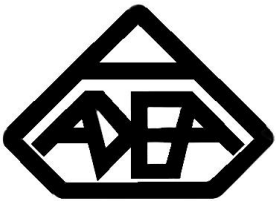
National Standards for Diabetes Education Programs

Australian Diabetes Educators Association



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Foreword

The Australian Diabetes Educators Association (ADEA) is committed to monitoring, maintaining and continually improving professional standards and the quality of diabetes education services in Australia. As part of this commitment, ADEA previously developed and endorsed National Standards for Diabetes Educators and National Core Competencies for Diabetes Educators. The current document focuses on education *programs* rather than *individual professionals* involved in the delivery of these programs and represents a further step by ADEA towards achieving its goal of equitable access to quality diabetes education services as identified in the ADEA Strategic Plan 2000 - 2005.

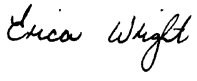
Development of the National Standards for Diabetes Education Programs is intended to:

- guide the development of quality diabetes education programs
- guide ongoing evaluation and improvement of diabetes education programs
- assist in diabetes education service planning, development and funding

at a time when there is heightened awareness of the impact of diabetes in Australia and when increased resources are being directed to improving health outcomes for people with diabetes and those at risk of developing diabetes.

It is acknowledged that lack of an adequate diabetes education workforce will make it difficult for many diabetes education services to meet these standards at the present time. It is stressed, however, that the standards represent an ideal to which ADEA believes comprehensive diabetes education programs should aspire. The Standards, in themselves, require collaborative action in order to be achieved and it is hoped that the dissemination of the Standards will indeed lead to services examining their current mechanisms for collaboration and result in the development of further productive partnerships.

The National Standards for Diabetes Education Programs have undergone an extensive period of consultation.. Ongoing feedback from all stakeholders is welcomed. In particular, self assessment against the Standards is encouraged. To this end a proforma is available from the national office of ADEA. If you are involved in the delivery of diabetes education services, I encourage you to complete this assessment and contribute to the further development of the National Standards for Diabetes Education Programs.



Erica Wright
President
ADEA

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- The International Diabetes Federation (IDF) who gave permission for the *International Standards of Practice for Diabetes Education* developed by their Consultative Section on Diabetes Education to be reproduced and adapted to local circumstances
- The Great Southern Regional Diabetes Steering Committee and diabetes education teams in the Great Southern region for their initial work in developing the Standards and for supporting their wider dissemination
- Members of ADEA National Council, members of ADEA and others who provided comment on the Draft Standards.

Introduction

Standards for diabetes education have been developed by the American Diabetes Association[1], the Canadian Diabetes Association[2] and the International Diabetes Federation[3]

The International Diabetes Federation (IDF) listed the following reasons for establishing standards to:

- provide a benchmark against which the quality of the care delivered by organisations and individual diabetes educators can be evaluated
- protect consumers
- identify the competencies required of those who deliver diabetes education
- provide a basis for accreditation of organisations and the acquisition of credentials by individual diabetes educators
- provide a basis for ongoing evaluation and improvement of education services
- prioritise resource allocation
- support the rationale for funding and the recognition of diabetes education as an integral component of diabetes clinical care
- lend support to the lobby for the funding and recognition of diabetes education
- assist in planning health services and defining care.[3]

The *National Standards for Diabetes Education Programs* draws on achievements to date by diabetes education colleagues around the world and represents a further step undertaken by the Australian Diabetes Educators Association (ADEA) to achieve the provision of high quality diabetes education services for all people in Australia.

The Process of Developing the Standards

The Great Southern Region of Western Australia, which incorporates the Lower Great Southern, Central Great Southern, and Upper Great Southern Health Services, commenced the implementation of a three year strategic plan for the provision of integrated diabetes services in 1998. Implementation of the strategic plan was funded by the Health Department of Western Australia and was overseen by a regional diabetes steering committee comprising general practitioners, diabetes specialists, health service managers, diabetes service providers and consumers.

