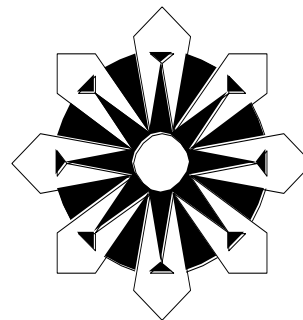


AUSTRALIAN
NATIONAL
ASSOCIATION
OF DIABETES CENTRES



To improve the health outcomes for all people with diabetes
and to promote strategies for the prevention and cure of
diabetes

2011

NATIONAL ASSOCIATION OF DIABETES CENTRES

1.0 WHAT IS THE NATIONAL ASSOCIATION OF DIABETES CENTRES?

The National Association of Diabetes Centres (NADC) is a collective of Diabetes Centres established in 1994 to explore mechanisms for improving the standard of care available to people with diabetes through Specialist Diabetes Centres and Services. The NADC promotes the flow of information and collaboration between specialist diabetes services; links with non-specialist service providers; collects and pools diabetes information data to promulgate improved standards, methods and models of diabetes care; helps NADC member centres maintain standards as centres of excellence.

2.0 STRUCTURE AND FUNCTIONS OF THE NADC

National Committee

The NADC is an organisation established by the Australian Diabetes Society (ADS) and the Australian Diabetes Educators Association (ADEA). These two incorporated professional organisations hold joint responsibility for the operations of the NADC with ADS and ADEA Councils each selecting two members to form a National Committee to conduct its affairs. The Chair and Deputy Chair pass from one organisation to the other on alternate terms of office.

The NADC is committed to a cohesive and systematic national approach to achieving its goals by maintaining an Australia-wide network of specialist diabetes centres and services. However, due to Australia's large geographical area and its relatively small and scattered population there is substantial variation in local circumstances, resources and needs, and NADC activities at the state level will vary.

The roles of the National Committee of the NADC are to:

- ❑ conduct and manage the business of the NADC on behalf of the ADS and ADEA. (Administration is through the ADPO Office)
- ❑ manage and maintain all matters relating to membership of the NADC including the development and implementation of membership and accreditation criteria;
- ❑ develop and implement policy to guide and govern the structure, function and operation of the NADC;
- ❑ sustain the NADC network by providing a forum for peer support and information exchange between individual member centres;

- ❑ provide policy and direction for national initiatives to be undertaken by or offered through NADC member centres;
- ❑ develop and implement national programs including improvements to service provision, health professional training and continuing education, and collaborative clinical, scientific, or educational research projects;
- ❑ develop and maintain partnerships, as appropriate, at the local national and international level, with organisations including Diabetes Australia, Juvenile Diabetes Research Foundation, national General Practice bodies, and the Commonwealth Department of Health and Aging;
- ❑ perform periodic assessment of progress of the NADC towards its stated goals, including the development of appropriate performance indicators; and
- ❑ provide regular reports to ADS and ADEA Councils and the ADPO Management Committee on the above activities.

State/Territory Sections

To accommodate regional variations in needs and service provision, the National Committee may encourage State/Territory chapters where they are able to contribute to the achievement of the national goals of the NADC.

Where such chapters exist, they will develop a role statement which will include, but not be limited to:

- ❑ statewide implementation of (national) NADC policy; and
- ❑ forming and/or supporting service networks among local diabetes centres and services, and between local diabetes specialist services and non-specialist services and providers.

A chapter will report to the National Committee on its activities regularly, at least once a year.

<h2>3.0 MISSION, GOALS, OBJECTIVES and KEY WORK AREAS</h2>

The NADC's strategic direction was reviewed in 2003 and is as follows:

The Mission

To improve the health outcomes for all people with diabetes and to promote strategies for the prevention and cure of diabetes.

The Goal

To be an efficient and effective peak organisation which unites, represents and promotes the role of specialist Diabetes Centres and Services and to facilitate improved standards of diabetes care through networking, collaboration and information provision.

The Objectives

Objective 1:

To increase access to information and networking opportunities among Diabetes Centres and Services concerning provision of quality care for people with diabetes.

Objective 2:

To optimise the equity and quality of care within Diabetes Centres and Services.

Objective 3:

To encourage and support specialist Diabetes Centres and Services to work with non diabetes specialist health professionals to optimise the delivery and standards of diabetes care.

Objective 4:

To be recognised as the peak organisation representing and promoting specialist multidisciplinary Diabetes Centres and Services.

Objective 5:

To ensure the NADC is well resourced and efficiently managed to effectively support and involve Diabetes Centres and Services throughout Australia.

Key Work Areas

Key Work Area 1:

The NADC will work with Diabetes Centres and Services and other stakeholders to facilitate information provision, networking and collaboration.

Key Work Area 2:

The NADC will promote, disseminate and where necessary develop standards of care which take into account the specific needs of people with Type 1 diabetes, Type 2 diabetes and GDM.

Key Work Area 3:

The NADC will work with Diabetes Centres and Services to collect information about national standards of care provided at Diabetes Centres and Services to enable individual centres to assess their own activities in relation to others.

