

## Clinical Governance Framework

### Background

Clinical governance is a framework through which health organisations are accountable for continuously improving the quality of their services and safe guarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Healthy Living NT's (HLNT) approach to clinical governance can best be described by the following.

- *"The system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers"* (The Australian Council on Healthcare Standards) and
- *"...safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish."* (Australian Commission on Safety and Quality in Health Care).

In keeping with its mission to support people living with diabetes, cardiac conditions and related chronic diseases, and those at risk of developing chronic disease, through advocacy, support and education, Healthy Living NT takes seriously its obligation to deliver safe and effective health services to the community. Our organisational values, which guide the way we operate, are:

**To pursue excellence in all facets of Healthy Living NT's operations, through:**

- Professionalism and ethical practice
- Fairness, honesty, confidentiality and compassion
- Mutual respect for all individuals, their roles and the organisation
- Continuous improvement in all activities
- Involvement with, and responsiveness to, community diversity
- Working collaboratively

*Healthy Living NT is committed to serving the whole Territory community in all its diversity. We value and promote inclusive service provision treating clients and staff with dignity and respect. Our services seek to empower people to make their own informed choices free from bias.*

Key to the successful development, management and measurement of activities aligned to these strategies and values, is the commitment to, maintenance and continued improvement of our governance (clinical and operational) and management system. This framework intends to:

- provide clarity on the roles and responsibilities within the organisation for ensuring safe and effective clinical service delivery,
- outline the overarching pillars by which clinical services are safely and effectively developed, delivered and monitored and
- highlight the policy environment that underpins the framework.

Status	Approved	<b>Clinical Governance Policy</b>	Document ID	00002
Consultation	All Staff		Date of Issue	17 August 2024
Approval By	Board		Current Version Number	7.0
Circulation (on approval)	All staff	Page 1 of 26	Review Cycle	Two-yearly



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## Policy Statement

This policy statement reflects the clinical governance principles and policies adopted by the Diabetes Association of the NT Inc., trading as Healthy Living NT, and to be adhered to by all health professionals and staff employed by HLNT.

## Scope of Policy

For Healthy Living NT, clinical services refer to the delivery of individualised clinical advice from a formally qualified health professional to a person with a chronic condition (or their carer) to support the management of their condition. Clinical services can be distinguished from other health services provided by Healthy Living NT in that they are delivered to an individual in a clinical setting and provide advice and counselling that is individualised to the consumer and is part of a multidisciplinary approach to case management. It includes health services provided to an individual in a range of modalities including written, face to face, phone, email, videoconference and through the use of interpreters.

## Responsibilities

This clinical governance framework sits alongside a strong corporate governance framework to ensure that our health services, whether provided directly by us or by sub-contractors, are safe and effective.

The corporate and clinical governance of Healthy Living NT are intrinsically linked and the roles and responsibilities for clinical governance are described below.

	<b>Responsibility</b>
Board	Providing the overarching strategic view for the organisation including ensuring strong clinical and corporate governance. Monitoring compliance and progress toward achievement of strategic plan. Identifying and managing risk.
CEO and Manager Education Services	Hold primary responsibility for clinical governance including: <ul style="list-style-type: none"><li>ensuring that the development and implementation of clinical services aligns with the clinical governance framework</li><li>developing and monitoring reporting frameworks to ensure clinical services are delivered in a best practice manner</li><li>ongoing quality improvement mechanisms for clinical health service delivery</li><li>Identifying and managing risk.</li></ul>
Clinicians	Delivering clinical health services that align with the clinical governance framework, in particular, the four pillars of clinical governance. Developing and reviewing policies and procedures to support the delivery of clinical health services in line with the clinical governance framework. Taking personal responsibility for clinical excellence by adhering to professional standards, guidelines and maintaining accreditations. Reporting unsafe or sub-optimal practice or failure to adhere to best practice guidelines. Identifying and managing risk.
Non-clinical support staff	Recording, monitoring and reporting on clinical health service delivery. Supporting managers and clinicians in policy and procedure development. Reporting unsafe or sub-optimal practice.

In addition, the following legal responsibilities apply:

**HLNT Legal Role** - to ensure all clinical staff hold and maintain the necessary registrations to practice during their period of employment.

**Staff Legal Role** – to ensure they maintain current registration status at all times during their employment with HLNT, operate within their scope of practice and practice in accordance with their professional registration and code of conduct.

### **Pillars of Clinical Governance**

In line with Healthy Living NT's strategic plan and mission to improve the lives of people with chronic disease and those at risk, the clinical governance framework is developed with consumers at the centre. Our corporate Values underpin our clinical health services that are designed and delivered based on four pillars of clinical governance:

1. Consumer and community participation
2. Clinical effectiveness and quality improvement
3. Capable and effective workforce
4. Risk management

#### **1. Consumer and community participation**

Healthy Living NT clinical services are designed on the model of person-centred care. We do this by ensuring the consumer is always treated with dignity, respect and compassion. Our model of care allows the consumer to set their own goals and play a central role in devising strategies to help them achieve those goals. The consumer is also central to all health care team discussions and decisions regarding their care and wherever possible are directly included in these discussions.

Key to effective person-centred care is our commitment to respectful and culturally safe practice, underpinned by making available health literacy tools and materials that support consumers from varied cultures in understanding and managing their health condition.

Efforts are made to maximise the reach of our services throughout the NT. This includes establishing partnerships with rural and remote service funders and providers to allow our clinicians to visit remote areas and utilising technology such as telehealth.

Mechanisms are also in place to collect feedback from consumers regarding the care they receive. This feedback is used to continually improve clinical service delivery and inform the development of new services.

Consumer and community participation in Healthy Living NT is promoted through our governance framework.

#### **2. Clinical effectiveness and quality improvement**

Healthy Living NT strives to ensure our clinical services are effective in improving the lives of people with chronic disease. We do this by developing services that are based on a strong and current evidence base using a combination of clinical research and service level evaluation to ensure that our services translate research into practical clinical services and that these services meet the needs of Territorians.

To ensure good practice, Healthy Living NT utilises current best practice frameworks and standards to guide our work.

**a) Practice Guidelines:**

Health Professionals are required at all times to work within best practice guidelines and their scope of practice as outlined by the following:

**Registered Nurses:** Scope of practice for Registered Nurses and Midwives

**Diabetes Nurse Educators:**

Best Practice Guidelines:

1.	<i>Diabetes Management in General Practice – Guidelines for type 2 diabetes</i>
2.	<i>National Evidence Based Clinical Care Guidelines for Type 1 Diabetes in Children, Adolescents and Adults</i>
3.	<i>ADIPS Consensus Guidelines for the Testing and Diagnosis of Gestational Diabetes Mellitus in Australia</i>
4.	<i>CARPA Standard Treatment Manual</i>

Scope of Practice:

1.	<i>ADEA National Standards of practice for diabetes educators</i>
2.	<i>ADEA The Credentialed Diabetes Educator in Australia – Role and Scope of Practice</i>
3.	<i>ADEA National Core Competencies for Credentialed Diabetes Educators</i>
4.	<i>Scope of practice and professional standards for Registered Nurses and Midwives</i>

**Cardiac Nurse Educators:**

Best Practice Guidelines:

1.	<i>Best Practice Guidelines for Cardiac Rehabilitation and Secondary Prevention located at <a href="https://www.acra.net.au/relevant-guidelines/">https://www.acra.net.au/relevant-guidelines/</a> These cover the ACRA core components of CVD secondary prevention and cardiac rehab (2014); 2019 Pathway to phase 2 cardiac recovery &amp; 2020 national quality cardiac rehabilitation indicators.</i>
2.	<i>NHMRC Clinical Practice Guidelines</i>
3.	<i>2020 Australian guidelines for prevention, diagnosis &amp; management of ARF &amp; RHD, 3.2 ed March 2022</i>
4.	<i>National Heart Foundation Guidelines</i>
5.	<i>CARPA Standard Treatment Manual</i>

Scope of Practice:

1.	<i>Scope of practice and professional standards for Registered Nurses and Midwives</i>
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**Dietitians:**

Best Practice Guidelines:

1.	<i>Diabetes Management in General Practice – Guidelines for type 2 diabetes</i>
2.	<i>DAA – Endorsed Practice Guidelines and Recommendations – Evidence Based Practice Guidelines for the Nutritional Management of Type 2 Diabetes Mellitus for Adults</i>
3.	<i>Australian Dietary Guidelines</i>
4.	<i>ISPAD Clinical Practice Consensus Guidelines 2018 Compendium - Nutritional management in children and adolescents with type 1 and type 2 diabetes</i>

5.	<i>National Heart Foundation Guidelines</i>
6.	<i>Evidence Based Practice Guidelines for Nutritional Management of Chronic Kidney Disease</i>
7.	<i>CARPA Standard Treatment Manual</i>
8.	<i>National Evidence Based Clinical Care Guidelines for Type 1 Diabetes in Children, Adolescents and Adults</i>
9.	<i>ADIPS Consensus Guidelines for the Testing and Diagnosis of Gestational Diabetes Mellitus in Australia</i>

Scope of Practice:

1.	<i>Scope of practice – DAA Evidence based practice guidelines.</i>
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**Aboriginal Health Practitioners:**

