Quality standards for diabetes care

For revision end-2016

These standards should be considered when planning your local service delivery. They provide guidance for clinical quality service planning and implementation of equitable and comprehensive patient-centred care - scaled to local diabetes prevalence. They should be read alongside the NZGG and other guidelines which highlight specific clinical expectations. These standards are specific to people with diabetes - those identified with **prediabetes** should be managed in accordance with the prediabetes advice provided by the Ministry of Health (2013).

Basic care, self-management and education

1. People with diabetes should receive high quality structured self-management education that is tailored to their individual and cultural needs. They and their families/whanau should be informed of, and provided with, support services and resources that are appropriate and locally available.
2. People with diabetes should receive personalised advice on nutrition and physical activity together with smoking cessation advice and support if required.
3. They should be offered, as a minimum, an annual assessment for the risk and presence of diabetes-related complications and for cardiovascular risk. They should participate in making their own care plans, and set agreed and documented goals/targets with their healthcare team.
4. They should be assessed for the presence of psychological problems with expert help provided if required.

Management of diabetes and cardiovascular risk (extensive guidelines available)

5. People with diabetes should agree with their health care professionals to start, review and stop medication as appropriate to manage their cardiovascular risk, blood glucose and other health issues. They should have access to glucose monitoring devices appropriate to their needs.
6. They should be offered blood pressure, blood lipid and anti-platelet therapy to lower cardiovascular risk when required in accordance with current recommendations.
7. When insulin is required it should be initiated by trained healthcare professionals within a structured programme that, whenever possible, includes education in dose titration by the person with diabetes.
8. Those who do not achieve their agreed targets should have access to appropriate expert help.

Management of diabetes complications (extensive guidelines available)

9. All people with diabetes should have access to regular retinal photography or an eye examination, with subsequent specialist treatment if necessary.
10. They should have regular checks of renal function (eGFR) and proteinuria (ACR) with appropriate management and/or referral if abnormal.
11. They should be assessed for the risk of foot ulceration and, if required, receive regular review. Those with active foot problems should be referred to and treated by a multidisciplinary foot care team within recommended timeframes.
12. Those with serious or progressive complications should have timely access to expert/specialist help.

While in hospital...

13. People with diabetes admitted to hospital for any reason should be cared for by appropriately trained staff, and provided access to an expert diabetes team when necessary. They should be given the choice of self-monitoring and encouraged to manage their own insulin whenever clinically appropriate.
14. Those admitted as a result of uncontrolled diabetes or with diabetic ketoacidosis should receive educational support before discharge and follow-up arranged by their GP and/or a specialist diabetes team.
15. Those who have experienced severe hypoglycaemia requiring ED attendance or admission should be actively followed up and managed to reduce the risk of recurrence and readmission.

Special groups

16. Young people with diabetes should have access to an experienced multidisciplinary team including developmental expertise, youth health, health psychology and dietetics.
17. All patients with type 1 diabetes should have access to an experienced multidisciplinary team, including expertise in insulin pumps and CGMS when required.
18. Vulnerable patients, including those in residential facilities and those with mental health or cognitive problems, should have access to all aspects of care, tailored to their individual needs.
19. Those with uncommon causes of diabetes (e.g. cystic fibrosis, monogenic, post-pancreatectomy) should have access to specialist expertise with experience in these conditions.
20. Pregnant women with established diabetes and those developing gestational diabetes (GDM) should have access to prompt expert advice and management, with follow-up after pregnancy. Those with diabetes of child-bearing age should be advised of optimal planning of pregnancy including the benefits of preconception glycaemic control. Those not wishing for a pregnancy should be offered appropriate contraceptive advice as required.