Presenter: Sharon Johnson, CDE  Diabetes nurse educator ,
Supporting Better Diabetes Care in the Centre, Baker IDI
Central Australia

- 830,000 square kilometres
- 46,315 people
- 44% Indigenous
- 30% outside 3 main centres
- 55% <25 years old
Supporting Better Diabetes Care in the Centre:

**Background:**
Established in January 2011

**Staff:**
5 visiting Diabetes Specialists
2 Diabetes Nurse Educators

**Visiting:**
10 Remote Sites
Supporting Better Diabetes Care in the Centre

1. Diabetes specialist visits to remote communities

2. Develop systems
   i. high quality care
   ii. consistent care

3. Capacity building-
education/support of remote health staff
Supporting Better Diabetes Care in the Centre:

Referral Guide:
- People with HbA1c >8.5%
- Pregnant women who have diabetes
- People newly diagnosed with diabetes
- Young people who have diabetes
- People who have significant diabetic complications
- Renal CKD Stage 3
- Any other person for whom there is a concern
# Supporting Better Diabetes Care in the Centre: (Follow-up Criteria)

## Baker IDI Clients Follow-Up Guideline

<table>
<thead>
<tr>
<th>Priority</th>
<th>Criteria</th>
<th>Action</th>
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</table>
| **One**  | HbA1c > 10%  
Newly initiated insulin and continuing titration  
Diabetes in Pregnancy  
Young people (< 25 years) with diabetes.  
Significant diabetes complications |  
*HBGM – Fasting BGL every day.  
Review BGL reading by Clinic Nurse contact twice a week and titrate insulin via CARPA manual pg 259.  
Weekly phone contact with Baker IDI DNE. |
| **Two**  | HbA1c 8-10%  
Patients on Insulin or Byetta/ Exantide  
Oral triple therapy patients |  
*HBGM – Fasting BGL 1-2 days per week or random BGL on presentation at clinic.  
Monthly Phone contact with Baker DNE. |
| **Three** | HbA1c < 8% | Review by Health Centre Team as per Chronic Disease management plan (CARPA manual pg 239). |
Health Literacy

- Standardised resources being used across Central Australia
- Program linking in with other organisations. between Baker IDI, NT Government and Congress urban and remote staff
Supporting Better Diabetes Care in the Centre

Activity Report:

**Now January 2011 – Sept 30th 2012**

Specialist visits with diabetes nurse educator = 455 contacts
Follow up - Diabetes nurse educator alone = 227 contacts
What have we learnt:

- To have people working/living in Central Australia to coordinate the program
- Having a designated person at the primary health care centre that works in conjunction with the DNE.
- Self management support and relationship building with patients.
- Consistent follow-up and support is essential for patients and staff.