Best Practice Guidelines (Diabetes):

1.	<i>Diabetes Management in General Practice – Guidelines for type 2 diabetes</i>
2.	<i>National Evidence Based Clinical Care Guidelines for Type 1 Diabetes in Children, Adolescents and Adults</i>
3.	<i>ADIPS Consensus Guidelines for the Testing and Diagnosis of Gestational Diabetes Mellitus in Australia</i>
4.	<i>CARPA Standard Treatment Manual</i>

Scope of Practice:

1.	<i>Registration Standard, Codes and Guidelines specified by AHPRA and the Aboriginal and Torres Strait Islander Health Practice Board of Australia</i>
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**Exercise Physiologists:**

Best Practice Guidelines:

1.	<i>ESSA, ACSM &amp; SMA Position Statements (guidelines and recommendations for common conditions)</i>
2.	<i>Australian Physical Activity Guidelines</i>
3.	<i>National Heart Foundation guidelines</i>
4.	<i>CARPA Standard Treatment Manual</i>

Scope of Practice:

1.	<i>ESSA Code of Professional Conduct and Ethical Practice</i>
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**Psychologists:**

Best Practice Guidelines:

1.	<i>National Practice Standards for the Mental Health Workforce 2013</i>
2.	<i>National Standards for Mental Health Services 2010</i>
3.	<i>Australian Psychological Society Ethical and Practice Guidelines and procedures</i>

Scope of Practice:

1.	<i>Australian Psychological Society Code of Ethics</i>
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## **Diabetes Educators – Additional Scope of Practice Considerations**

Where any HLNT health professional has additional recognised post graduate qualifications in diabetes education, they must adhere to best practice guidelines for diabetes management and scope of practice from ADEA.

Additionally, a range of health professions are eligible to be considered for Credentialed Diabetes Educator (CDE) status, accredited by the ADEA. CDE status recognises a level of competence necessary for:

- Authorising registrations on the National Diabetes Services Scheme (NDSS)
- Authorising NDSS registration for subsidised access to diabetes technologies, including insulin pump consumables, continuous glucose monitoring and flash glucose monitoring
- Claiming relevant Medical Benefits Schedule items.

However, an individual's scope of practice and the services they provide within this scope of practice must be determined in the context of:

- Legislation, specifically the [NT Medicines, Poisons and Therapeutic Goods Act 2012](#)
- Core qualifications and individual experience, training, competence
- The professional skill-mix available in the employment context
- Available supervision and support
- Employer service policies and job descriptions
- ADEA code of conduct and professional practice standards
- The needs of the local community and the person with diabetes
- The clinical context
- Professional indemnity / medical malpractice insurance.

All health professionals employed by Healthy Living NT who hold post graduate qualifications in diabetes education and/or CDE status are required to use the *Scope of Practice Decision Pathway* shown on page 25 when considering their individual scope of practice. All queries related to scope of practice must be addressed with the Manager Education Services.

All health professionals who do not have core qualifications, experience/training/competence in a specific area of diabetes education requiring expertise e.g. insulin pump therapy initiation and education including interpretation of CGM/CSSI data, children with type 1 diabetes, diabetes in pregnancy, support for dose adjustment of insulin etc. should not practice autonomously in these areas.

### **b) Education Provision**

Timely diabetes, cardiac and nutrition education will be provided to individuals, family members, carers, community groups, schools, health professionals and any other interested parties as required.

At all times, all health professionals are required to follow best practice guidelines in the education and management of clients and to apply this in a culturally respectful and person-centred manner.

Healthy Living NT also works within Australian College of Rural and Remote Medicine Telehealth Advisory Committee Standards Framework for relevant service provision.

Healthy Living NT's *Education Service Pathways* (pages 14-24) provide a framework that seeks to ensure:

- Optimum service access to clients according to their needs in a timely manner
- Education that is safe, comprehensive and based on best practice

- Timely and relevant communication with the client's primary health provider and/or specialist team.

Current *Education Service Pathways* comprise:

Type 1 Diabetes Education Pathway (newly diagnosed and newly referred)

Type 1 Diabetes Insulin Pump Initiation Education Pathway

Type 1 Diabetes Continuous Glucose Monitoring Initiation Education Pathway

Type 2 Diabetes Education Pathway

Type 2 Diabetes Insulin Initiation/Stabilisation Education Pathway

Type 2 Diabetes Glucose Monitoring Initiation Education Pathway

Impaired Glucose Tolerance Education Pathway

Gestational Diabetes Education Pathway

Diabetes Outreach Education Pathway

Phase 2 Outpatient Cardiac Rehabilitation Education Pathway

Cardiac Outreach Education Pathway

### **c) Referrals**

All clients with diagnosed chronic disease received by the service should have a formal written referral from a Medical Officer (MO), or another health professional. This referral should desirably include medical history, current medications and recent pathology results. Where a MO referral is not practical/available such as in a remote clinic setting where verbal referrals from clinic staff are common, the client's electronic record should be consulted as appropriate.

Where a client has self-referred, educators should provide initial education and seek a formal referral from their GP or Specialist for future visits.

For referred clients requiring insulin initiation/stabilisation, the referring Medical Officer should also provide adequate direction on initiation and adjustment levels/parameters or complete an *Insulin Initiation and Titration form*.

### **d) Clinical Record Reporting**

All health professionals are responsible for maintaining accurate clinic records relating to education/advice given to clients, their families or carers in accordance with HLNT's *Education Pathways* (appended).

Health professionals are to ensure communication back to the referrer outlining:

- education provided and advice given to individual clients, as well as
- any suggested changes in management regimen.

This communication may also extend to other health professionals involved in client management e.g. specialists or allied health professionals.

For HLNT educators visiting external clinics, where access to the client database is available, direct entries into client notes must be completed.

### **e) Complex Clients**

With the increase in clients with diabetes and/or cardiovascular disease along with the increase in management options now available, management options/regimens are becoming more complex. To ensure the best outcomes for clients, health professionals will internally case conference any

management options/regimens being considered prior to liaising with the referring medical practitioner or other external health professionals.

Client case conferencing will take place across the multi-disciplinary team to ensure particular regard is paid to all of the client's co-morbidities.

**f) Product Selection**

Where it is within their scope of practice, health professionals should have relevant product knowledge and ability to provide assistance and instruction to clients purchasing products. The primary determinant guiding assistance with product selection is the suitability of the product for the client, including considerations such as client preference, budget, technical ability, literacy and education level, support services, visual acuity and manual dexterity.

Health professionals may suggest products that best meet the client's specified needs, but the decision of the client is final and will be respected and supported by HLNT.

Health professionals should ensure that when demonstrating equivalent products they provide a fair and unbiased explanation of the advantages and disadvantages of each product and do not allow personal or other preferences to become a factor in promotion or selection.

**Prohibition on Financial Remuneration:** No health professional staff of HLNT shall accept financial remuneration, directly or indirectly, from pharmaceutical or medical device companies or any other related industry entity for the purpose of commencing clients on branded diabetes management technology devices or for any other related endorsements. This policy is set in place to ensure that our professionals act solely based on the best interest of the client, without any financial influence.

**g) Ethical Dilemmas**

An ethical dilemma is a decision-making problem involving two or more morally acceptable options. Ethical dilemmas in practice can develop because of client-practitioner relationships, professional differences, emotionally charged clinical situations. Healthy Living NT's person-centred care model can lead to ethical dilemmas where the interests of the client are not consistent with the legal obligations of the practitioner such as in the instance of certifying to a Medical Officer that a client understands hypo signs and symptoms for the purpose of driver license renewal.

The flow chart appended to this policy should be used by practitioners to manage ethical dilemmas.

**h) Publications**

All health professionals are required to regularly contribute articles to Healthy Living NT quarterly publications including *Territory Way* and *Healthy Living News* as well as other external publications from time to time.

All articles written for submission to these publications must be peer-reviewed by the health professional team prior to submission to the editor for publication.

**i) Professional Networks**

Educators should at all times maintain:

- Close networks with their professional peers and respective professional bodies and
- Effective continuing contact with relevant specialists involved in complex management, to facilitate case conferencing, professional currency and networks.

**j) Quality Improvement**

To ensure ongoing quality improvement, our clinical health services are underpinned by a comprehensive Quality Management System that complies with the requirements of the Quality Improvement Council's *Health and Community Services Standards* and the National Association of Diabetes Centres' quality accreditation program.

These systems include a strong project management process that includes annual project planning and ongoing monitoring and reporting that allow for services to be reviewed and changed to meet consumer needs and improve outcomes. Again, our evaluation mechanisms are an integral part of the project management process and allow for ongoing quality improvement by monitoring effectiveness of services on health outcomes and collecting consumer feedback.

**3. Capable and effective workforce**

Healthy Living NT staff are appropriately qualified and experienced to do the job required of them. This is underpinned by robust recruitment policies and procedures and an organisational culture that fosters excellence in service delivery.

Clinicians delivering health services in the community are appropriately qualified and hold accreditation with their professional body. There is an appropriate staffing structure that allows for clinicians to work within their professional scope and for more experienced clinicians to coach and mentor less experienced staff.

An annual performance plan is developed for each staff member which ensures accountability for service delivery and performance and identifies and plans for staff development needs.

