

Quality Review Tool

Management of residents who have diabetes

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Certain policies and procedures in line with evidence-based practice must be in place in aged care facilities for residents with diabetes. Pages 2 to 8 of this document is a tool to help you assess the quality of the management and care of residents diagnosed with diabetes in your facility. This tool is consistent with the [Aged Care Quality Standards](#).

All evidence should be documented in this checklist.

If the quality review identifies policies and procedures that could be improved, these should be noted in the 'Action plan' part of the checklist. The following resources may be useful in bringing these up to the required standard:

- » Diabetes Management in Aged Care: A Practical Handbook
- » [The McKellar Guidelines for Managing Older People with Diabetes in Residential and Other Care Settings](#)
- » [The McKellar Way – how to use the McKellar guidelines for managing older people with diabetes in residential and other care settings.](#)

For more information, call the [NDSS Helpline](#) on 1800 637 700, email info@ndss.com.au or visit the website ndss.com.

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ADMISSION AND SCREENING			
Residents not known to have diabetes		ACTION (if no)	EVIDENCE (if yes)
1. Are all newly admitted residents screened for diabetes? ⓘ Note: Increased age is a risk factor for diabetes.	Yes No		
2. Are longer-term residents screened if asymptomatic diabetes would impact their individual care goals: » annually? » when risk factors are noticed? ⓘ The typical signs and symptoms may not be present.	Yes No Yes No		
Residents known to have diabetes		ACTION (if no)	EVIDENCE (if yes)
3. Is each resident registered with the NDSS?	Yes No		
4. Has an annual diabetes check (or annual cycle of care) been conducted by a GP or diabetes specialist and documented for each resident? ⓘ Note: There may be exceptions to this requirement in cases where a resident with diabetes is receiving palliative care.	Yes No		
5. Has an individualised diabetes management care plan been created for each resident with diabetes?	Yes No		

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DIABETES MANAGEMENT CARE PLAN				
Resident assessment and ongoing care			ACTION (if no)	EVIDENCE (if yes)
6. Where this is required, are residents referred to a dietitian and appropriate meal plans devised?	Yes	No		
7. Has an individualised target range of blood glucose levels (BGLs) been documented for each resident?	Yes	No		
8. Are BGLs measured and recorded according to each resident's individualised diabetes management care plan?	Yes	No		
9. When BGLs are outside the target range for a resident, is treatment actioned according to the facility's protocols? ⓘ This includes protocols for hypoglycaemia and hyperglycaemia, or the individual's diabetes management or sick day management care plans.	Yes	No		
10. Has the diabetes management care plan been reviewed according to the: <ul style="list-style-type: none"> » health status of the resident? » facility policy for care plan review? 	Yes	No		
11. Does the diabetes management care plan include screening and preventative care for diabetes-related complications? <ul style="list-style-type: none"> » For example, feet, oral health, skin care, eye health and mental health 	Yes	No		

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12. Are current diabetes-related complications noted in the diabetes management care plan?	Yes	No		
13. Has has the diabetes management care plan review shown timely and appropriate follow-up of any issues? e.g. complications screening, HbA1c and BGL targets, medication review, risk of falls or infections, palliation.	Yes	No		
HYPOGLYCAEMIA			ACTION (if no)	EVIDENCE (if yes)
14. Are changes to the diabetes management care plan communicated with staff?	Yes	No		
15. Does the facility have a policy or procedure for managing hypoglycaemia? ⓘ Typical signs and symptoms may not be present.	Yes	No		
16. Is there a supply of short and long-acting carbohydrates (hypoglycaemia management kits) readily available: » within the facility? » during excursions and activities?	Yes	No		
17. Has each resident at risk of hypoglycaemia had a hypoglycaemia risk assessment? ⓘ Documented for each resident: BGL at which signs and symptoms of hypoglycaemia occur, hypoglycaemia unawareness, medications and insulin, history of hypoglycaemia.	Yes	No		

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18. Are any specific hypoglycaemia management requirements noted? ⓘ E.g. extra BGL monitoring, diet intake monitoring, type of treatment, thickened fluids.	Yes	No		
19. Is there a standing order for glucagon for all residents at risk of hypoglycaemia, including those with type 1 diabetes?	Yes	No		
20. Is in-date glucagon readily available?	Yes	No		
SICK DAY MANAGEMENT			ACTION (if no)	EVIDENCE (if yes)
21. Does the facility have a policy and procedure for managing hyperglycaemia? ⓘ Note: Typical signs and symptoms in older people may not be present.	Yes	No		
22. Does each resident with diabetes have a sick day management plan?	Yes	No		

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<p>23. Has each resident with diabetes had a hyperglycaemia risk assessment?</p> <p>⚠ E.g. documented for each resident: BGL high range; BGL at which signs and symptoms of hyperglycaemia occur; history of diabetic ketoacidosis (DKA) or hyperglycaemic hyperosmolar syndrome (HHS); recurrent infections; any treatment that increases hyperglycaemic risk such as steroids, enteral feeding or antipsychotics.</p>	<p>Yes No</p>		
<p>24. Are (in-date) blood ketone monitoring strips readily available?</p> <p>⚠ Urine ketone monitoring strips are no longer recommended as they are not as sensitive or accurate.</p>	<p>Yes No</p>		
<p>25. Is monitoring of BGLs linked to relevant policy and procedure and care plans, for example: falls, wound management and skin care, mental health, eye health, deteriorating health status of resident?</p>	<p>Yes No</p>		
FACILITY AND STAFF CONSIDERATIONS			
Staff training		ACTION (if no)	EVIDENCE (if yes)
<p>26. Are staff trained to recognise and treat hyperglycaemia (according to facility policies)?</p>	<p>Yes No</p>		
<p>27. Are staff trained to recognise and treat hypoglycaemia (according to facility policies)?</p>	<p>Yes No</p>		

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<p>28. Are nurses trained to administer glucagon injections to manage severe hypoglycaemia?</p> <p>ⓘ Note: A severe hypoglycaemia event is defined as one that requires assistance from another person to treat.</p>	Yes No		
<p>29. Are staff who perform blood glucose monitoring trained to do this?</p>	Yes No		
<p>30. Does the facility have policy and procedures relating to rotating insulin injection and finger prick sites?</p>	Yes No		
<p>31. Are the procedures for administering insulin and other injectable diabetes medications included in the policies and procedures?</p>	Yes No		
<p>32. Do all staff who administer insulin and other injectable diabetes medicines have a competency assessment at least once a year on policies, procedures and techniques for administering insulin?</p>	Yes No		
Facility supplies, equipment maintenance		ACTION (if no)	EVIDENCE (if yes)
<p>33. Are glucose meters checked, cleaned after each use, and maintained as per the manufacturer's instructions?</p>	Yes No		

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34. Are single-use retractable lancet devices available?	Yes	No		
35. Does the facility have adequate supplies available for all residents with diabetes? ⓘ E.g. in-date blood glucose monitoring strips, insulin pen needles, batteries.	Yes	No		
36. Is current-use insulin stored in line with the manufacturer’s instructions and dated when opened?	Yes	No		
37. Are medicine fridge-temperature audits performed as per site/facility policy and procedure, at least weekly?	Yes	No		
38. Are appropriate measures taken if medicine fridge temperatures are outside the set range?	Yes	No		