Key Work Area 4:

The NADC will work with key stakeholders to develop, implement and evaluate appropriate education and training programs targeting non diabetes specialist health professionals.

Key Work Area 5:

The NADC will co-ordinate and work collaboratively with professional bodies, health agencies, general practice, metropolitan and country hospitals, community centres, industry and diabetes related health professionals to disseminate information regarding optimal standards of care and other issues to non diabetes specialist health professionals.

Key Work Area 6:

The NADC will work with Diabetes Centres and Services to establish accreditation and membership criteria. These criteria will focus on the establishment of mechanisms which promote a multidisciplinary care model involving clinical care, education, information provision, nutritional advice, long term support and other services such as podiatry.

Key Work Area 7:

The NADC will participate in key debates focusing on the role of specialist Diabetes Centres and Services in the Australian health care system with a view to improving the quality of care and resources available to people with diabetes.

Key Work Area 8:

The NADC will develop and implement policies and processes which enable the effective management of its activities.

Key Work Area 9:

The NADC will work with the ADS and ADEA to seek funding and support from a range of sources including Commonwealth and State Governments and industry to enable the implementation of this Strategic Plan.

4.0 BENEFITS OF THE NADC

Linking Diabetes Centres throughout Australia in a formal network has the potential to:

- increase the flow of information and collaboration between specialist centres and services;

- establish service networks with non-specialist service providers;
- provide a means to standardise and offer continuing professional education and training programs for diabetes nationally, to improve the quality and accessibility of diabetes care;
- collect and pool diabetes information data e.g. complications data; and
- promulgate improved standards, methods and models of diabetes care.

5.0 KEY PROJECTS

The NADC has three key activities.

National Diabetes Foot Screening Project Training Manual

Diabetes is the most common cause of non-traumatic amputations even though many of these are preventable with improved education and foot care.

A training manual has developed, which includes appropriate education information and case study examples. A number of resources are provided to workshop participants to enable effective implementation of the practices promoted, including, a foot assessment checklist, a monofilament to test for sensation of the feet and patient education material

Diabetes Management in the General Care Setting – A National Training Program for Nurses and Allied Health Professionals

The high prevalence of diabetes and the additional risks it imposes on the health of the individual means that all health professionals staffing public, private and community based hospitals and health care services are involved in the care of people with diabetes. Many people with diabetes do not have ready access to specialist care and rely upon generalist care providers for the clinical care of their diabetes, for information about their condition, and for information about self care skills.

This Training Program provides a standardised basic diabetes training program containing introductory information about diabetes and its management.

The program is aimed at registered and enrolled nurses, allied health staff, and other staff from other generalist hospital, community, nursing home, and other care facilities including drug and alcohol and respite care services.

Australian National Diabetes Information Audit and Benchmarking (ANDIAB) Project

The Australian National Diabetes Information Audit and Benchmarking (ANDIAB) project collects clinical data on a national basis. This allows the development of information detailing the clinical status, diabetes control and related complications of patients attending Diabetes Services. ANDIAB2 collects data related to diabetes education and self-care. Reports are provided which enables participants to benchmark their own data against that of others. These are important quality assurance activities which promote continuous improvement in the standard of service provided by Diabetes Centres. ANDIAB has just been successful in obtaining a Commonwealth grant to conduct another cycle of ANDIAB and ANDIAB2, in 2009 and 2010. While the grant funding is lean and does not provide NADC funding for administrative support nor to Centres to undertake data collection, the funds will aid the centralised data input, analysis and subsequent dissemination of key findings and messages.

NADC MEMBERSHIP CATEGORIES

6.0 NADC TERTIARY DIABETES CENTRE
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1. A Diabetes Service must exist. A Diabetes Centre is defined as a discrete unit comprising an interdisciplinary team of health professionals dedicated to the provision of education and clinical services for Diabetes Mellitus. The Centre need not be located at a single geographical location.
2. The minimum functions of a Tertiary Diabetes Centre must include:
 - an education service for people with diabetes
 - clinical care of people with diabetes
 - in-service training and education for health professionals, and
 - a quality assurance and evaluation/research function.
3. The staff of the Centre must function as a team and minimum onsite staffing. Requirements include:
 - A specialist Diabetologist with expertise in diabetes care who is responsible for the clinical management functions of the Diabetes Centre, and who is also a member of the ADS. The Diabetologist must attend the Diabetes Centre for a minimum of 1 session a week and also be actively involved in team meetings and/or quality assurance activities relating to the Service.
 - A full-time or equivalent Registered Nurse Credentialed Diabetes Educator who is a member of the ADEA.
 - An Accredited Practising Dietitian working a minimum of two sessions a week must be available. The Dietitian must be actively involved in team meetings and/or quality assurance activities relating to the Service

Each of these personnel must be actively involved in team meetings and/or quality assurance activities relating to the service.