One of the identified outputs for the Health Department contract was the development of standards for diabetes education programs. Draft Standards for Diabetes Education Programs in the Great Southern Region were developed during a number of regional meetings attended by nursing and allied health staff involved in the delivery of diabetes education in the Great Southern region. While other identified standards were considered, a decision was made to base the standards for diabetes education programs on those developed by the IDF as the format of these standards (outcome, process, structure) was in line with the current outcome based approach to health service delivery.

While the IDF standards were modified to reflect local conditions, the intention was to maintain the integrity of the standards.

The Draft Standards for Diabetes Education Programs in the Great Southern were circulated to, and comment specifically sought from:

- Australian Diabetes Educators Association
- Diabetes Australia, Medical, Education and Scientific Council

- Australian Diabetes Educators Association (WA Branch).

Other organisations informed of the work included:

- Western Australian Diabetes Services Taskforce, Health Department of Western Australia
- Juvenile Diabetes Foundation
- Diabetes Australia Western Australia
- National Association of Diabetes Centres
- IDF, Consultative Section on Diabetes Education

The Draft Standards were reviewed by the Australian Council of Healthcare Standards.

After submission to, and consideration by, the National Council of ADEA, the decision was made to advance the Draft Standards through ADEA. The Great Southern Diabetes Steering Committee and the Great Southern Public Health Service are aware of, and welcome, ADEA's adoption of the Draft Standards.

The Draft National Standards for Diabetes Education Programs were ratified by ADEA in October 1999 and circulated as a consultation draft in 2000-2001. The National Standards for Diabetes Education Programs were formally adopted by ADEA in February 2001.

The Standards

The IDF Standards are defined as *Outcome*, *Process* and *Structure* Standards;

Outcome Standards - the changes that are demonstrated as a result of diabetes education.

Process Standards - processes required to meet the standards. These standards describe the delivery of education, its effectiveness, timeliness and appropriateness.

Structure Standards - resources that are required to support the processes and outcomes.[3]

This format has been maintained.

Other Professional Standards

The National Standards for Diabetes Education Programs do not replace, but rather complement, existing standards of professional practice in diabetes education in Australia. Two documents are relevant to Australian educators;

National Standards of Practice for Diabetes Educators. Australian Diabetes Educators Association. 1991.

National Core Competencies for Diabetes Educators. Australian Diabetes Educators Association.1996.

References

1. American Diabetes Association. *National Standards for Diabetes Self-Management Education Programs and American Diabetes Association Review Criteria*. Diabetes Care, Vol 20, Supplement 1, 1997.

2. Canadian Diabetes Association. *Diabetes Educator Section. Standards for Diabetes Education in Canada.* Canadian Diabetes Association.

3. Consultative Section on Diabetes Education of the International Diabetes Federation (IDF). *International Consensus Standards of Practice for Diabetes Education*. Class Publishing. London 1997.

Outcome Standards

Outcome standards describe the changes that are demonstrated as a result of diabetes education.

Outcome Standard 1

Individuals with diabetes understand to the best of their ability:

- *how diabetes mellitus affects their body*
- *the implications of healthy living with diabetes.*

Indicators

1.1 Individuals with diabetes can describe:

- Factors involved in the development of diabetes
- Basic components of treatment appropriate to the type of diabetes they have
- The relationship between diabetes and other conditions (e.g. heart disease, kidney disease)
- How to prevent, recognise and treat:
  - short term complications
  - long term complications

1.2 Individuals can describe the interrelationships between nutrition, exercise, stress and medications, and healthy living with diabetes

Outcome Standard 2

Individuals with diabetes make informed decisions and take action towards healthy living with diabetes. These decisions occur within the context of their own spiritual and cultural values, socioeconomic needs and desired quality of life.

