

# Quality Review Tool

## Management of residents who have diabetes

<b>Date completed:</b>		<b>Review conducted by:</b>	
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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](mailto:info@ndss.com.au) or visit the website [ndss.com](http://ndss.com).

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<b>ADMISSION AND SCREENING</b>			
<b>Residents not known to have diabetes</b>		<b>ACTION (if no)</b>	<b>EVIDENCE (if yes)</b>
<b>1.</b> Are all newly admitted residents screened for diabetes? ⓘ Note: Increased age is a risk factor for diabetes.	Yes   No		
<b>2.</b> 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		
<b>Residents known to have diabetes</b>		<b>ACTION (if no)</b>	<b>EVIDENCE (if yes)</b>
<b>3.</b> Is each resident registered with the NDSS?	Yes   No		
<b>4.</b> 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		
<b>5.</b> Has an individualised diabetes management care plan been created for each resident with diabetes?	Yes   No		

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<b>DIABETES MANAGEMENT CARE PLAN</b>			
<b>Resident assessment and ongoing care</b>		<b>ACTION (if no)</b>	<b>EVIDENCE (if yes)</b>
<b>6.</b> Where this is required, are residents referred to a dietitian and appropriate meal plans devised?	Yes   No		
<b>7.</b> Has an individualised target range of blood glucose levels (BGLs) been documented for each resident?	Yes   No		
<b>8.</b> Are BGLs measured and recorded according to each resident's individualised diabetes management care plan?	Yes   No		
<b>9.</b> 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		
<b>10.</b> Has the diabetes management care plan been reviewed according to the:  » health status of the resident? » facility policy for care plan review?	Yes   No Yes   No		
<b>11.</b> Does the diabetes management care plan include screening and preventative care for diabetes-related complications?  » For example, feet, oral health, skin care, eye health and mental health	Yes   No		

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<b>12.</b> Are current diabetes-related complications noted in the diabetes management care plan?	Yes   No		
<b>13.</b> 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		
<b>HYPOGLYCAEMIA</b>		<b>ACTION (if no)</b>	<b>EVIDENCE (if yes)</b>
<b>14.</b> Are changes to the diabetes management care plan communicated with staff?	Yes   No		
<b>15.</b> Does the facility have a policy or procedure for managing hypoglycaemia? <span style="color: red;">ⓘ</span> Typical signs and symptoms may not be present.	Yes   No		
<b>16.</b> Is there a supply of short and long-acting carbohydrates (hypoglycaemia management kits) readily available: » within the facility? » during excursions and activities?	Yes   No Yes   No		
<b>17.</b> Has each resident at risk of hypoglycaemia had a hypoglycaemia risk assessment? <span style="color: red;">ⓘ</span> 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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<b>18.</b> Are any specific hypoglycaemia management requirements noted? <i>ⓘ</i> E.g. extra BGL monitoring, diet intake monitoring, type of treatment, thickened fluids.	Yes   No		
<b>19.</b> Is there a standing order for glucagon for all residents at risk of hypoglycaemia, including those with type 1 diabetes?	Yes   No		
<b>20.</b> Is in-date glucagon readily available?	Yes   No		
<b>SICK DAY MANAGEMENT</b>		<b>ACTION (if no)</b>	<b>EVIDENCE (if yes)</b>
<b>21.</b> Does the facility have a policy and procedure for managing hyperglycaemia? <i>ⓘ</i> Note: Typical signs and symptoms in older people may not be present.	Yes   No		
<b>22.</b> Does each resident with diabetes have a sick day management plan?	Yes   No		

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<b>23.</b> Has each resident with diabetes had a hyperglycaemia risk assessment?  <i>⚠</i> 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.	Yes   No		
<b>24.</b> Are (in-date) blood ketone monitoring strips readily available?  <i>⚠</i> Urine ketone monitoring strips are no longer recommended as they are not as sensitive or accurate.	Yes   No		
<b>25.</b> 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?	Yes   No		
<b>FACILITY AND STAFF CONSIDERATIONS</b>			
<b>Staff training</b>		<b>ACTION (if no)</b>	<b>EVIDENCE (if yes)</b>
<b>26.</b> Are staff trained to recognise and treat hyperglycaemia (according to facility policies)?	Yes   No		
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<b>28.</b> Are nurses trained to administer glucagon injections to manage severe hypoglycaemia? <i>ⓘ</i> Note: A severe hypoglycaemia event is defined as one that requires assistance from another person to treat.	Yes   No		
<b>29.</b> Are staff who perform blood glucose monitoring trained to do this?	Yes   No		
<b>30.</b> Does the facility have policy and procedures relating to rotating insulin injection and finger prick sites?	Yes   No		
<b>31.</b> Are the procedures for administering insulin and other injectable diabetes medications included in the policies and procedures?	Yes   No		
<b>32.</b> 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?	Yes   No		
<b>Facility supplies, equipment maintenance</b>		<b>ACTION (if no)</b>	<b>EVIDENCE (if yes)</b>
<b>33.</b> Are glucose meters checked, cleaned after each use, and maintained as per the manufacturer's instructions?	Yes   No		

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



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ACTION					Action referred to	Action completed date	Signature
ACTION FOLLOW UP RECORD							