4. Tertiary Diabetes Centres must demonstrate that they monitor the outcomes of their services against health outcomes standards, through participation in ANDIAB and ANDIAB2.
5. Tertiary Diabetes Centres must fulfil the requirements of formal accreditation. The accreditation process and criteria will be determined during 2010 by the NADC Steering Committee, ADS and ADEA.
6. Tertiary Diabetes Centres should accept patient self-referral to non-medical services consistent with the organisational policy of the parent health facility.

Benefits to NADC Tertiary Diabetes Centres

- Will receive a certificate of currency of Membership
- Free access to the training packages developed by the NADC
- Hard copy of the ANDIAB and ANDIAB2 report including data to facilitate benchmarking of the centre against its peers, and a Certificate of participation will be issued.
- Invitation for 2 staff members to attend the Best Practice in Diabetes Centres Meeting
- Will receive the NADC Newsletter
- Participation in the NADC annual meeting at the ADS/ADEA Annual Scientific meeting.
- ADS and ADEA will act on behalf of NADC in representations to government to support better diabetes care in Australia.

7.0 NADC DIABETES CARE CENTRE

The category of NADC Diabetes Care Centre has been developed for centres which offer the same high standard of diabetes education, but do not have direct Diabetologist support, or the same level of multidisciplinary care as the NADC Tertiary Diabetes Centres. The Centre need not be located at a single geographical location.

1. The minimum functions of a Diabetes Care Centre must include:
 - an education service for people with diabetes
 - in-service training and education for health professionals, and
 - a quality assurance and evaluation function.
2. The staff of the Service must function as a team and minimum onsite staffing. Requirements include:
 - A full-time or equivalent Registered Nurse Credentialed Diabetes Educator who is a member of the ADEA.

- An Accredited Practising Dietitian working a minimum of two sessions a week must be available. The Dietitian must be actively involved in team meetings and/or quality assurance activities relating to the Service

Each of these personnel must be actively involved in team meetings and/or quality assurance activities relating to the service.

3. Diabetes Care Centres must demonstrate that they monitor the outcomes of their Services against health outcomes standards, through participation in ANDIAB2.
4. Diabetes Care Centres must fulfil the requirements of formal accreditation. The accreditation process and criteria will be determined during 2010 by the NADC Steering Committee, ADS and ADEA.
5. Diabetes Care Centres should accept patient self-referral to non-medical services consistent with the organisational policy of the parent health facility.

Benefits to NADC Diabetes Care Centres

- Will receive a certificate of currency of Membership
- Free access to the training packages developed by the NADC
- Hard copy of the ANDIAB report including data to facilitate benchmarking of the centre against its peers, and a Certificate of participation will be issued.
- Invitation for 2 staff members to attend the Best Practice in Diabetes Centres Meeting
- Will receive the NADC Newsletter
- Participation in the NADC annual meeting at the ADS/ADEA Annual Scientific meeting.
- ADS and ADEA will act on behalf of NADC in representations to government to support better diabetes care in Australia.

8.0 NADC AFFILIATE DIABETES CENTRE

NADC Affiliate membership is offered to groups of professional healthcare workers who have an active involvement in diabetes care; are committed to the goals and objectives of the NADC and to monitoring the outcomes of their services, but do not have the full complement of services or resources of a Diabetes Centre.

- Each group must consist of a minimum of a Medical Practitioner involved in diabetes care, and a Credentialed Diabetes Educator or Registered Nurse who has completed the NADC generalist training.
- Members of the group will generally be associated by geographic region but will not necessarily be located at the same site and may be affiliated with different categories of health services e.g. private practice, hospital, community health.

- Within the group there must be a co-ordinated approach to diabetes care with inter-disciplinary communication, consultation and cross-referral and the group must hold regular meetings.

Benefits to Affiliate Centres

- Will receive a certificate of currency of Affiliate Membership
- Invitation for one staff member to attend the Best Practice in Diabetes Meeting
- Free access to the training packages developed by the NADC
- Will receive the NADC Newsletter
- Participation in the NADC annual meeting at the ADS/ADEA Annual Scientific meeting.
- ADS and ADEA will act on behalf of NADC in representations to government to support better diabetes care in Australia.
- It is proposed that Affiliate Centres will be offered the option of a being linked with a NADC Diabetes Centre. This will provide support in terms of advice, protocols and a pathway of referral for complicated patients.

Membership Procedure

Annual membership is subject to the fulfilment of the above requirements. This will be by self-assessment. An annual fee of \$165 (\$150 + \$15 GST) is required for Full Membership (NADC Tertiary Diabetes Centres and NADC Diabetes Care Centres), and \$55 (\$50 + \$5 GST) is required for Associate Membership (Affiliate membership).

9.0 ANNUAL MEETING- Best Practice in Diabetes Centres-BPDC

There will be an Annual Meeting for the NADC that all members are entitled to attend. Full members should nominate two staff members to attend BPDC. Associate members should nominate one member of their centre or group to speak on their behalf.

10.0 QUALITY ACTIVITIES PARTICIPATION

Diabetes Centres are encouraged to participate in Quality Activities such as ANDIAB (Australian National Diabetes Audit & Benchmarking). A Certificate will be issued to Centres to acknowledge participation in NADC QA activities.

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