

Queensland Clinical Networks

Clinical Excellence Queensland

# Queensland Diabetes Clinical Network

Operational Plan

2024-25FY



## **QDCN Operational Plan 2024-25FY**

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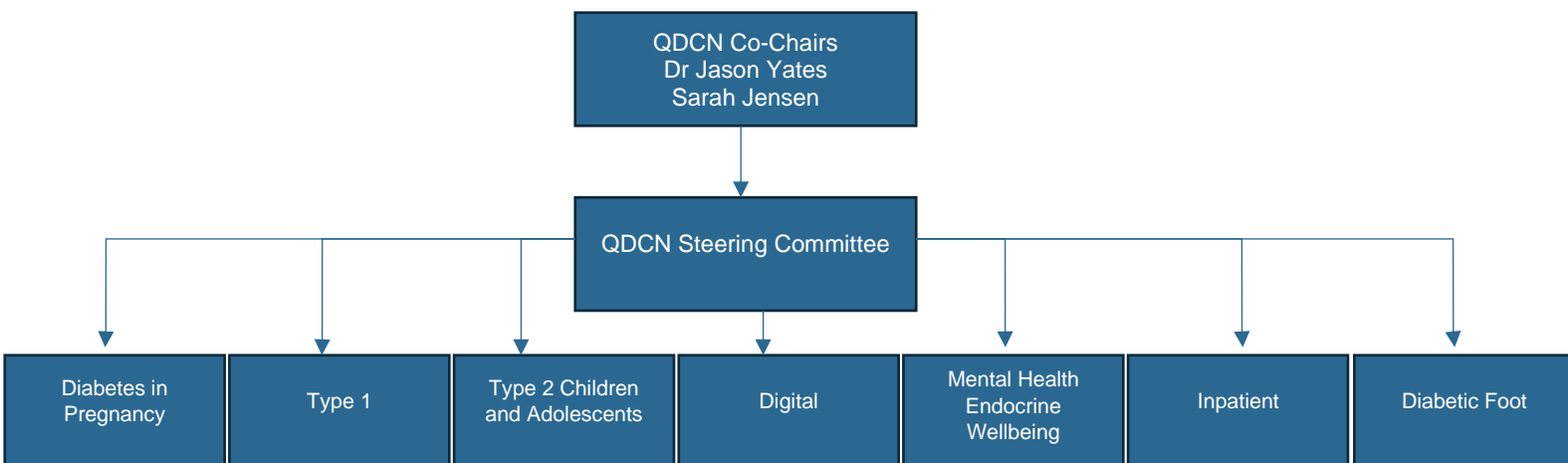
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## 1.0 Background

The Queensland Diabetes Clinical Network (QDCN) aims to improve care and outcomes for people with diabetes. The Network's role is to:

- Improve the quality, safety and effectiveness of care and the healthcare system overall for people with diabetes.
- Provide expertise, strategic direction and advice to the Department of Health in relation to diabetes.
- Engage clinicians, consumers and other government and non-government personnel in collaborative and supportive improvement initiatives, that transform care and outcomes for people with diabetes.

The QDCN comprises an extensive governance structure with two co-chairs, a Steering Committee and seven, active Working Groups (See Figure 1 below) which consist of medical officers, nurses, allied health professionals, a general practitioner, non-government organisation representatives and consumer representatives.



**Figure 1: QDCN Governance Structure**

## 1.1 Diabetes Epidemic

The Queensland 2024 Report of the Chief Health Officer<sup>1</sup> reported that diabetes was recently framed as the “*modern preventable pandemic*” for which the lessons of the global response to COVID-19 should be applied. The Report also referenced global initiatives that aim for sustained improvements in diabetes prevention and care such as the World Health Organisation (WHO) Global Diabetes Compact, which endorsed five global diabetes coverage and treatment targets to be achieved by 2030:

1. 80% of people living with diabetes are diagnosed
2. 80% have good control of glycaemia
3. 80% of people with diagnosed diabetes have good control of blood pressure
4. 60% of people with diabetes of 40 years and older receive statins
5. 100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.

At a national level, the Diabetes Australia State of the Nation Report 2024 – The Diabetes Epidemic in Australia<sup>2</sup> revealed that in 2013-2023, there was a 32% increase in the number of Australians living with diabetes, a 44% increase in the number of diagnoses for those aged 21-39 and a 17% increase in diagnoses for those aged below 20. Furthermore, 300 Australians are diagnosed with diabetes every single day, with up to 2 million Australians living with diagnosed and undiagnosed diabetes. The report concluded that diabetes has become one of the largest and most complex health challenges Australia has ever faced and there are concerning trends affecting vulnerable communities nationally which, without strong, considered, targeted action, show no signs of slowing.

