal Prince Alfred Hospital**
- **Royal Melbourne Hospital**
 - **St. Vincent's Hospital Sydney**
- **Canberra Hospital**

DIABETES SERVICE ACCREDITATION

- **Baker IDI Heart and Diabetes Institute Diabetes Services**
- **Brisbane South Complex Diabetes Service**
- Healthy Living NT
- **Goulburn Valley Diabetes Centre** \checkmark
- North west Diabetes Service TAS \mathbf{V}
- Sydney Endocrinology

- **Grampians Health**
- **Royal Hobart Hospital Diabetes Centre**
- Lyell McEwin Hospital

2023 ACCREDITED SERVICES

Perth Children's Hospital



nadc.net.au/nadcaccreditation

- **Bankstown-Lidcombe Hospital**
- Western Health





THANK YOU TO ALL OUR ASSESSORS!



Elaine Pretorius NADC Accreditation Chair



Margaret McGill NADC Accreditation Committee





Glynis Ross NADC Accreditation Committee





Bronwyn Buckley NADC Accreditation Committee



Elizabeth Mulrooney NADC Accreditation Committee



Diana MacKay NADC Accreditation Committee



Cheryl Steele NADC Accreditation Committee



Elizabeth Oberstellar NADC Accreditation Committee



Michelle Robins NADC Accreditation Committee



Jennifer Nicholas NADC Accreditation Committee



Roger Chen NADC Accreditation Committee

WHAT NEXT



A review of the Diabetes Service and Centre of **Excellence accreditation packages are in progress**



The accreditation process has been made easier through **BASECAMP**



Expressions of Interest for Diabetes Service Accreditation are due by 5th September 2023



Timelines for new Centre of Excellence applications:

- EOI 25th February 2024
- COE DUE 5th May 2024
- COE AWARDS ADC August 2024



FOOT NETWORK • iHRFS ACCREDITATION • AUSTRALIAN DIABETES FOOT REGISTRY (ADFR)

iHRFS ACCREDITATION

Current COE Awardees (Services)



Honorary Chair NADC Foot Network

- Royal Prince Alfred Hospital
- Royal Melbourne Hospital
- Monash Health

12

- Fiona Stanley Hospital
- Liverpool Hospital
- St Vincent's Hospital, Sydney
- St Vincent's Hospital, Melbourne
- Sir Charles Gairdner Hospital
- Townsville Hospital and Health Service
- Cairns Diabetes Centre
- Eastern Health
- Royal Perth Hospital



- Mater Hospital, High Risk Foot Service Northern Adelaide Local Health Network
- - iHRFS Lyell McEwin Hospital
- Flinders Medical Centre Multi-Disciplinary High Risk Foot Service Western Health - Diabetes Foot Service
- Foot Procedure Unit Northern Health
- Central Adelaide Local Health Network
- Multidisciplinary Foot Service
- Illawarra Shoalhaven LHD High Risk Foot Service
- Royal Darwin Hospital High Risk Foot Service
- Macarthur High Risk Foot Service
- Bendigo Health High Risk Foot Service • Central Coast Local Health District - High Risk Foot Service



Michaela Watts HRFS Accreditation Project Manager





Natalie Wischer Accreditation Committee Members



Prof Stephen Twigg Accreditation Committee Members



Michaela Watts HRFS Project Officer

THANK YOU TO ALL OUR HRFS ASSESSORS!



Dr Joel Lasschuit



Stephen Tucker



Gillian Butcher



Sally Lamond



Sayed Ahmed



Sarah Dallimore



Dr Emma Hamilton



Dr Peter Lazzarini



Dr Pamela Chen



Dr Mendal Baba



Vanessa Nube



Joanna Scheepers



AUSTRALIAN DIABETES FOOT REGISTRY (ADFR)

41

Database Live (Approved & commenced)

- St Vincent's Public Hospital
- Liverpool Hospital
- Goulburn Valley Health
- Royal Prince Alfred Hospital
- Wollongong Hospital
- Bankstown-Lidcombe Hospital
- Sir Charles Gairdner Hospital
- Campbelltown Hospital
- Ballarat Health Services
- Monash Medical Centre
- Eastern Health
- St. Vincent's Hospital Melbourne
- Gosford Hospital
- Wyong Hospital, Henry Moore Dr
- Fiona Stanley Hospital
- Fremantle Hospital
- Royal Darwin Hospital
- Palmerston Regional Hospital
- Flinders Medical Centre
- Wagga Wagga Base Hospital
- Royal Hobart Hospital

- Austin Hospital
- Port Macquarie Community Health Centre
- Canberra Hospital
- Royal Adelaide Hospital
- The Queen Elizabeth Hospital
- Nepean Hospital
- Latrobe Regional Hospital
- Royal Perth Hospital
- Bentley Health Service
- Footscray Hospital
- Shoalhaven District Memorial Hospital
- Wollongong Community Health Centre
- Northeast Health Wangaratta (NHW)
- Tamworth Hospital
- Dubbo Base Hospital
- Launceston General Hospital (LGH)
- North West Regional Hospital
- Joondalup Health Campus
- Marion GP Plus Health Care Centre
- Noarlunga Hospital

6

2



Dr Joel Lasschuit ADFR Project Manager

Ethics Approval (Governance approval pending)

Prince Of Wales Hospital
Central Australian Aboriginal Congress
Alice Springs Hospital
Elizabeth GP Plus Health Care Centre
Latrobe Community Health Service
Blacktown Hospital

Ethics & Governance Approval (Not yet live)

Lyell McEwin HospitalModbury Hospital

THANK YOU TO OUR ADFR ADVISORY COMMITTEE!