The workforce participates in regular formal and informal professional development to ensure they have current and relevant skills to allow them to deliver safe and effective services.

Our staff are held to high standards of behaviour both by adhering to the codes of conduct and associated standards of practice of their professional body as well as the code of conduct of the organisation.

<p><b>Cardiac and Diabetes Nurse Educators:</b></p>	<p>Are required to be a Registered Nurse (RN), maintain current registration with AHPRA and should also hold further qualifications within their field:</p> <ul style="list-style-type: none"> <li>• DNE – Grad Cert or Diploma in Diabetes Education and Management</li> </ul> <p>Additionally, Diabetes Nurse Educators should ideally hold, or be working towards attainment of:</p> <ul style="list-style-type: none"> <li>➤ Credentialed Diabetes Educator (CDE) status, accredited by the Australian Diabetes Educators Association.</li> <li>➤ Where appropriate, CPD qualifications to provide specialised services including the application of diabetes management technology devices.</li> </ul> <ul style="list-style-type: none"> <li>• CNE – further post-graduate qualification such as Grad Cert or Diploma in Critical Care Nursing or Coronary Care or experience in tertiary cardiac care.</li> </ul>
<p><b>Dietitians:</b></p>	<p>Are required to hold a minimum of a Bachelor of Nutrition and Dietetics and should also hold Accredited Practicing Dietitian (APD) status or be enrolled in DAA’s Accredited Practicing Dietitian (APD) Program.</p>
<p><b>Exercise Physiologists:</b></p>	<p>Are required to hold a Bachelor of Exercise Science and Rehabilitation (or equivalent) and should be accredited with Exercise and Sports Science Australia.</p>

<b>Aboriginal Health Practitioner</b>	Are required to be registered with, and maintain registration with, AHPRA and the Aboriginal and Torres Strait Islander Health Practice Board of Australia
<b>Psychologists</b>	Are required to be a Registered Psychologist with AHPRA
<b>All health professional educators:</b>	Are required to maintain adequate ongoing CPD relevant to their scope of practice.  Additionally, all health professionals may hold, or be working towards attainment of Credentialed Diabetes Educator (CDE) status, accredited by the Australian Diabetes Educators Association.

Our staff are also selected and screened to ensure we keep our consumers safe, especially our most vulnerable consumers. This includes a requirement to:

- obtain and maintain satisfactory police checks for staff
- obtain and maintain Working with Children clearances
- complete cultural awareness training and commit to ongoing development of cultural capability
- undertake relevant critical cyclical skills updates such as First Aid and Cardiac Resuscitation.

It is a clinician’s individual responsibility to maintain CPD for their registrations, accreditations and qualifications. Healthy Living NT supports its health professional staff to maintain CPD through one week of paid leave per year to undertake courses and attend workshops and conferences and provides the use of its ICT facilities for tele-CPD. Additionally Healthy Living NT provides mandatory training where deemed necessary for the specifics of the job role, such as first aid and CPR training. Refer to HLNT’s Training Matrix for a list of job roles and training requirements.

#### **4. Risk Management**

The risks associated with the delivery of clinical services are adequately managed by the organisation through a comprehensive risk management policy that forms part of Healthy Living NT’s Quality Management System.

At a strategic level, a high level risk register is maintained, monitored and reviewed by the board and executive.

At an operational level, a comprehensive risk management plan is in place. The plan identifies risks associated with clinical service delivery and strategies to manage or mitigate these risks. The risk management plan is supported by a number of policies and procedures which provide direction for clinicians and operational staff on how clinical services should be delivered to minimise risk.

#### **Supporting Policies and Procedures**

The successful implementation of the clinical governance framework is ensured by the implementation of several key policies and procedures that allow for the practical application of the four pillars of clinical governance. These key policies and procedures are outlined below, categorised by the four pillars.

1. Consumer and community participation
  - Complaints/feedback procedure
  - Governing framework

- Project development and planning guidelines
- 2. Clinical effectiveness and quality improvement
  - Project development and planning guidelines and templates
  - Quality Improvement Policy
  - Research Participation and Assessment Framework
  - Evaluation policy
  - Insulin education and titration policy and procedure
- 3. Capable and effective workforce
  - Code of conduct policy
  - Recruitment and selection procedure
  - Cultural safety policy
- 4. Risk management
  - Risk management policy
  - Risk Review
  - OHS Policy and Procedures including Clinical incident procedure
  - Sharps management procedure
  - Diabetes education given to employed carers

### **Responsibility for Policy**

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

### **Approval**

Original Date Approved:	Board Meeting 3/15 of 27 June 2015
Revision 1 Approved:	Board Meeting 2/17 of 24 April 2017
Revision 2 Approval Date:	Board Meeting 4/19 of 14 August 2019
Revision 3 Approval Date:	Board Meeting 6/21 of 11 December 2021
Revision 4 Approval Date:	Board Meeting 6/22 of 10 December 2022
Revision 5 Approval Date:	Board Meeting 6/23 of 9 December 2023
Revision 6 Submission Date:	Board Meeting 4/24 of 17 August 2024
Revision 6 Approval Date:	Board Meeting 4/24 of 17 August 2024

Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board



Signature: Ron O'Brien:

### **Related Documents**

HLNT Ethical Practice Guide

HLNT Values

HLNT Cultural Safety Policy

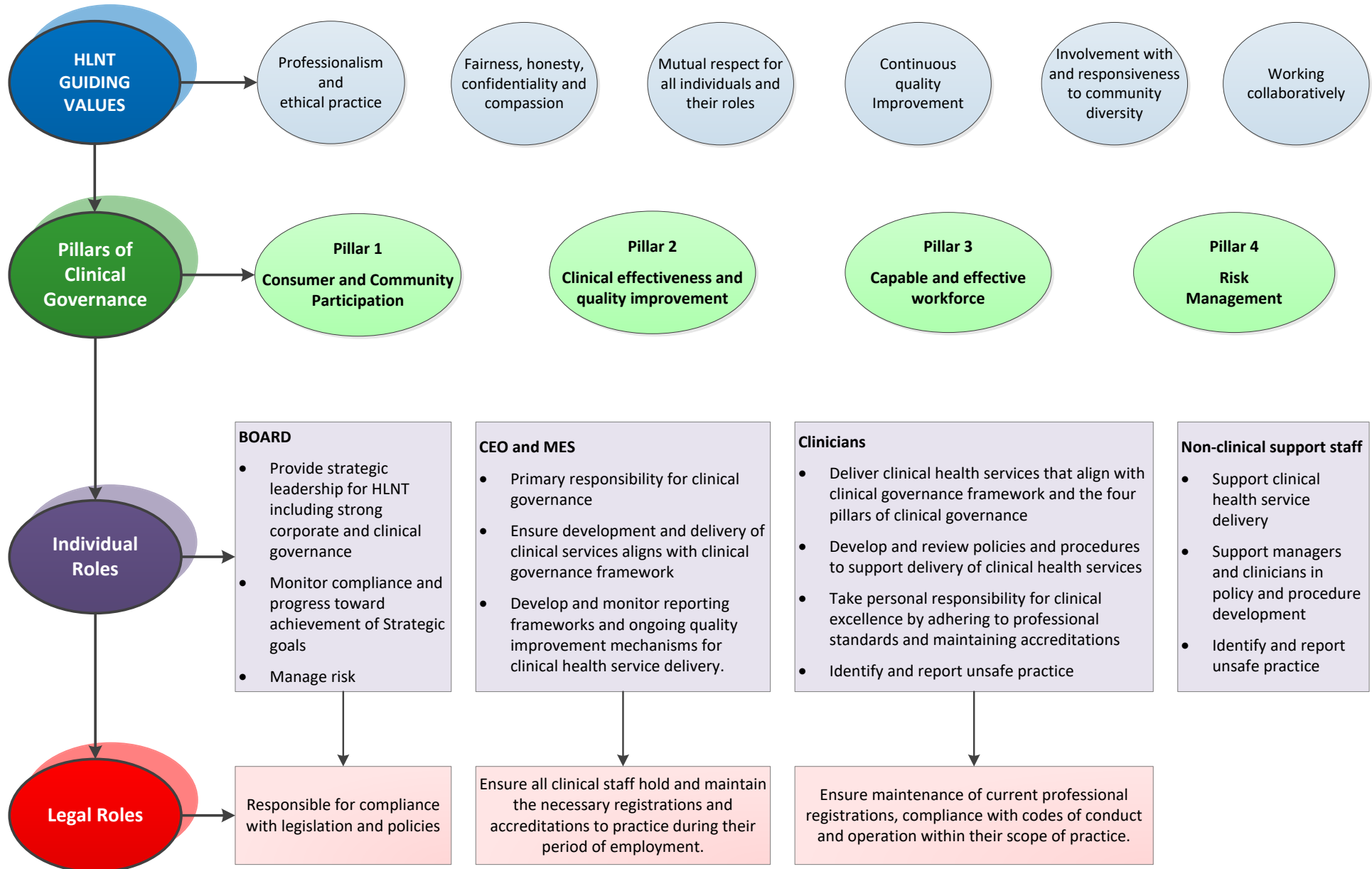
Conflict of Interest Policy

Improper Conduct Policy

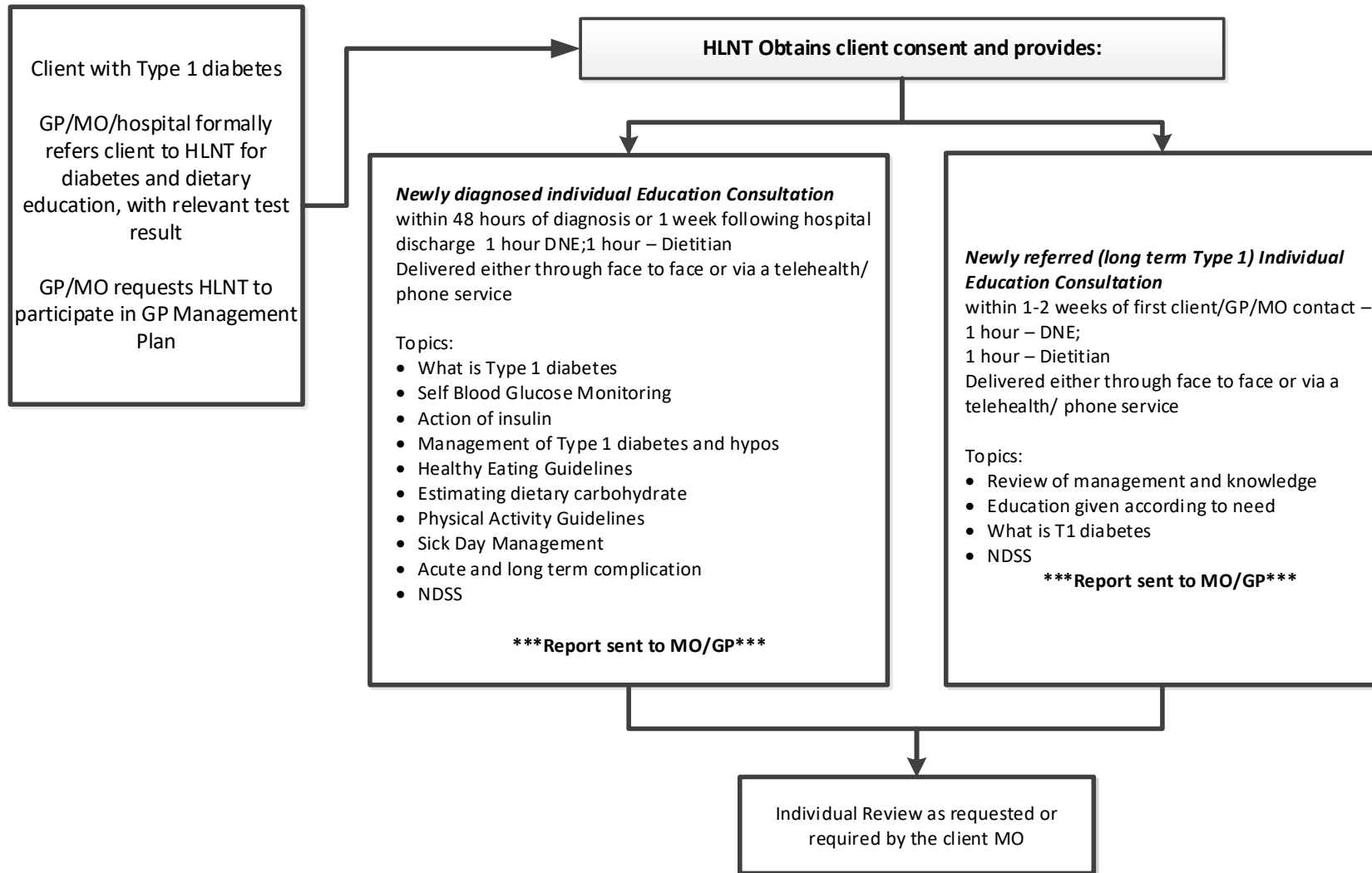
Whistleblower Policy

Workplace Investigation Policy

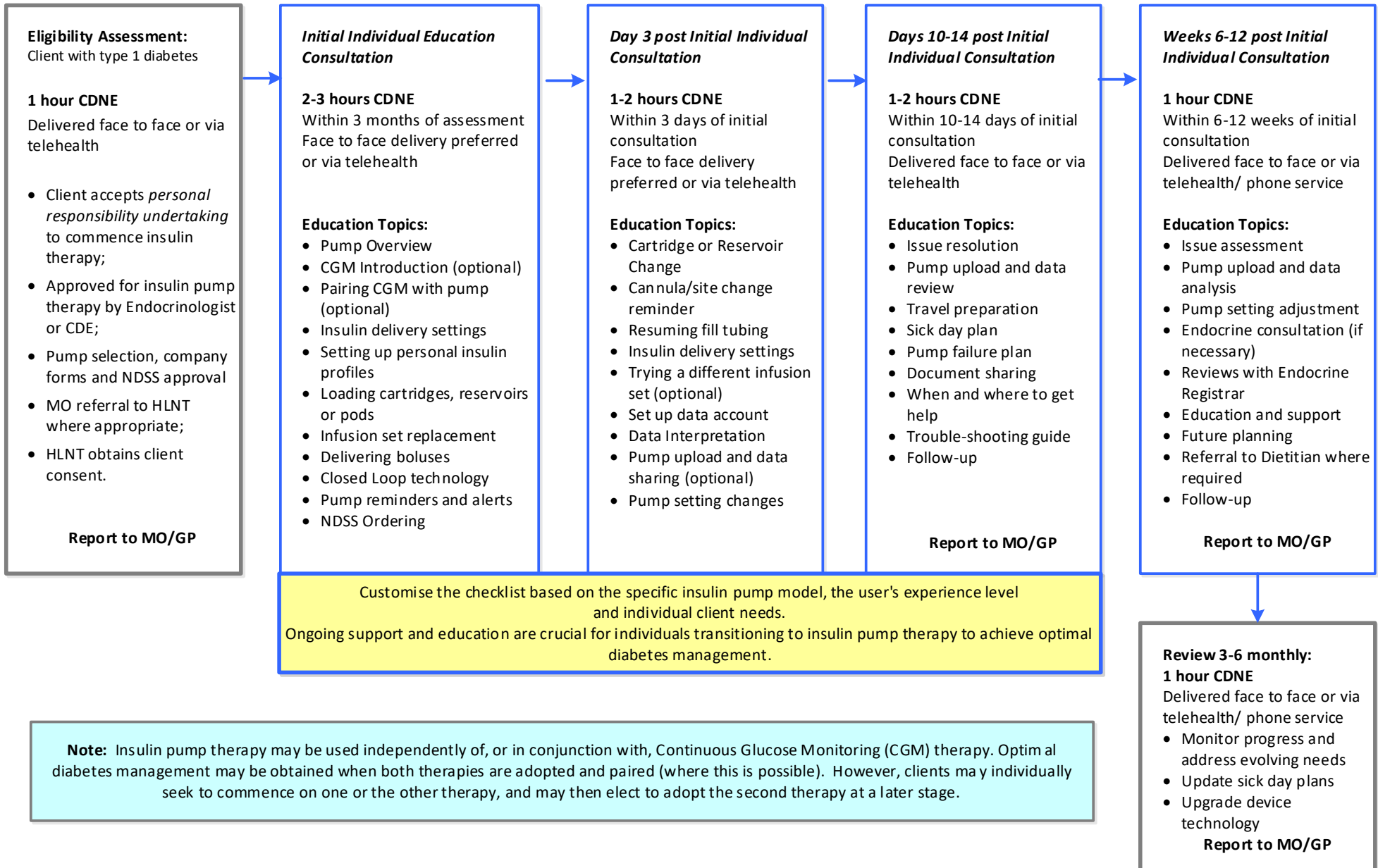
### HLNT Clinical Governance Framework



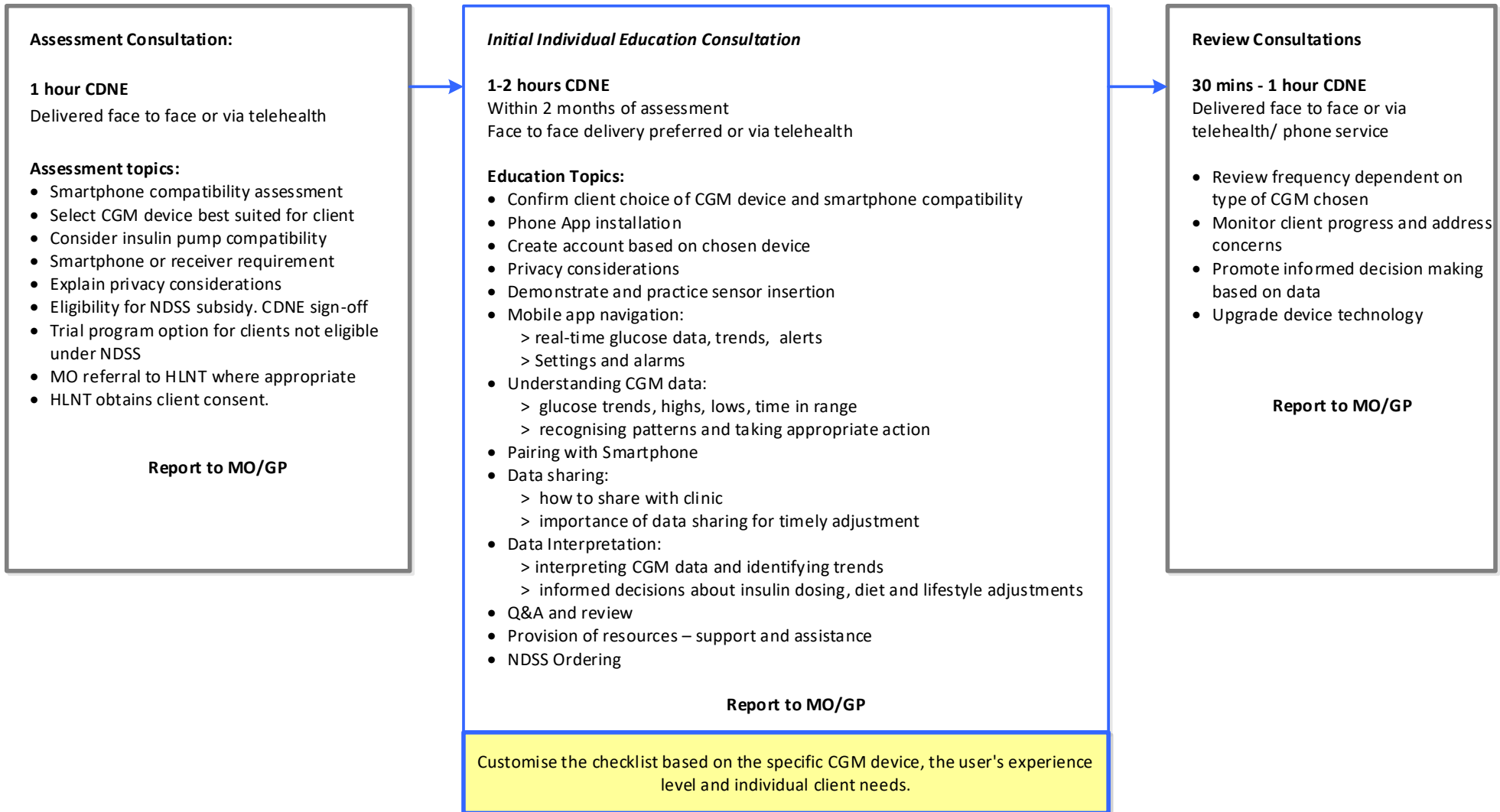
### Type 1 Diabetes Education Pathways (Urban Services)