## Diabetes in Queensland

There are limitations in the data available at a Queensland level with mixed modalities in place for documenting clinical diabetes data. The Queensland 2024 Report of the Chief Health Officer<sup>1</sup> reported in 2020-21 for diabetes, there were 51.7% higher hospitalisation rates for males than females, 2.8 times higher hospitalisation rates in remote and very remote areas compared to major cities, and 2.9 times higher hospitalisation rates in disadvantaged areas, when compared with advantaged areas. In Queensland in 2021, 4.5% of people lived with diabetes (excluding gestational diabetes). The report continued that for burden of disease, negligible gains were seen for type 2 diabetes (0.5% decrease), with improvements in premature death (25.6% decrease) offset by an increase in disability burden (25.8% increase).

The Queensland Inpatient Diabetes Survey (QuIDS) is a bi-annual, point prevalence survey, providing insights into diabetes in the Queensland inpatient setting. The 2023 survey revealed that 25.1% (N=1343) of inpatients had diabetes and 89.7% of these patients were admitted with type 2 diabetes. Only 43.3% of sites reported having documented evidence of the patient being seen by a Specialist Inpatient Diabetes Management Team, despite evidence concluding that specialist diabetes teams improve glycaemic control and reduce hospital length of stay, rates of re-admission, and hospital-acquired harm<sup>3-7</sup>.

## 2.0 Aim

The purpose of the operational plan is to identify the QDCN high-level objectives for the 2024-25 financial year. The plan is responsive to network member and sub-committee feedback, environmental and system changes, and departmental strategic objectives. The plan outlines the key priorities and activities which will commence on 1 July 2024 with an aim to conclude on 30 June 2025.

## 3.0 Strategic Alignment

This plan aligns with HealthQ32: A Vision for the Health System<sup>8</sup> and specifically the system enabler of *Leadership, Culture and Governance that Supports Change* as the Network seeks to be a responsive corporate and clinical support service, that drives operational efficiency and sustainability of health services. The plan creates Network transparency to demonstrate accountability to its members and the objectives align with the three focus areas of the framework to improve care in the community and care in the hospital, which will ultimately maximise wellbeing.

This plan aligns with the Health Workforce Strategy for Queensland to 2032<sup>9</sup> as through active, existing partnerships, the Network will continue to collaborate on the Health Workforce Strategy Investment Plan<sup>10</sup> and the \$7.81m over four years that was announced to *implement a multidisciplinary diabetes workforce uplift in regional areas*.

This plan aligns with the proposed Diabetes Model of Service Delivery Action Plan as through active, existing partnerships, the Network will continue to collaborate on key deliverables that seek to improve diabetes care in Queensland.

## 4.0 Funding

Queensland Clinical Networks are funded by Healthcare Improvement Unit, Clinical Excellence Queensland, Department of Health. The Networks do not have discrete, individual budgets. All objectives documented within this plan will be achieved through pre-approved budget allocation from the overarching Clinical Networks budget, or within existing resourcing within the Network.

## 5.0 Annual Objectives

The QDCN objectives ensure project activity contributes to improved care for patients with diabetes, whilst offering service and system efficiencies and benefits. These objectives underpin the Network scope and role, whilst allowing agility to be responsive to emerging needs and urgent requests. The objectives create transparency and enable reflection and acknowledgement of the effort of members.

### 2024-25FY Objectives:

- Develop an interactive diabetes services map to maintain visibility on the coverage and level of diabetes services across the state
- Document an endorsed Network Position Statement to amplify the views of the QDCN members, educate decision makers on key focus areas and consistently advocate for mechanisms to improve diabetes care in Queensland.
- Efficient, effective and sustainable governance structure that maximises multidisciplinary engagement from across Queensland.
- Greater interjurisdictional engagement and improved collaboration across jurisdictions and at a national level.

The following table identifies the key objectives, strategies, tactics, outputs and metrics required to guide implementation of the above objectives