Prof Stephen Twigg ADFR Advisory Committee



A/Prof Pete Lazzarini ADFR Advisory Committee





A/Prof Sof Andrikopoulos **ADFR Advisory Committee**



Natalie Wischer OAM ADFR Advisory Committee



Georgie Frank ADFR Advisory Committee



DIABETES TECHNOLOGY ACCREDITATION

The NADC technology standards aim to set a benchmark for service delivered by diabetes care centres across Australia.

DIABETES TECHNOLOGY ACCREDITATION

LYELL MCEWIN HOSPITAL

First Diabetes Service ever to achieve a successful technology accreditation award and hold a diabetes tertiary service accreditation in addition to high risk foot accreditation!

ROYAL BRISBANE & WOMAN'S HOSPITAL



A/Prof Jane Holmes-Walker

Honorary Chair Diabetes Technology Accreditation



Jennifer Nicholas

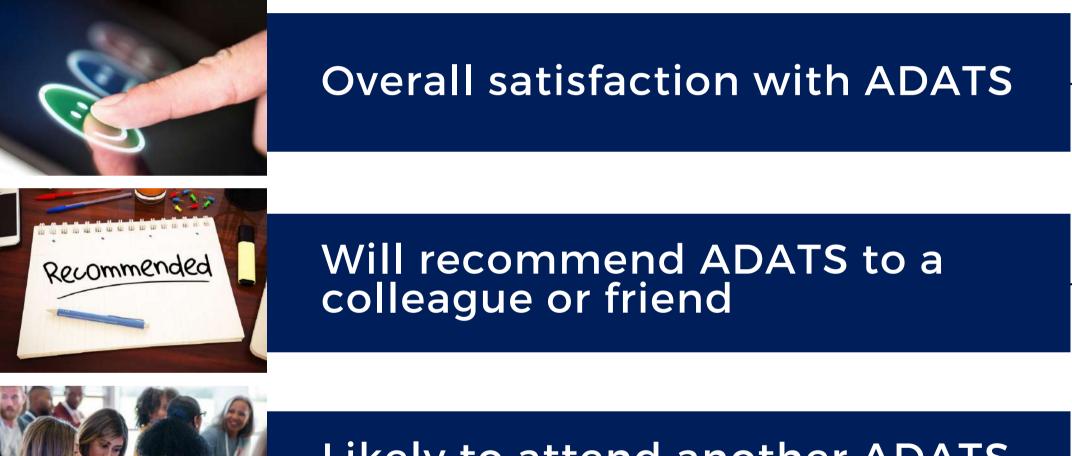
Project Manager Technology Accreditation

nadc.net.au/dts



EVENTS & CONFERENCES

AUSTRALASIAN DIABETES ADVANCEMENTS & TECHNOLOGIES (ADATS) Gold Coast 2022





Likely to attend another ADATS meeting

97% said that the topics and presentations at ADATS were relevant and offered a great learning opportunity

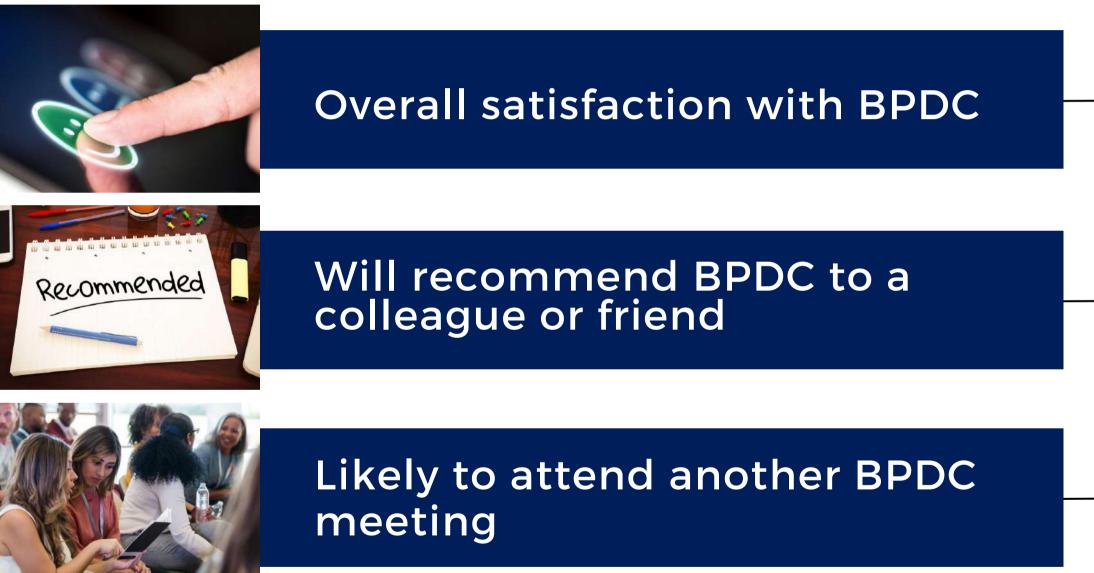
100%

96%

100%



BEST PRACTICE IN DIABETES CENTRES Gold Coast 2022



91% said that the topics and presentations at BPDC were relevant and offered a great learning opportunity



100% 92% 96%



AUSTRALASIAN DIABETES ADVANCEMENTS & TECHNOLOGIES



Australasian Diabetes Advancements and Technologies Summit

MEET OUR ADATS INTERNATIONAL SPEAKERS



PROF TADEJ BATTELINO



DR LAUREL MESSER



PROF RAMZI AJJAN

BEST PRACTICE IN DIABETES CENTRES WEBCAST SERIES







EDUCATION

NATIONAL DIABETES CARE COURSE

NDCC **Enrolments**

6

1,901

NDCC Enrolments and climbing!