## Type 1 Diabetes Insulin Pump Initiation Education Pathway

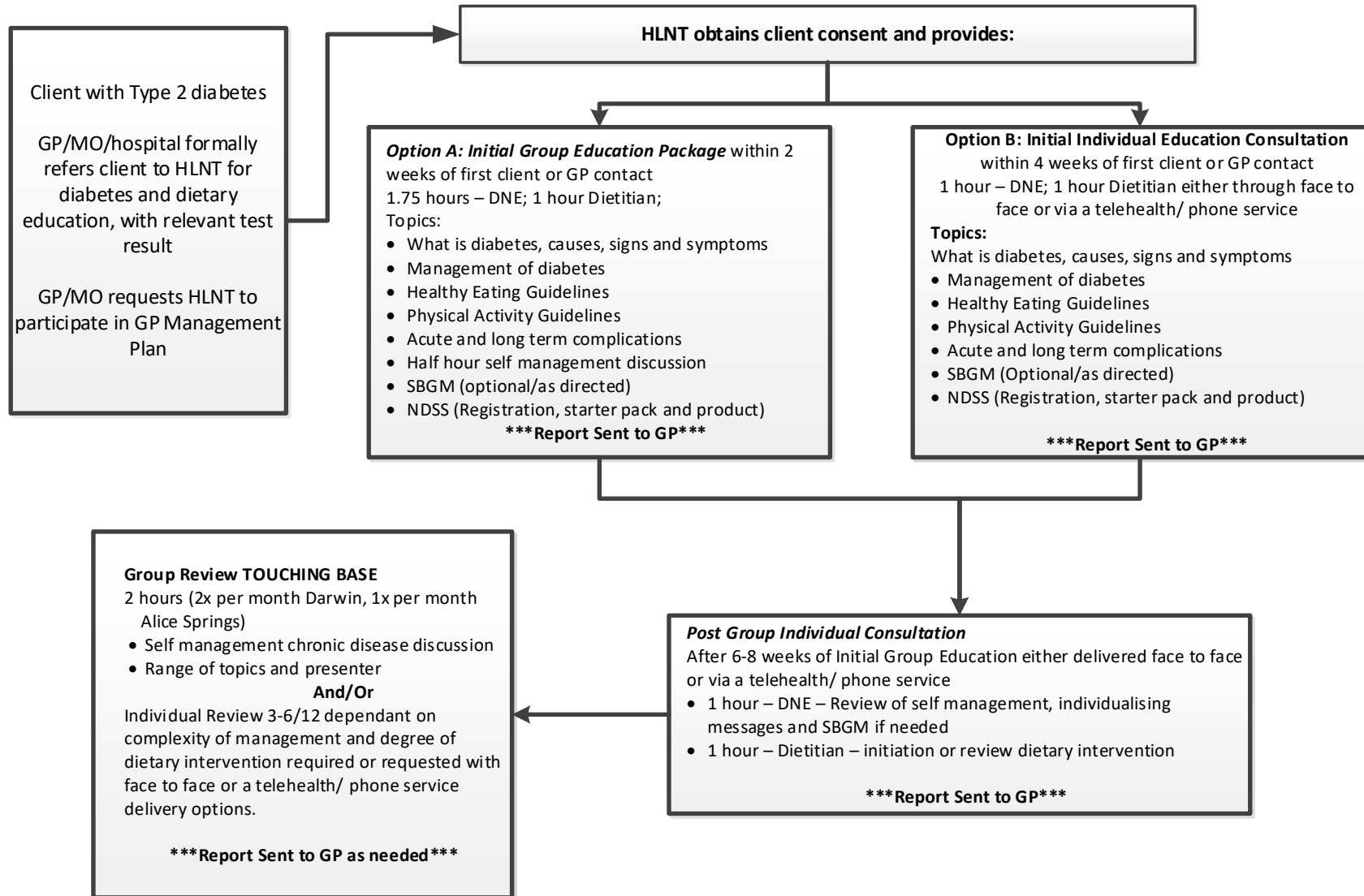


## Type 1 Diabetes Continuous Glucose Monitoring (CGM) Initiation Education Pathway

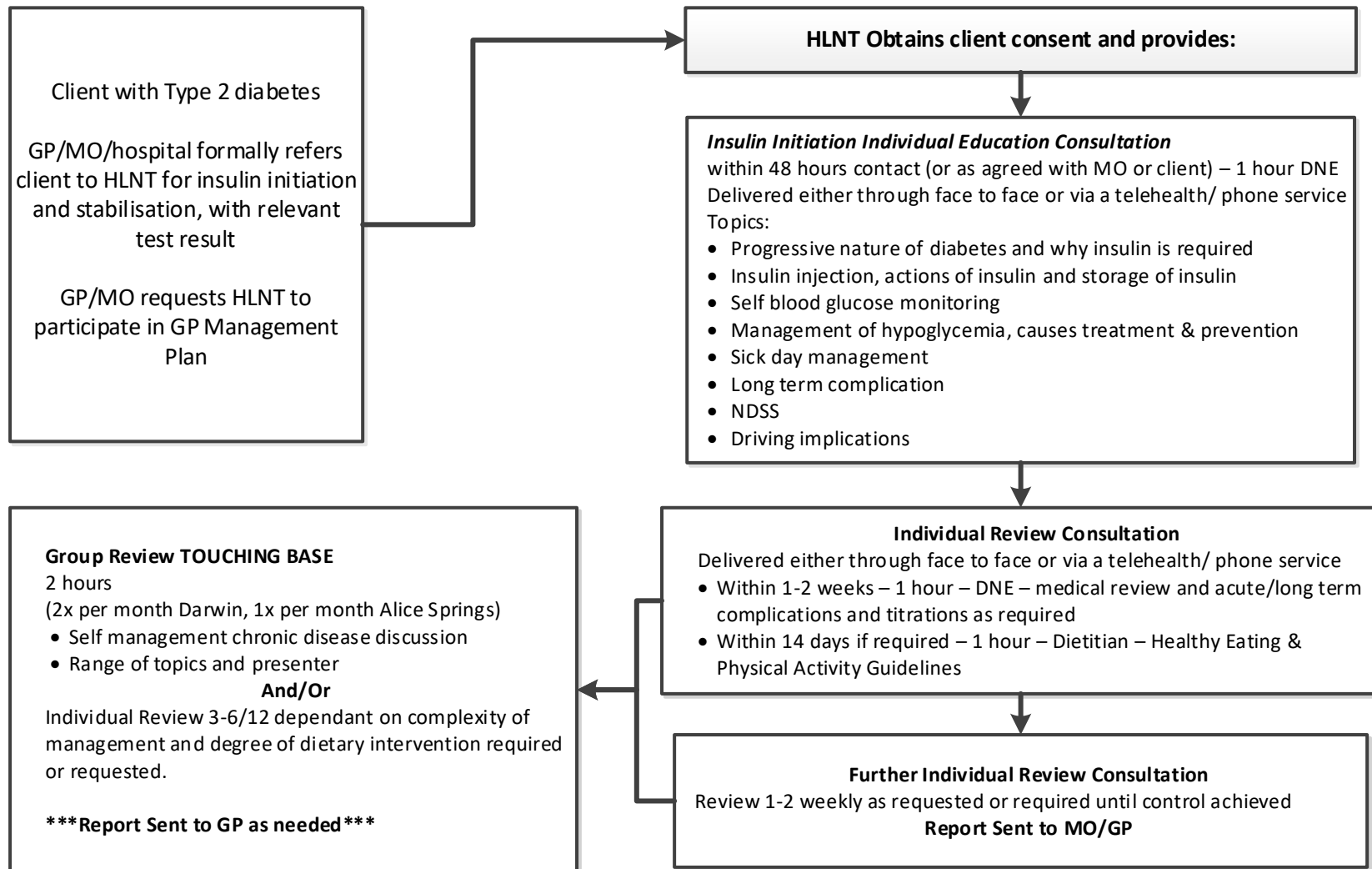


**Note:** Continuous glucose monitoring (CGM) means using a device to automatically estimate real-time blood glucose levels throughout the day and night. CGM may be used independently of, or in conjunction with, insulin pump therapy. Optimal