Indicators

2.1 Individuals with diabetes demonstrate understanding of the personal implications of treatment, education and self-care options

2.2 Individuals with diabetes report actions taken to decrease the risk of:
- short term complications
- long term complications

2.3 Individuals with diabetes demonstrate active problem solving in their decisions for living with diabetes.

2.4 Individuals with diabetes take action to improve their health through lifestyle changes

2.5 There is improved physiological control of diabetes, which is demonstrated when individuals maintain or progress towards the goal range for physiological control of diabetes as demonstrated by:
- blood glucose
- glycated haemoglobin
- serum lipids
- body mass index (BMI) and waist circumference

2.6 Individuals with diabetes report or demonstrate increased ability to accomplish goals for healthy living with diabetes that are important or meaningful to them and consistent with their desired quality of life

2.7 Emergency visits and/or hospital admissions for direct diabetes-related reasons are minimised

Outcome Standard 3

Individuals with diabetes use available resources to facilitate the early identification of risk factors for diabetes complications and to minimise the impact of diabetes complications.

Indicators

3.1 Referral and follow-up records indicate that:
- individuals with diabetes use resources for the early identification of risk factors for diabetes complications
- individuals with diabetes use resources to prevent complications
- emergency and other hospital admissions related to preventable diabetes complications are minimised
- length of hospital stay related to diabetes complications is minimised.

3.2 Individuals with diabetes are aware of and use according to their need, the services offered by:
- Diabetes Australia
- National Diabetes Services Scheme
- Local diabetes registers
- Diabetes Centres
- Community health services
- Other relevant associations (heart, stroke, kidney)

Outcome Standard 4

The community is aware of diabetes mellitus and the needs of individuals living with diabetes.

Indicators

4.1 There is regular assessment of community resources to support healthy living for people with diabetes.

4.2 Diabetes education services assist the community to identify ways, and promote action to alter social and environmental factors that facilitate healthy living for people with diabetes.

4.3 The broader community supports:
- education programs, support networks and educational material for those living with diabetes
- the promotion of available resources
- and advocates for community resources or financial support for programs and services for people with diabetes

Outcome Standard 5

The community is aware of risk factors, actions that delay the onset of diabetes, and signs and symptoms of diabetes.

Indicators

5.1 Information regarding risk factors contributing to the development of diabetes mellitus and symptoms of diabetes are made available to the public and health professionals
5.2 People at risk of developing diabetes can describe contributing factors and preventative actions
5.3 The community is aware of the risk factors for, and signs and symptoms of diabetes mellitus
5.4 Individuals at risk of diabetes use available resources appropriately to facilitate the early diagnosis of diabetes mellitus

Process Standards

Process standards describe the actual delivery of education, and relate to its effectiveness, timeliness and appropriateness.

Process Standard 1

Diabetes education programs are based on ongoing needs assessment of people with diabetes and the community as a whole.

Indicators

1.1 Initial and ongoing needs assessment are conducted and documented, recognising the diversity of client needs.
1.2 Assessment is based on participation of the individual(s) with diabetes, their support system(s) and interdisciplinary team members.
1.3 The assessment process is appropriate to the individual or community being served and may include:
- needs survey/evaluation
- epidemiological data
- focus groups
- community meetings
- confidential assessment of physical, psychosocial, spiritual, cultural and socioeconomic needs as required.

Process Standard 2

Plans for individual diabetes education and diabetes education programs are centred on people with diabetes and are subject to ongoing review and modification.

Indicators

2.1 The individual with diabetes, support system and/or community actively participates with the interdisciplinary team in the development of the education plan. This includes:
- collaborative goal setting
- processes appropriate to the culture of the individual with diabetes or the community
- a clear and full explanation of options and choices available to the individual with diabetes in order to ensure informed choice
- the individual with diabetes making decisions that are respected by team members, even if they do not agree with the decision

2.2 The education plan reflects an effective integration of:
- current principles and practice for diabetes care, including evidence-based guidelines where available
- teaching and learning principles and practices that are appropriate to age of the client
- flexible approaches to teaching and learning
- lifestyle and health beliefs that impact on diabetes care
- physical, psychosocial, spiritual, cultural and socioeconomic issues related to diabetes care

2.3 The education plan includes the identification of resources needed to support living with diabetes
2.4 The education plan is verified with the individual with diabetes, the support system and/or the community as appropriate

Process Standard 3

Implementation of diabetes education is centred on people with diabetes and facilitates learning, behaviour change and self-management.