The NDCC helped to increase my knowledge regarding identifying, preventing, and managing hypoglycaemia and hyperglycaemia. I also gained knowledge regarding diabetic complications. This new knowledge will assist me in providing quality nursing care and support to people with diabetes.

The NDCC has a module that reinforces the importance of what lifestyle issues play in managing diabetes. As an allied health professional, this will assist me in attending and talking to my patients about their diabetes and how they could manage their lifestyles. Thank you NADC for this great opportunity!





NATIONAL DIABETES CARE COURSE

- course at a tame or place that suits you







PATIENT EDUCATION RESOURCE LIBRARY

The NADC Patient Education Resource Library has been made possible through the partnership with Healthily (GoShare) & Western Sydney Diabetes.

PERL enables healthcare professionals to access an extensive library of patient education resources, including fact sheets, videos, apps and websites that can be seamlessly sent to your patients with diabetes via email or SMS.

This platform gives you access to credible, evidence-based resources including:



Patient stories

Ani

Animations

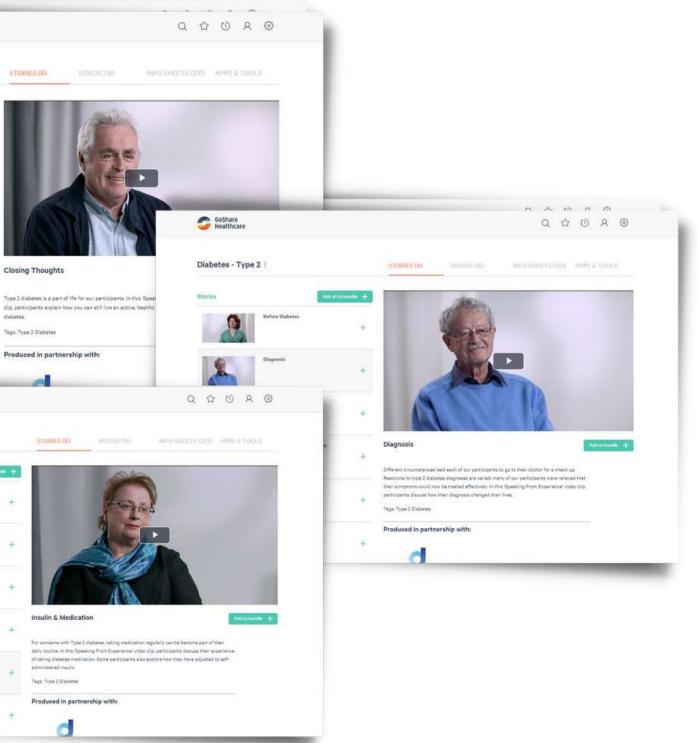








PATIENT EDUCATION RESOURCE LIBRARY



PATIENT EDUCATION RESOURCE LIBRARY

List of Services using PERL

PERL LICENSEE services

- Mid North Coast LHD
- WNSWLHD Western NSWLHD
- SESLHD South Eastern Sydney LHD
- NSLHD Northern Sydney LHD
- NNSW LHD Northern NSW LHD
- ISLHD- Illawarra Shoalhaven LHD
- NBMLHD- Nepean Blue Mountain LHD
- SWSLHD- South Western Sydney LHD
- SVHN- St Vincents Hospital Network
- MLHD Murrumbidgee LHD

- Marathon Health

- Seymour Health

- Marion

NUMBER OF **RESOURCES SENT** 4.869

• Nexus Primary Health Alexandra District Health

• Yea & District Memorial Hospital

Southern Adelaide Local Health Network

- Flinders Medical Centre

- Noarlunga / Out of Hospital Diabetes Services Northern Adelaide Local Health Network

PRIMARY CARE DIABETES WEBINAR SERIES



Total number of PCD webinar registrations



Expectations met



Relevance of topics



Total number of registrations for the Primary Care Diabetes webinar series

97%

97% said that PCD webinars exceeded or met their expectations

96%

96% said that PCD webinars exceeded or met their expectations

PRIMARY CARE DIABETES WEBINAR SERIES



Time: Thursday 12:30pm AEST Speakers: Dr Ralph Audehm and Ivan Chan Topic: Why dietitians are even more important in getting it right - The GLP1RA story

Time: Thursday 12:30pm AEST Speakers: Eileen Collins and Michelle Cox Topic: Technology in OzDAFNE: a double-edged sword

WATCH NOW

Time: Thursday 12:30pm AEST Speaker: Marwa Osman Topic: My Health Record: Supporting team-based primary care in diabetes

WATCH NOW

WATCH NOW PRIMARY CARE DIABETES WEBINARS "WHAT MATTERS TO YOU?" LEARNINGS TO PROMOTE PERSO CENTRED CARE CONDITIONS

When: 30 March 2023 Time: Thursday 12:30pm AEDT Speaker: Adam Livori Topic: "What Matters To You?" learnings to promote person centred care for chronic conditions