diabetes management may be obtained when both therapies are adopted and paired (where this is possible). However, clients may individually seek to commence on one or the other therapy, and may then elect to adopt the second therapy at a later stage.

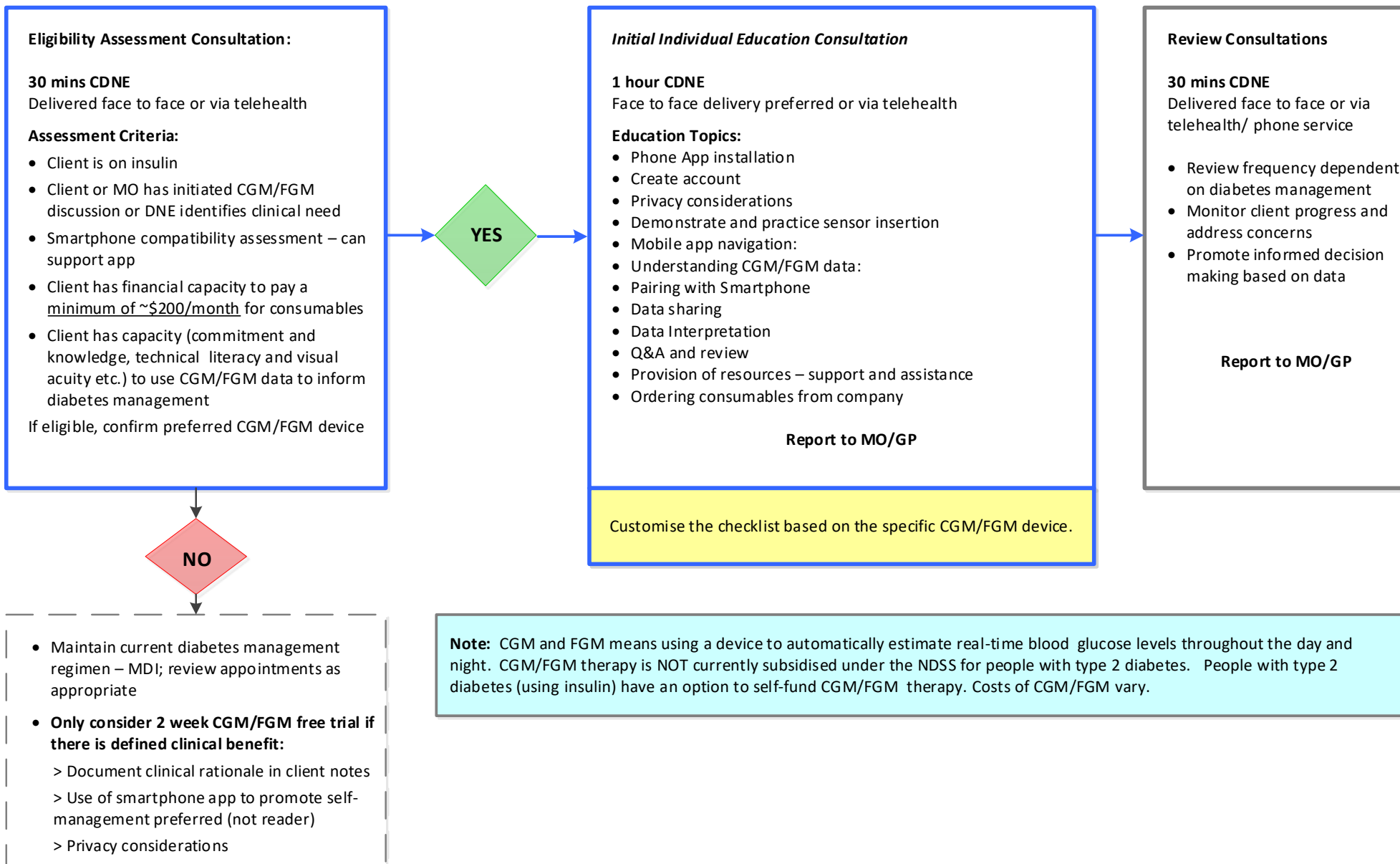
### Type 2 Diabetes Education Pathways (Urban Services)



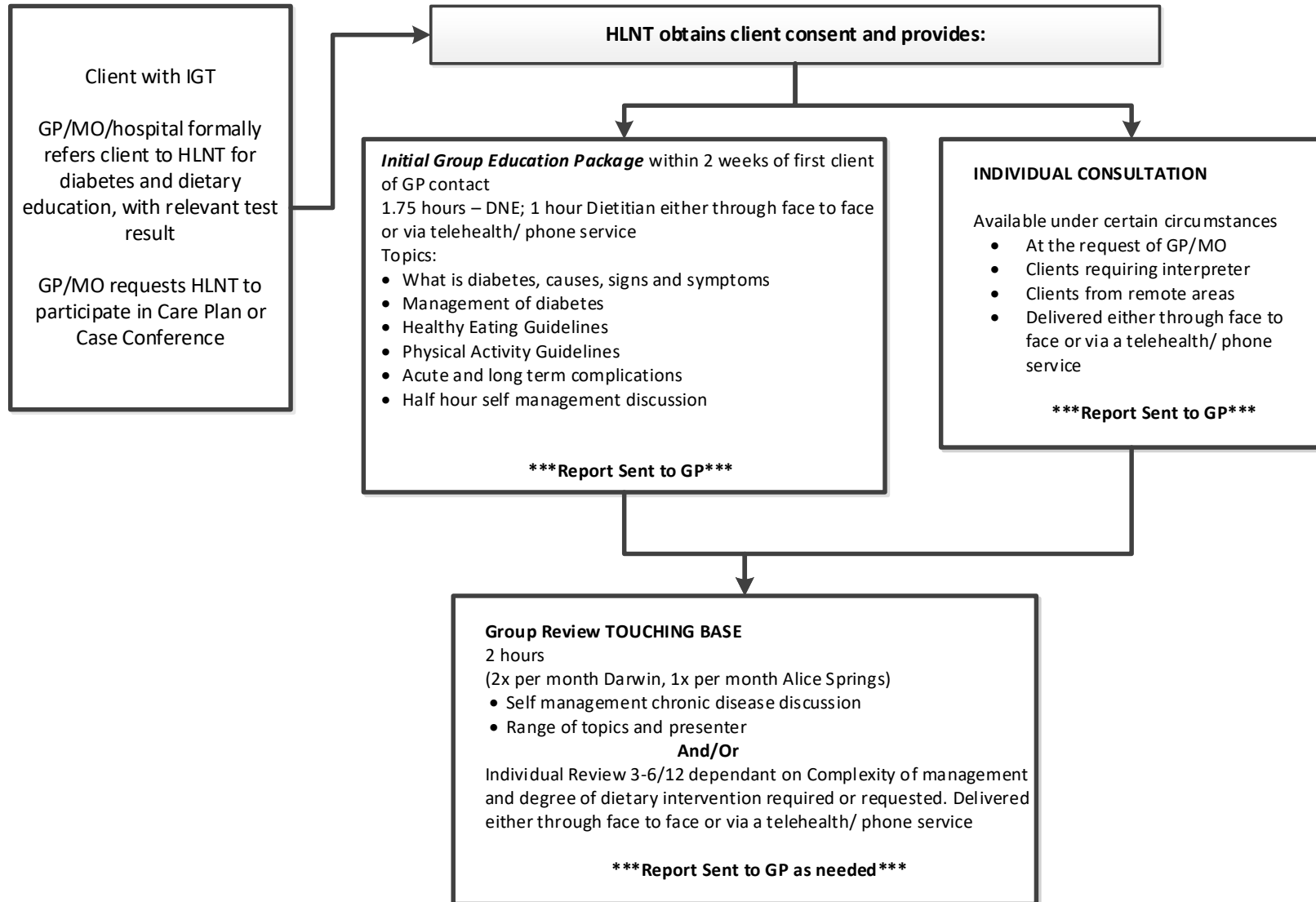
### Insulin Initiation/Stabilisation Education Pathways (Urban Services)