Indicators

3.1 The plan is implemented in a manner that reflects:
- relevant principles of teaching and learning
- appropriate behavioural change strategies
- strategies to develop problem solving skills and self-efficacy
- appropriate instructional methods and materials with respect to cultural security, age, language, reading level and special educational needs

Process Standard 4

Individuals with diabetes have access, within specified time frames, to diabetes education services according to individual needs and professional judgement.

Indicators

4.1 Ideally requests for information and/or referrals are responded to within 24 working hours

4.2 The following guidelines refer specifically to diabetes education and are based on the assumption that the individual with diabetes is receiving appropriate medical assessment and treatment:

- Access to diabetes education within 48 working hours for:
  - individuals with uncontrolled diabetes mellitus who are symptomatic or with blood glucose levels greater than *15 mmol/L, or ketonuria greater than 1.5mmol/L (small ketones)*
  - individuals with newly diagnosed Type 1 diabetes
  - individuals with Type 2 diabetes or gestational diabetes and commencing insulin therapy
  - pregnant women with pre-existing diabetes
  - individuals with recent treatment for diabetic ketoacidosis/non-ketotic hyperosmolar hyperglycaemia or severe hypoglycaemia
  - individuals who experience a crisis in their ability to manage their diabetes
- Access to diabetes education within *one week* for:
  - women with gestational diabetes
- Access to diabetes education within *two to four weeks* for:
  - individuals newly diagnosed with Type 2 diabetes who are asymptomatic and with blood glucose levels less than *15 mmol/L*
  - individuals with Type 2 diabetes commencing oral hypoglycaemic agents
- Access is determined individually for all others who have diabetes

Process Standard 5

Diabetes education services work collaboratively with other resources and services required by people with diabetes, support systems and/or communities affected by diabetes.

Indicators

5.1 Interdisciplinary team members are available and function as resources for people with diabetes, other health professionals and the community as a whole
5.2 Collaboration is evident between health professionals and others such as community health representatives, health workers, school personnel, care givers
5.3 Family members, friends and significant others are encouraged to participate in diabetes education and to support the individual with diabetes
5.4 There is appropriate follow-up and continuity of education services
5.5 Health service providers and the community are regularly informed of diabetes education services
5.6 Referrals to other health service providers and to support services are facilitated as needed
5.7 There is a clearly defined system for referral and communicating with, referral sources

Process Standard 6

The individual's diabetes education, including assessment, intervention, evaluation, follow-up and collaboration with other providers, shall be documented in a permanent education/medical record.

Indicators

6.1 The individual's progress, including goals and achievement of them, through the education program is documented
6.2 Each provider documents his/her intervention
6.3 Referral to other providers is documented
6.4 Copies of referral letters, laboratory results and letters to referring practitioners are held in the client file

Process Standard 7

Diabetes education is provided according to the practice standards of the health professionals involved, their professional associations and according to the policies of their employing bodies.

Indicators

7.1 Practices are consistent with professional standards of practice, current knowledge and research findings
7.2 Members of the interdisciplinary team adhere to the codes of ethics of their workplace and their respective professions

Process Standard 8

The effectiveness and quality of diabetes education are evaluated regularly and services are revised as needed.

8.1 Individual education plans are evaluated with the client at each meeting

8.2 Feedback occurs between the client and the educators regarding the individual's progress toward achievement of identified learning goals

8.3 The education program is reviewed annually including:

- program objectives
- curriculum, instructional methods and materials
- participation by target population
- participant access and follow-up mechanisms
- program resources (space, personnel and budget)
- program effectiveness/program outcomes

8.4 Modifications for education services are identified, documented and implemented

8.5 Service procedure manual are regularly updated

Structure Standards

Structure standards describe the resources that are required to support the process standards and enable achievement of outcome standards.