When: 16 March 2023 Time: Thursday 12:30pm AEDT Speaker: Dr Kylie McKenzie Topic: Motivational interviewing and diabetes care: 'guiding principles' for collaborative conversations



When: 02 March 2023 Time: Thursday 12:30pm AEDT Speaker: Professor Bodil Rasmussen Topic: Guided Self-Determination: A practical method to empower people with diabetes

Time: Thursday 12:30pm AEDT Speaker: Dr Geetha Theverkalam Topic: The Integrated Diabetes Education and Assessment Service (IDEAS) model: Improving access to quality integrated, evidence-based care

WATCH NOW



When: 06 October 2022 Time: Thursday 12:30pm AEDT Speaker: Catherine Witney Topic: Diversity and Person-Centred Care: what primary care providers need to know



YOUNG PEOPLE WITH T2DM – CHANGING THE PARADIGM

RIMARY CARE

DIABETES WEBINARS

When: 03 November 2022 Time: Thursday 12:30pm AEDT Speaker: Dr Ashley Ng Topic: Young people with T2DM - Changing the Paradigm

RIMARY CARE DIABETES WEBINARS THE IMPORTANCE

OF PEER SUPPORT FOR THOSE LIVING WITH AND AFFECTED BY DIABETES

When: 20 October 2022 Time: Thursday 12:30pm AEDT Speakers: Giovanna Taverna and Marj Devereux Topic: The importance of peer support for those living with and affected by diabetes

WATCH NOW

RIMARY CARE DIABETES WEBINARS MENTAL HEALTH AMONG PEOPLE WITH CHRONIC HEALTH CONDITIONS, AN NEW DIGITAL TREATMENT OPTIC

When: 08 September 2022 Time: Thursday 12:30pm AEST

Speakers: Blake Dear Topic: Mental health among people with chronic health conditions, and a new digital treatment

WATCH NOW

RIMARY CARE **DIABETES WEBINARS** AUSTRALIAN CENTRE FOR ACCELERATIN G DIABETES INNOVATIONS (ACADI)

When: 25 August 2022 Time: Thursday 12:30pm AEST Speaker: A/Professor Elif Ekinci Topic: Australian Centre for Accelerating Diabetes Innovations (ACADI)



AUSTRALIA DIABETES CLINICAL QUALITY REGISTRY (ADCQR)

AUSTRALIAN DIABETES CLINICAL QUALITY REGISTRY (ADCQR)



MONASH University

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ANNUAL REPORT 2022

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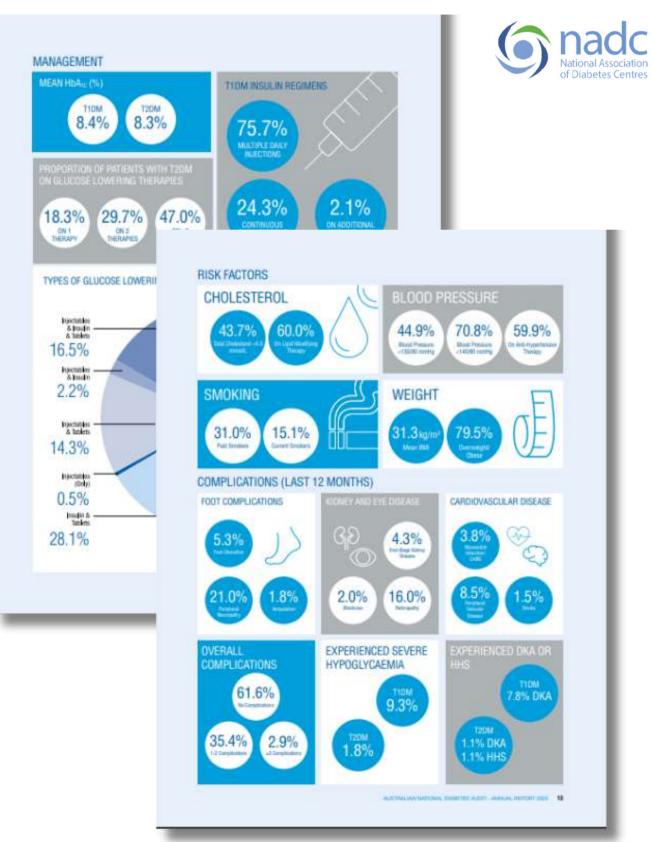
KEY FINDINGS FOR ADULT PATIENTS

DEMOGRAPHICS 64 44.2 T2DM 63.8 PARTICIPATING YEARS YEARS CENTRES 4641 T1DM T2DM 17.4 12.4 PATIENTS YEARS YEARS TYPES OF DIABETES OTHER 2.6% 12DM 66.5% think contactions in Longitude of this back for BLOOD GLUCOSE MONITORING NO REGULAR BLOOD









AUSTRALIAN DIABETES CLINICAL QUALITY REGISTRY(ADCQR) PUBLICATIONS

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Multiple ANDA/ADCQR publications in international journals, conference oral and poster presentations.



ession and diabetes distress

ATIFIC REPORTS

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BMJ Open Age-related differences in glycaemic control, cardiovascular disease risk factors and treatment in patients with

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Cardiovascular Diabetology

ORIGINAL INVESTIGATION

Burden of cardiovascular risk factors and disease among patients with type 1 diabetes: results of the Australian National Diabetes Audit (ANDA)

Anthony Pease¹², And Camest", Sarjeeva Tlanasisha", Natalie Nanayalkara¹², Danny Liew¹, Natalie Wischer¹, Sofanos Anthiopoulos¹² and Sophia Zoungas¹²

Abstract

Background: Cardiovascular risk stratification is complex in type 1 dubers. We hypothesized that traditional and dubers specific cardiovascular risk factors were prevalent and atomyly associated with cardiovascular diverse EVID among adults with type 1 dubers attending Australian dubers contres.

