

Quality Review Tool

Management of residents who have diabetes

Date completed:

Review conducted by:

Certain policies and procedures must be in place in residential aged care facilities, in line with evidence based practice, for residents with diabetes. Attached is a tool to assist you to 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 **ndss@diabetesaustralia.com.au** or visit the website **ndss.com.au**.

Find this resource at **ndss.com.au**

Date completed:

Review conducted by:

No.	QUESTION	YES	NO	ACTION (if no)	EVIDENCE (if yes)
Residents not known to have diabetes					
1	Are all new residents screened for diabetes? Note: Increased age is a risk factor for diabetes.				
2	For longer term residents, are they screened annually, or when risk factors are noticed? Note: The typical signs and symptoms in older people may not be present.				
Residents known to have diabetes					
3	Is each resident registered with the NDSS?				
4	Has an annual diabetes check (or annual cycle of care) been conducted by a GP and documented for each resident? Note: There may be exceptions to this requirement in cases where a resident with diabetes is receiving palliative care.				
5	Has a diabetes management plan been created for each resident?				

ADMISSION AND SCREENING

Date completed:

Review conducted by:

No.	QUESTION	YES	NO	ACTION (if no)	EVIDENCE (if yes)
Resident assessment and ongoing care					
6	Has each resident had an appropriate meal plan devised and, if necessary, a referral made to a dietitian?				
7	Has an individualised target range of blood glucose levels (BGLs) been documented for each resident?				
8	Are BGLs measured and recorded according to each resident's diabetes management plan?				
9	Are BGLs outside the target for a resident acted on according to the facility's protocols (for hypoglycaemia/hyperglycaemia) or the individual's diabetes management or sick day management plan?				
10	Has the diabetes management care plan been reviewed according to health status, or according to facility policy for care plan review?				
11	Does the care plan include screening and preventative care for diabetes complications?				
12	Has the 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.				

DIABETES MANAGEMENT CARE PLAN

Date completed:

Review conducted by:

No.	QUESTION	YES	NO	ACTION (if no)	EVIDENCE (if yes)
Resident assessment and ongoing care					
13	Does the facility have a protocol for managing hypoglycaemia? Note: Typical signs and symptoms in older people may not be present.				
14	Is there a readily available supply of short and long acting carbohydrates for treatment of hypoglycaemia across the facility, and provided during excursions and activities? E.g. Hypoglycaemia management kits.				
15	Has each resident had a hypoglycaemia risk assessment? E.g. Documented for each individual resident: BGL at which signs and symptoms of hypoglycaemia occur, hypoglycaemia unawareness, medications and insulin, history of hypoglycaemia.				
16	Are any specific hypoglycaemia management requirements noted? E.g. Extra BGL monitoring, diet intake monitoring, type of treatment, thickened fluids.				
17	Is in-date glucagon readily available?				
18	Is there a standing order for glucagon for all residents at risk including all those with type 1 diabetes?				

HYPOGLYCAEMIA

Date completed:

Review conducted by:

	No.	QUESTION	YES	NO	ACTION (if no)	EVIDENCE (if yes)
HYPERGLYCAEMIA & SICK DAY MANAGEMENT	19	Does the facility have a protocol for managing hyperglycaemia? Note: Typical signs and symptoms in older people may not be present.				
	20	Does each resident have a diabetes sick day management plan?				
	21	Has each resident had a hyperglycaemia risk assessment? E.g. Documented for each individual 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.				
	22	Are (in-date) blood ketone testing strips readily available? Note: Urine ketone testing strips are no longer recommended as they are not as sensitive or accurate.				
COMPLICATIONS SCREENING AND PREVENTION	23	Are current complications noted in the diabetes management care plan?				
	24	Do all residents with diabetes have appropriate diabetes complications screening and prevention through care plans for feet, oral health, skin care, eye health and mental health?				
	25	Is monitoring of BGLs linked to relevant protocols and care plans, for example: falls, wound management and skin care, mental health, eye health, deteriorating resident?				

Date completed:

Review conducted by:

No.	QUESTION	YES	NO	ACTION (if no)	EVIDENCE (if yes)
Staff training					
26	Are staff trained appropriately to recognise and treat hyperglycaemia (according to facility policies)?				
27	Are staff trained to recognise and treat hypoglycaemia (according to facility policies)?				
28	Are nurses trained to administer glucagon injections to manage severe hypoglycaemia? Note: A severe hypoglycaemia event is defined as one that requires assistance from another person to treat.				
29	If staff are performing blood glucose monitoring, are they trained appropriately to perform this?				
30	Are staff rotating insulin injection sites and finger prick sites?				
31	Are the procedures for administering insulin and other injectable diabetes medications included in the policies and procedures manual?				
32	Do all staff who administer insulin and other injectable diabetes medicines have a competency assessment at least once a year on policies and procedures and techniques for administering insulin?				

FACILITY AND STAFF CONSIDERATIONS

Date completed:

Review conducted by:

No.	QUESTION	YES	NO	ACTION (if no)	EVIDENCE (if yes)
Facility supplies, equipment maintenance					
33	Are glucose meters quality control checked, cleaned after each use and maintained as per the manufacturer instructions?				
34	Are single-use retractable lancet devices available?				
35	Does the facility have adequate supplies available for all residents with diabetes? E.g. In-date glucose testing strips, insulin pen needles, batteries.				
36	Is current-use insulin stored in line with the manufacturer's instructions and dated when opened?				
37	Are medicine fridge-temperature audits performed on a weekly (or more regular) basis, and are appropriate measures taken if temperatures are outside the set range?				

FACILITY AND STAFF CONSIDERATIONS

Date completed:

Review conducted by:

	No.	ACTION	Action referred to	Action completed date	Signature
ACTION FOLLOW UP RECORD					