Structure Standard 1

There is clear indication of the organisation's support for diabetes education as an integral component of diabetes care.

Indicators

1.1 There is written documentation (e.g. mission statement, strategic plan) affirming diabetes education as an integral component of diabetes care
1.2 There is specific resource allocation to diabetes education according to documented needs and is sufficient to allow Process and Structure Standards to be met
1.3 There is written support for diabetes education team members to participate in diabetes related committees, working parties and professional activities

Structure Standard 2

A local advisory committee is established to ensure the views and values of all stakeholders are represented in the planning and delivery of diabetes education services.

Indicators

2.1 Structures such as advisory or steering committees oversee the planning, implementation and evaluation of diabetes education services
2.2 There is broad and interdisciplinary representation from health professionals with diabetes expertise, consumers, health service management and health service providers, including medical practitioners, delivering services to target groups
2.3 There is a written policy concerning the membership and responsibilities of the committee

Structure Standard 3

The core diabetes education team will consist of, but not be limited to:

- *registered nurse*
- *dietitian*
- *podiatrist.*

Indicators

3.1 Individuals have timely access to the above health professionals (not necessarily at one location, and perhaps by telephone)
3.2 Core diabetes education team members have diabetes education documented in their job descriptions
3.3 Individuals will have access to other health professionals for education such as medical practitioners, physiotherapists, social workers, psychologists, Aboriginal or ethnic health workers as appropriate and according to individual need

3.4 Children and adolescents are cared for by health professionals with training and expertise in the special and changing needs of children with diabetes and their families
3.5 Pregnant women with pre-existing diabetes are cared for by a diabetes specialist team
3.6 Women with gestational diabetes are cared for in conjunction with a diabetes specialist team

Structure Standard 4

Personnel involved in diabetes education are trained according to standards identified by ADEA and have their competence regularly assessed.

Indicators

4.1 All personnel have clinical expertise within a recognised profession
4.2 Credentialling of diabetes educators is encouraged and supported by management
4.3 Core diabetes education team members undertake an ADEA accredited Diabetes Educators Course and undertake a professional development program in line with the ADEA Credentialling Program
4.4 The competence of diabetes educators is regularly assessed and promoted through performance management and/or peer review

Structure Standard 5

Teamwork is practised among those providing diabetes education.

Indicators

5.1 Teamwork is evident through:
- respect for the professional practices and skills of participating team members
- collaborative decision making, problem solving and priority setting
- regular team meetings
- agreed division of roles and responsibilities amongst team members
- pursuit of common, agreed goals
- a common core of knowledge which is communicated to people with diabetes, giving complementary messages

Structure Standard 6

There is a designated coordinator for the diabetes education program.

Indicators

6.1 Responsibility for physical and human resource management is clearly defined
6.2 The program coordinator's role is documented in his/her job description
6.3 The program coordinator is an ADEA credentialled diabetes educator or working towards credentialled status.
6.4 An organisational chart clearly defines lines of reporting and accountability

Structure Standard 7

Physical space and educational resources are conducive to learning and based on individual/community needs.

Indicators

7.1 Individual counselling space is private
7.2 Space is adequate for size of group attending
7.3 There is appropriate audiovisual equipment and educational resources, literature and supplies
7.4 Seating, lighting, air quality and toilet facilities meet occupational health and safety standards
7.5 Provision is made for people with disabilities

Structure Standard 8

Administrative equipment is adequate and appropriate to support the diabetes education team.

Indicators

8.1 Equipment including effective telephone, facsimile and computer facilities, office supplies and an appropriate computer data-base and record keeping system
8.2 Clerical support is adequate to meet documented program needs
8.3 Client records are securely stored