Notificade: Construction of perspectively collected data from partnersh with specific datation agent (2) thereas in the 2015. Restruction National Distances Rudit were analyzed. The burdlers of Cardionascular risk factors (spip, sec, dialetes dura tion, glycated harmopilish (RAF), biologi persone, typip profile, body music risks, strating datas, estimating factors and albummutal and associations with CDD inclusion of locationascular risks factors (spip), sec, glycates graft surgery (importance) and perspineral vacuate disease were associated Restructed cubic, points agent profile factors of calored and technologies and technologies are associated Restructed technologies, age, datasets directors, correct type and cardioeses doubles outcomes of technologies are associated Restructed technologies, and defines were type and cardioeses doubles outcomes. (Interest Disease were associated Restructed restructed technologies) while the doubles outcomes of technologies (RAC) (second).

Results: Data from 1169 patients were analysed. Mean LB 102 app and median diabetes duration was 602 (p. 16.7) and 50.0 IIID-2019 years respectively. Cardiovascular risk factors were prevalent including/hypothesiscul/20194, eduploitemes 20194, second 2019 (p. 16.9), were ensisted including hypothesiscul/20194, estimated (p. 16.9), displayments are vitil inclusion 7.11 m² (20.3 Hz) and Highly s 7.0Hz (51 mmoshind) MHz). Other age, longer diabetes dura tion, incluing and artiflypothesis (20.9 Hz) and Highly s 7.0Hz (51 mmoshind) and (20.0 Hz), while high dealers dura displayments and a district (biologic pressure were resplayed associated (p. 10.2). According with (20.0 Hz) disbetes duration states of production of the age service service resplayed associated (p. 10.2). According to 40.0 CM and bibletes duration termaned-constant until 20 years when a linear increase was noted Longer disbetes duration also had the fighted population amobility linear with 18.0 Yeb (19.1 K) (19.1 Hz). The models for CVD dimensional global distraped by population and based in the 20.0 Linear (18.0 Yeb (19.1 K) (19.1 Hz). The models for CVD dimensional global distraped by population and based in the 20.0 Linear (18.0 Yeb (19.1 K) (19.1 Hz). The models for CVD dimensional global distraped by population and the PCC count (18.0 Yeb (19.1 Hz), 19.1 Hz).

Conclusions: Cardiovascular risk factors were prevalent and strongly associated with CAD among adults with type 1 fallence attending Australian diabetes centers; Given the approximate infragment before and after 30 years dura diamtors and CAD the impact of cardiovascular risk stratification and management before and after 30 years dura tor needs to be further associated longitudinally. Diabetes approximate infragment before and after 20 years dura diabetes; duration should be an important consideration inflatute guideline development.

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FOOT FORWARD



The map is designed to provide service information to assist healthcare professionals and people with diabetes to locate their local services able to

footforward.org.au/services-support

FOOT FORWARD WEBINAR SERIES AND LIBRARY

FootForward has created a webinar series to link you with diabetes related foot disease experts across the country to explore the management of diabetes related foot disease and current, innovative and holistic approaches to keeping people with diabetes ulcer-free. The webinars are available on the Foot Forward website.

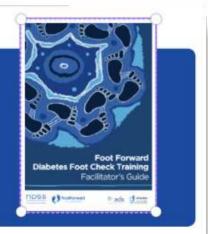
footforward.learnupon.com/users/sign n

CLICK HERE

FOOT FORWARD DIABETES FOOT CHECK TRAINING

The Foot Forward Diabetes Foot Check Training program is designed to provide a practical curriculum to train and upskill Aboriginal and Torres Strait Islander Health Workers in caring for the feet of people with diabetes. This course supports the practical application of knowledge provided in the online modules and can be delivered by those involved in training of Aboriginal and Torres Strait Islander Health Workers.