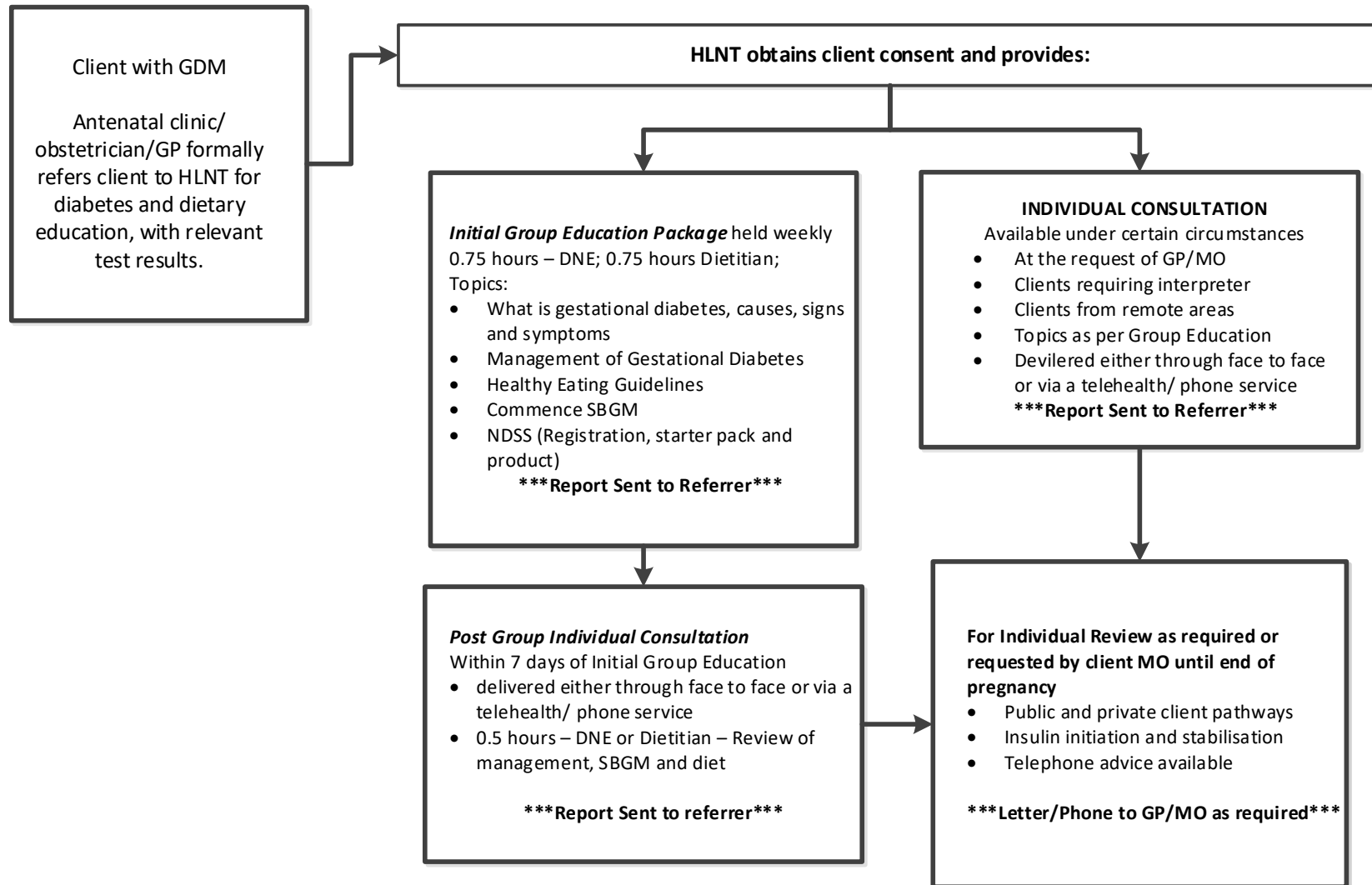
## Type 2 Diabetes Continuous Glucose Monitoring (CGM)/ Flash Glucose Monitoring (FGM) Initiation Education Pathway



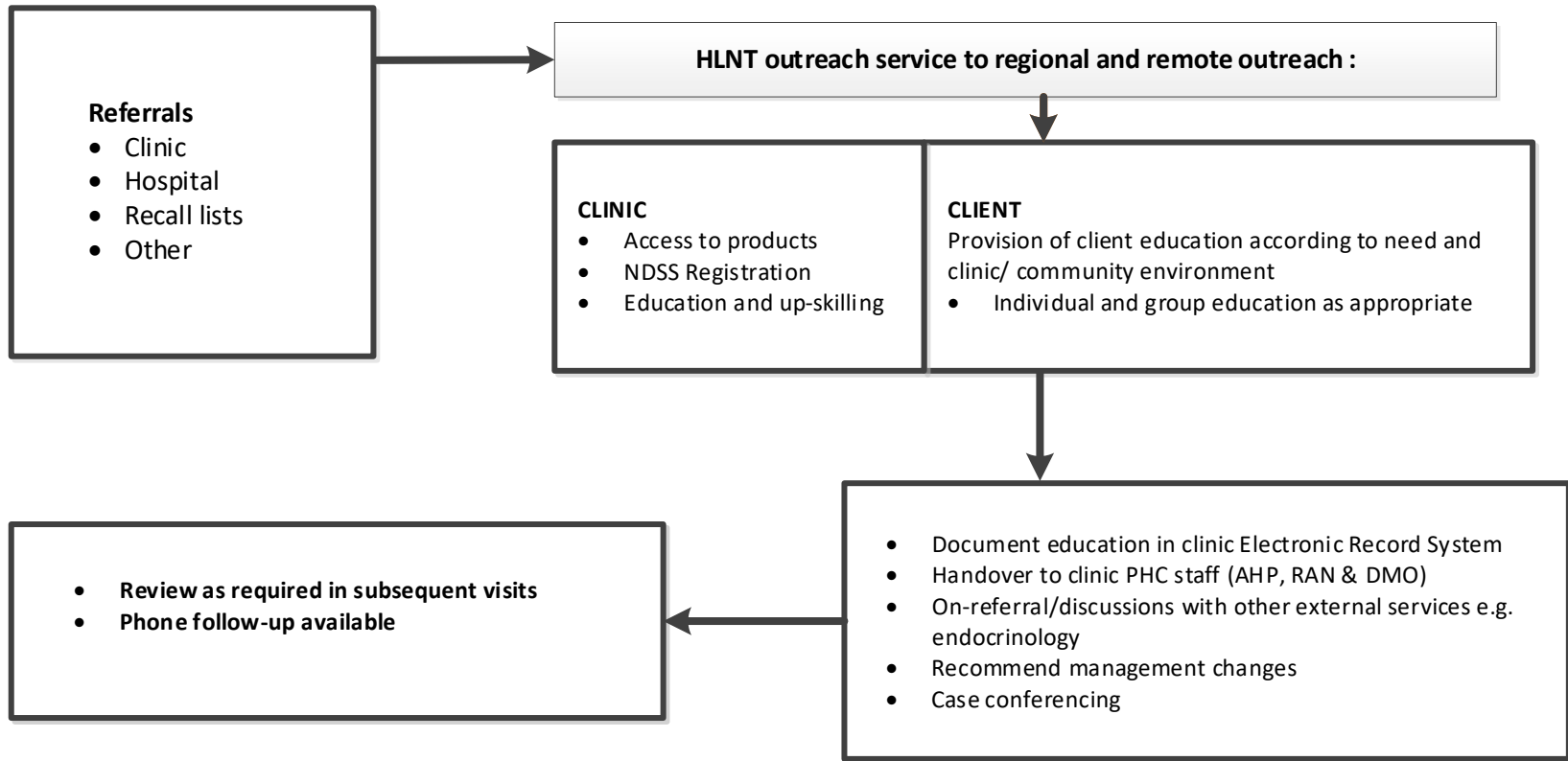
### IGT Diabetes Education Pathways (Urban Services)



### Gestational Diabetes Education Pathways (Urban Services)



### Diabetes Outreach Pathways (Remote Services)



## Healthy Living NT (HLNT)

### Phase 2 – Outpatient Cardiac Rehabilitation (Urban services)

#### Phase 2 Assessment

- Client with a cardiac condition can be referred from: phase 1 inpatient program, NT Cardiac, GP, Aboriginal Medical Services, Interstate Hospitals
- Care Plan EPC available

#### Initial assessment for phase 2 program

- Discuss with client what format suits them,  
**Healthy Heart Program**  
**Individual education**  
**Phone/ Telehealth model**
- Consent gained from Cardiologist/GP regarding exercise program if referred in from non Medical Officer

#### Completion Phase 2 HHP

- Client attending 4 exercise sessions and in Darwin/Palmerston groups, 4 education sessions and in Alice Springs, 2x individual appointments
- Assessment of clients Cardiac Risk Factors
- Certificate of completion to client
- Follow up of client non attended/completing phase 2
- Report to Cardiologist and/or GP
- Record statistic of clients

#### Individual education

- Care plan EPC
- Education given to client and family members as per their cardiac condition, follow up as required
- Report Cardiologist and/or GP