footforward.org.au/for-health-professionals

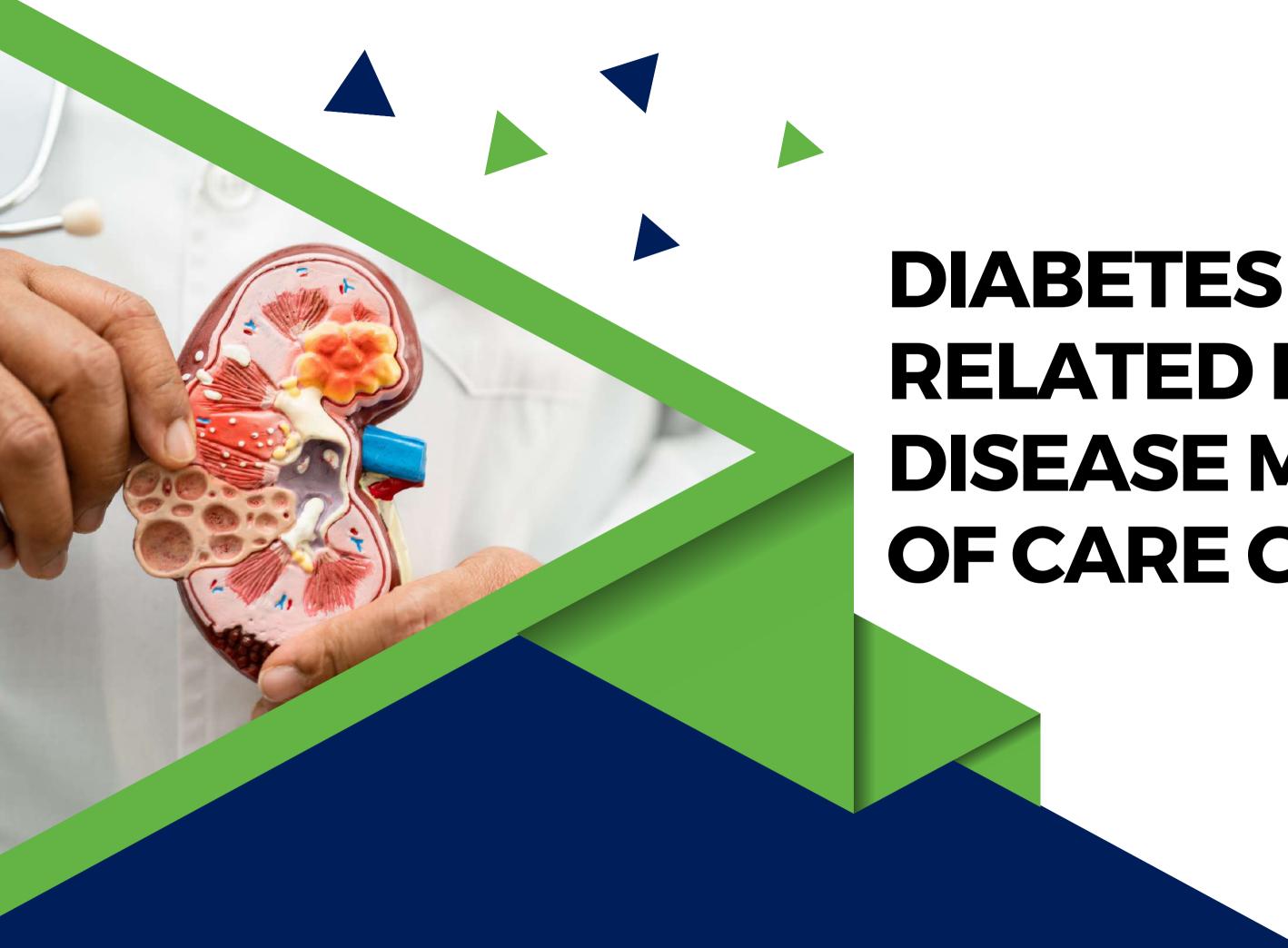








WHAT'S HAPPENING NEXT?



RELATED KIDNEY DISEASE MODEL OFCARE GRANT

BEST **PRACTICE IN** DIABETES **KIDNEY** RELATED DISEASE **MODEL OF CARE GRANT**







for being selected as the successful 2023 grant recipient

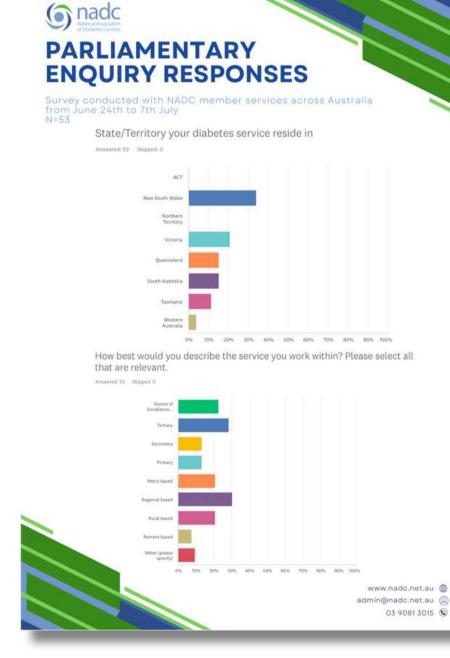


OTHER COMMITTEE CONTRIBUTIONS

- **Foot Forward Project Director**
 - **DFA Steering Committee**
- Investigator Aboriginal Diabetes Workforce Study
- ADS Diabetes & Liver Disease Committee
- ADS & ADEA Diabetes Workforce Committee
- ADS Education Committee
- Australasian Diabetes Clinical Trial Network
- Statewide Initiative for Diabetes Management (NSW)
- ADCQR Steering Committee



PARLIAMENTARY ENQUIRY



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Themed responses to the following question "What do you believe are the key issues for diabetes centres and services in relation to Australia's health system and economy"

NO	THEMED SUMMARY OF RESPONSES			
1	Access and Affordability: The primary concern is access to diabetes care, particularly for individuals in rural and remote areas. Many individuals cannot see their GP regularly due to cost barriers. Diabetes services struggle wit inadequate funding and a lack of resources to support the increasing number of patients.			
2	Multidisciplinary Care: There is a need for a more integrated approach involving various healthcare profess including diabetes educators, nurses, psychologists, dietitians, and podiatrists. Coordination among these professionals is essential for managing complex health issues in patients with diabetes.			
3	Prevention and Early Detection: There is a call for more emphasis on preventive measures, including public awareness campaigns, education from a young age, and promoting healthy lifestyle choices to prevent diabetes and its complications.			
4	Technology and Data Management: Improved data management and technology integration are crucial for diabetes centres to implement remote monitoring systems, digital health solutions, and continuous glucose monitoring. However, funding and training for these technologies are needed.			
5	Indigenous Health: Diabetes disproportionately affects Indigenous communities, and there is a need for cultural appropriate and community-led initiatives to address these disparities.			
6	Funding and Staffing Challenges: Inadequate funding leads to understaffing, which affects the quality and accessibility of diabetes services. There is a specific demand for more diabetes educators and nurse practitioner			
7	Obesity and Medication Access: Obesity is a significant concern in diabetes management, and there is a call for increased funding and access to evidence-based medication combinations and treatments for obesity.			
8	Fragmented Services and Inadeouate Standards: The current diabetes care system faces challenges in terms of fragmented services, lack of national standards for diabetes care in hospitals, and inadequate diabetes content within tertiary education curricula.			
9	Community Education and Resources: More resources are needed to educate the community about diabetes prevention and management, including access to physical activity, healthy food choices, and free-to-air media campaigns.			
10	Centres of Excellence and Telehealth: Establishing centrEs of excellence in regional areas and utiliSing telehealth services can improve access to specialiSed diabetes care and reduce unnecessary travel for patients.			
11	Training and Education: The need for ongoing education and training for healthcare professionals to keep pace with rapidly evolving diabetes technologies and best practices is emphasiSed.			
12	Recognition of Diabetes as a Metabolic Disease: Some comments express a desire for diabetes to be recognised as a genetic and metabolic disease, not solely linked to lifestyle factors like obesity.			



Themed responses on the opportunities for improving the effectiveness of current Australian Government policies and programs within diabetes centres and services to manage diabetes

- unding and Resource Allocation: Increased funding and resources for diabetes centres to deliver comprehensive care.

Access and Affordability:

- Expanding access to Continuous Glucose Monitoring (CGM) and Flash Glucose Monitoring (FGM) for all types of diabetes, not just limited to Type 1 Diabetes. Subsidising insulin pumps for individuals with Type 1 Diabetes
- Providing subsidies for newer and more effective medications, such as SGLT2 inhibitors and GLP1, for those eligible. Ensuring affordability of diabetes technology and self-management tools for all individuals with diabetes
- Telehealth and Digital Solutions:
- Encouraging the adoption of telehealth programs, especially in remote and underserved areas, to improve access
 to specialist consultations and remote monitoring.
 Utilising digital health solutions to facilitate remote access to monitoring equipment and enhance selfmanagement of diabetes.

- Prevention and Early Intervention
- lifestyles Implementing screening programs in primary care settings to detect diabetes early and intervene promptly.
- Indigenous Health Initiatives:
- management

Research and Innovation Support:

institutions, healthcare providers, and industry partners.
Supporting the implementation of evidence-based guidelines and best practices in diabetes care.

Integrated Care Models and Coordination:

· Ensuring seamless information exchange and care transitions among primary care providers, specialists, and allied health professionals.

Policy and Legislative Changes:

· Encouraging government representation and consultation with healthcare professionals, patients, and carers when developing policies.

Focus on Prevention and Obesity Management:

 Allocating more funding and resources for obesity management programs to prevent and treat obesity is a significant risk factor for diabetes. Investing in health promotion and education to encourage healthier lifestyle choices and reduce diabetes risk.

Healthcare Workforce Development and Training: • Investing in the education and training of healthcare professionals involved in diabetes care to improve their

knowledge and expertise in managing diabetes. · Expanding access to diabetes education programs and resources for healthcare professionals and individuals with

Standardisation and Electronic Medical Records:

care. · Utilising electronic medical records and integrated healthcare systems to minimise errors and duplication of

www.reallygreatsite.com @ @reallygreatsite (Q) +123-456-7890 🕲 Addressing the staff shortage by funding more qualified healthcare professionals, including diabetes educators, dietitians, endocrinologists, and nurse practitioners.
 Supporting rural and regional areas with sufficient funding and resources for diabetes services.

· Investing in targeted public health campaigns to raise awareness about diabetes risk factors and promote healthy

Developing policies and programs to address the disproportionately higher impact of diabetes on Indigenous

Supporting community-led initiatives and engaging Indigenous Health Workers in diabetes education and

· Providing additional funding opportunities for diabetes research and encouraging collaboration between research

Promoting integrated care models that involve coordinated efforts among various healthcare providers to ensure
personalised care for individuals with diabetes.

Advocating for policy changes prioritising diabetes care and management, such as standardised guidelines and resource development.

· Standardising care delivery and service models across different healthcare settings to ensure consistent quality of

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Themed responses on what services feel are important for the NADC to address in the inquiry

Funding and Resources:

· Many respondents emphasised the need for increased funding and resources to improve the effectiveness of diabetes centres and services. This includes funding for diabetes devices such as Continuous Glucose Monitoring (CGM) and insulin pumps and subsidies for medications like SGLT2 inhibitors and GLP1 receptor agonists. There were also calls for better funding of diabetes educators, dietitians, and other healthcare professionals involved in diabetes care.

Equity and Access:

Respondents highlighted the importance of addressing equity and access to diabetes care. This includes better access to services in rural and remote areas, reducing disparities in access based on socioeconomic status, and improving services for Indigenous populations. There were also calls for affordable access to diabetes devices for all individuals with diabetes, not just those with Type 1 Diabetes.