#### Referred to phase 3

#### Phase 2 program choices

Clients may choose a range of options including:

#### Healthy Heart program (HHP)

- 4 week program of exercise and education
- Ongoing entry
- Family/significant others encouraged to attend
- Information pack

#### Individual education

- Appointment with the cardiac educator and dietitian with follow up as required
- Information pack

#### Phone/ Telehealth model

- Session(s) structured to the needs of the client
- Electronic information packs sent about their heart condition and guidelines

#### Various information packs designed for:

- A range of different cardiac conditions
- Aboriginal and Torres Strait Islander people
- Those preferring a home based exercise program
- And is available in some other languages

#### On referral to other allied Health Professionals as required including:

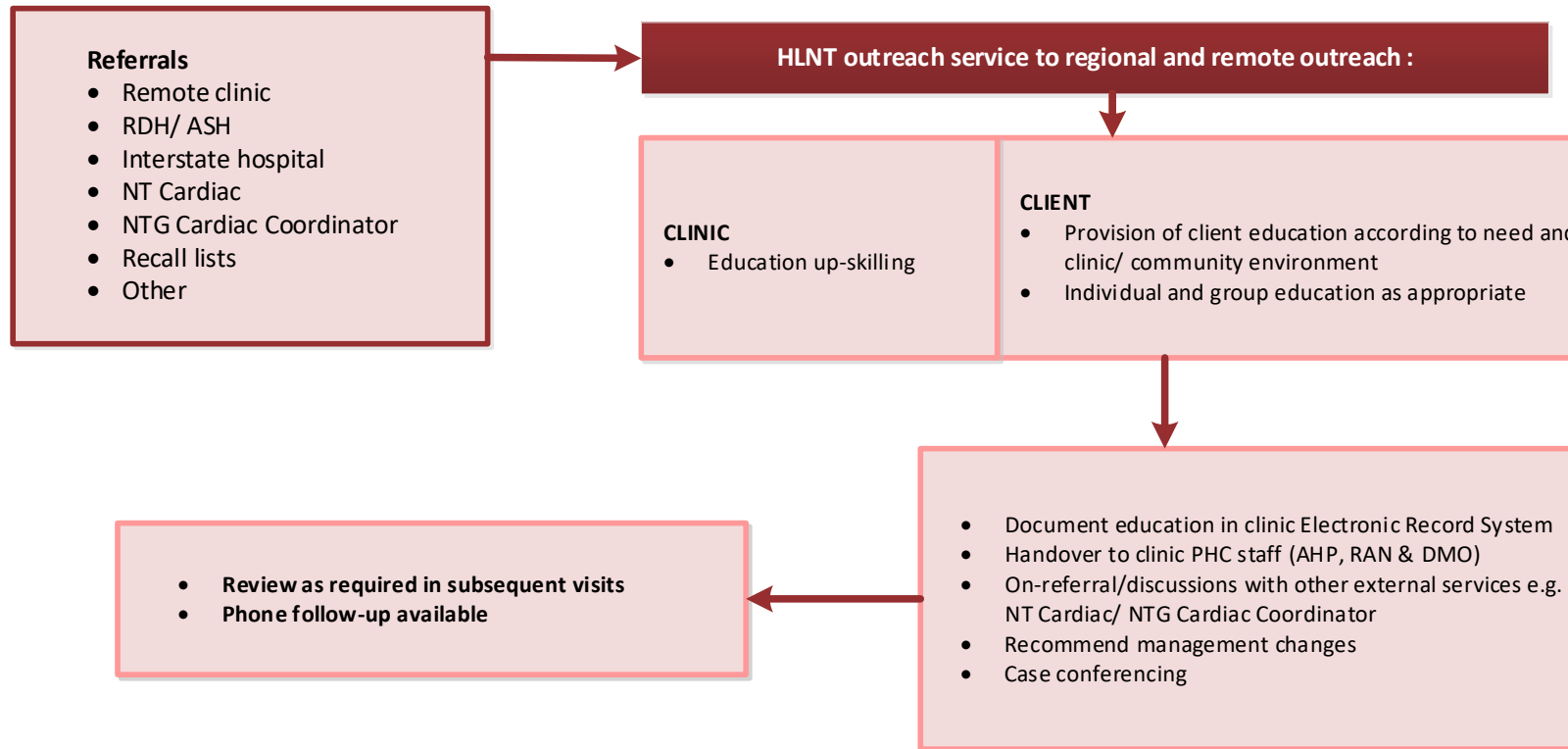
- Diabetes Educators
- Dietitians
- Physiotherapists
- Occupational Therapists
- Counsellors
- CRS
- Mental health professionals
- Other health professionals or support groups when relevant/suitable

#### Education session include:

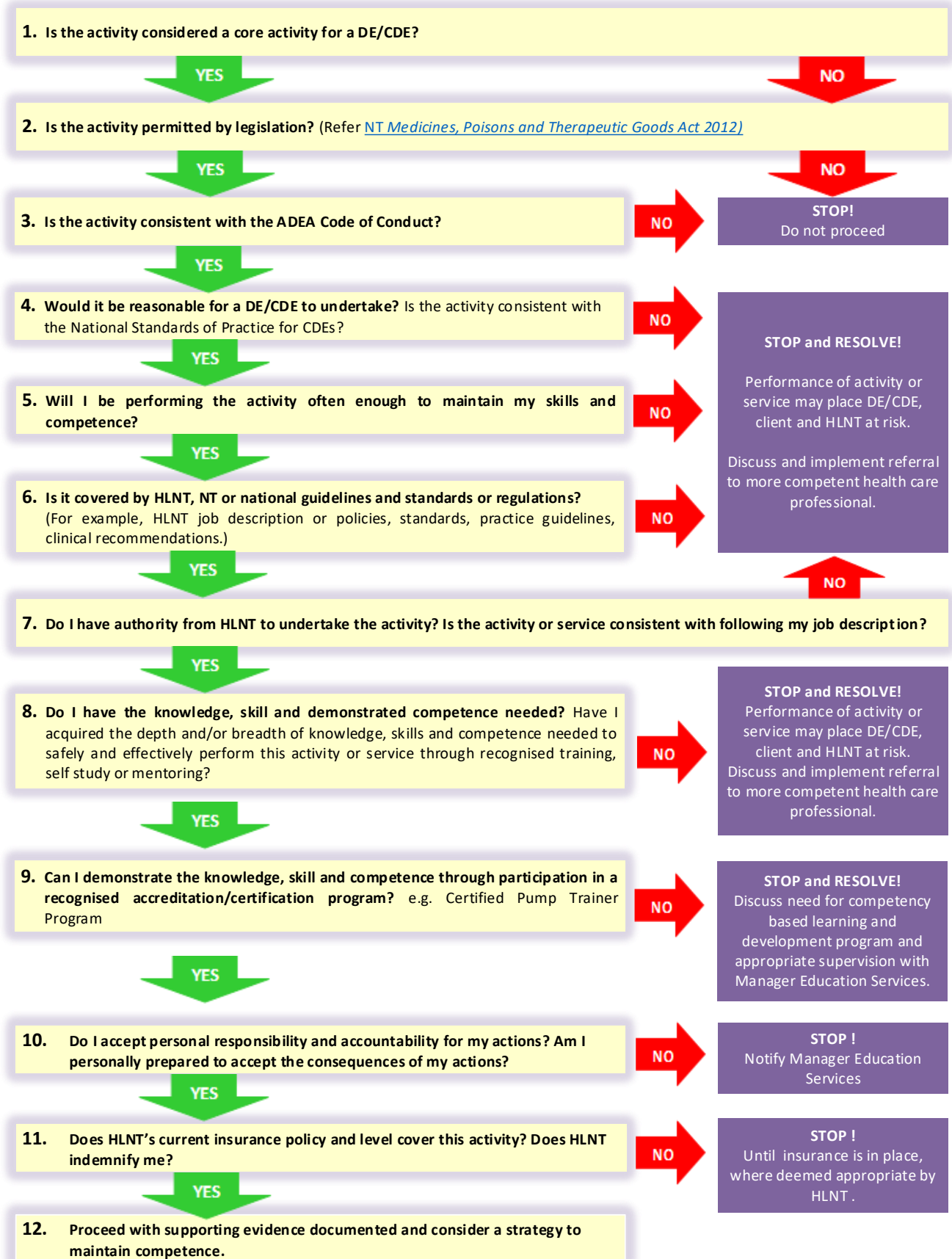
- Anatomy and physiology of the heart
- Coronary artery disease
- Angina and heart attacks
- Cardiac procedures
- Management of symptoms
- Healthy eating Label reading Weight loss management
- Importance of continuing exercise
- Healthy eating
- Label reading
- Weight loss management
- Importance of Continuing Exercise
- Making the most of your GP
- Feeling after cardiac event
- Medications
- Personal cardiac risk factor assessment
- Risk modification
- Smoking cessation
- Stress management
- Goal setting and problems solving

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**Cardiac Outreach Pathways (Remote Services)**



## Scope of Practice Decision Pathway: Diabetes Educators and Credentialed Diabetes Educators



This Decision Pathway is based on the ADEA's *Role and Scope of Practice for Credentialed Diabetes Educators in Australia*.

## Ethical Dilemmas