Integrated Care and Coordination:

· Many respondents stressed the need for better coordination and integration of diabetes care across various healthcare providers. This includes developing collaborative networks, standardised care guidelines, and seamless information exchange between primary care providers, specialists, and allied health professionals.

Prevention and Early Intervention:

· Prevention and early intervention were highlighted as crucial aspects of improving diabetes management. Respondents emphasised the importance of public health initiatives, awareness campaigns, and screening programs targeting at-risk populations. Early detection and intervention can help reduce the long-term health and economic consequences of diabetes.

Person-Centered Care

· Respondents called for a person-centred approach to diabetes care, empowering individuals with diabetes to actively participate in their care and self-management. This includes shared decisionmaking, education, and support for self-monitoring technologies and resources.

Focus on T2DM and Obesity:

 There were specific calls for increased attention to type 2 Diabetes (T2DM) and obesity. Suggestions included improving access to CGM for individuals with T2DM on insulin, funding obesity management programs, and addressing the stigma associated with T2DM and weight-based discrimination.

Workforce Development and Training:

 Respondents stressed the importance of investing in the education and training of healthcare professionals involved in diabetes care, including diabetes educators, nurses, and dietitians. Nurse Practitioner models were also suggested as a potential solution, particularly in remote and underserved

Standardisation and Quality Improvement:

 Standardising diabetes care guidelines and developing robust quality improvement systems were suggested to assess the effectiveness of diabetes centres and services. This can help identify areas for improvement and ensure evidence-based care is delivered.

Focus on Behavioral Science and Research:

• There were calls for more funding and support for behavioural science and implementation research in diabetes care. Understanding how people with diabetes and their carers access services and education can lead to more effective care models.

Addressing Stigma and Emotional Wellbeing:

Respondents highlighted the need to address the stigma associated with diabetes, particularly T2DM, and prioritise the emotional well-being of individuals living with diabetes.

QIDSIG GROUP

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Interest Group

Quality Improvement in Diabetes Special

MASTERCLASS WEBINARS QIDSIG will develop and maintain a robust community of practice

platform, which will serve as the central hub for m collaborate, and share knowledge. The p facilitate discussions, Q&A sessions, and I topics related to quality improvement in d access to specialised forums where they findings, and success stories from their (The community platform will also allow n other, creating a vibrant network of likeprovide support and mentorship to one a

COMMUNITY OF PRACT

To complement the community platform, series of masterclass webinars featuring leaders in the fields of diabetes care and webinars will cover a wide range of topic improvement methodologies, data analyt patient engagement strategies, and inno specific challenges in diabetes care. The valuable insights, practical tips, and evide empowering members to apply their learn

ONLINE RESOURCE REPO

QIDSIG will curate and maintain an exten gathers a wealth of materials related to q care. This portal will house research pap practice documents, and quality improve comprehensive repository of valuable int esources will cover various aspects of o management, education, and patient sup access the latest evidence and tools neo mprovement initiatives.

LEARNING MODULE

To cater to different learning preference will develop an interactive learning modu paced online courses on topics relevant diabetes care. The courses will be design and will include engaging multimedia con to enhance learning retention. Participant completing these courses, recognising the professional development and proficience oractices.

Facilitation Knowledge Exchange

QIDSIG serves as a hub for healthcare professionals to share their expertise, experiences, and best practices in quality improvement methods and diabetes care. By fostering a supportive and collaborative environment, members can gain insights into innovative approaches that have proven effective in enhancing patient outcomes.

Empowering Data-Driven Practices

Empowering Data-Driven Practices: QIDSIG emphasises the importance of utilising data to inform decision-making and improve diabetes care. Members will be encouraged to leverage data analytics, clinical indicators, and patient feedback to identify areas of improvement, measure progress, and implement evidence-based interventions for optimising patient well-being.

Promoting Continuous Learning

The group is committed to providing ongoing educational opportunities, workshops, webinars, and guest lectures focused on quality improvement methodologies, diabetes research, and emerging trends in the field. By staying updated with the latest developments, members can enhance their skills and knowledge, leading to better patient care.

Supporting Quality Improvement Initiatives

QIDSIG will support its members in initiating and executing quality improvement projects within their respective healthcare settings. Through collaborative efforts and shared resources, participants can effectively implement evidence-based interventions, ultimately contributing to better diabetes management on a broader scale.

Advocating Patient-Centered Care

Advocating Patient-Centered Care: QIDSIG recognises the significance of patient-centred care in achieving optimal outcomes for individuals living with diabetes. Members will be encouraged to integrate patient perspectives, preferences, and values into quality improvement initiatives, ensuring that the care provided aligns with the unique needs of each person living with diabetes.

Fostering Networking and Partnerships

The group provides a valuable networking platform where healthcare professionals can establish meaningful connections with peers, experts, and stakeholders in the diabetes care domain. By fostering partnerships, QIDSIG aims to facilitate collaboration and create a collective impact on diabetes care at regional and national levels.

Purpose

(QIDSIG)

The Quality Improvement in Diabetes Special Interest Group (QIDSIG) has been established with the primary objective of fostering a community of healthcare professionals who share a common interest in enhancing the guality of diabetes care through continuous improvement initiatives. QIDSIG aims to provide a platform where professionals can collaboratively engage, exchange knowledge, and develop their skills in the field of quality improvement, specifically as it pertains to diabetes management.



QIDSIG SUB COMMITTEE

- Sophia Zoungas
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- Matt Quigley
- Natalie Wischer
- TBC













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