## 6.0 Network Objectives

No.	Objective	Strategy	Tactic	Outputs	Metric
1.0	Develop an interactive diabetes services map to maintain visibility on the coverage and level of diabetes services across the state.	Undertake comprehensive statewide diabetes service mapping to identify and document the breadth of diabetes service offerings across Queensland, including workforce makeup, service modalities and formal/informal partnerships.	<ul style="list-style-type: none"> <li>• Desktop review</li> <li>• Physical site visits</li> <li>• Virtual site visits</li> <li>• Specialty meetings</li> <li>• Online surveys</li> <li>• Interviews</li> <li>• Focus Groups</li> <li>• Workshops</li> <li>• Evaluation framework</li> <li>• Steering Committee agenda item</li> <li>• Working group agenda item</li> </ul>	<ul style="list-style-type: none"> <li>• Interactive, updatable diabetes services map/directory (modality TBC)</li> <li>• New QDCN memberships.</li> <li>• Survey/interview/focus group data.</li> </ul>	<ul style="list-style-type: none"> <li>• Post-project: ≥80% of sites advise information accurately reflects service.</li> <li>• 12-month follow-up: ≥80% of sites advise information accurately reflects service.</li> <li>• Local champions documented.</li> <li>• 100% sites satisfied with process.</li> </ul>
2.0	Document an endorsed Network Position Statement to amplify the views of the QDCN members, educate decision makers on key focus areas and consistently advocate for mechanisms to improve diabetes care in Queensland	Collate feedback and complete a thematic analysis of information collected through the QDCN May 2024 Strategic Planning Day to identify components of a position statement as voiced by the participants and circulate a draft for wider consultation and feedback.	<ul style="list-style-type: none"> <li>• Multiple feedback registers</li> <li>• Thematic analysis</li> <li>• Online survey</li> <li>• Steering Committee agenda item</li> <li>• Working group agenda item</li> </ul>	<ul style="list-style-type: none"> <li>• Endorsed and published QDCN Position Statement</li> <li>• Survey data.</li> </ul>	<ul style="list-style-type: none"> <li>• ≥80% of members surveyed agree with the position statement.</li> <li>• Referencing in Queensland-based correspondence.</li> </ul>
3.0	Efficient, effective and sustainable governance structure that maximises multidisciplinary engagement from across Queensland.	Undertake a review of the QDCN governance structure including the volume of working groups, their level of activity, strategic alignment and ongoing sustainability. Analyse any feedback collected through the QDCN May 2024 Strategic Planning Day.	<ul style="list-style-type: none"> <li>• Multiple feedback registers</li> <li>• Thematic analysis</li> <li>• Workshops</li> <li>• Online surveys</li> <li>• Steering Committee agenda item</li> <li>• Working group agenda item</li> </ul>	<ul style="list-style-type: none"> <li>• Endorsed and published QDCN Governance Structure</li> <li>• Survey data</li> </ul>	<ul style="list-style-type: none"> <li>• Clear and logical portfolio of work for each working group that aligns with strategic objectives.</li> <li>• ≥80% members satisfied with governance structure.</li> </ul>
4.0	Greater interjurisdictional engagement and improved	Ensure regular interjurisdictional meetings continue with New	<ul style="list-style-type: none"> <li>• Quarterly interjurisdictional meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Interjurisdictional national</li> </ul>	<ul style="list-style-type: none"> <li>• Number of submissions</li> </ul>

collaboration across jurisdictions and at a national level	South Wales Agency for Clinical Innovation Diabetes and Endocrinology Clinical Network and discuss opportunities for expansion across other jurisdictions.	<ul style="list-style-type: none"> <li>• Standing agenda item for collaboration.</li> <li>• Standing agenda item to expand committee.</li> <li>• Cross-jurisdiction endorsement for national submissions.</li> </ul>	<ul style="list-style-type: none"> <li>• submissions for key pieces of consultation.</li> <li>• Expansion of quarterly committee.</li> <li>• Shared resources.</li> </ul>	<ul style="list-style-type: none"> <li>• involving interjurisdictional endorsement.</li> <li>• Increased jurisdictional representation in the committee.</li> <li>• Volume of resources shared/adopted.</li> </ul>
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## 7.0 Stakeholder Engagement

When	Audience	Key messages	Communication tactic	Responsibility	Delivery method
<b>July ongoing 2024</b>	<ul style="list-style-type: none"> <li>• QDCN members</li> <li>• QDCN Steering Committee</li> <li>• QDCN Working Groups</li> <li>• Hospital and Health Service staff and associations</li> <li>• Department of Health e.g. Workforce Branch, Clinical Planning &amp; Service Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Creating a diabetes services map/directory.</li> <li>• Seeking feedback on your service.</li> <li>• Goal is to increase visibility and guide future investment.</li> </ul>	<ul style="list-style-type: none"> <li>• Workshops</li> <li>• Surveys</li> <li>• Focus Groups</li> <li>• Interviews</li> <li>• Desktop audit</li> <li>• Presentations</li> <li>• Agenda item</li> <li>• Emails</li> </ul>	Clinical Lead, QDCN	Email/Phone/Teams/Recordings/Presentations
<b>July ongoing 2024</b>	<ul style="list-style-type: none"> <li>• QDCN members</li> <li>• QDCN Steering Committee</li> <li>• QDCN Working Groups</li> <li>• Hospital and Health Service staff and associations</li> <li>• Department of Health</li> <li>• Non-government Organisations and members</li> <li>• Primary care representatives</li> </ul>	<ul style="list-style-type: none"> <li>• Creating a Network Position Statement</li> <li>• Seeking feedback as part of the consultation.</li> <li>• Goal is to amplify the voices of members and increase awareness/education in areas of key focus that improve care for patients with diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>• Planning day feedback report</li> <li>• Surveys</li> <li>• Agenda item</li> </ul>	Coordinator, QDCN	Planning Day Report/Email/Teams/Phone/Recordings
<b>August ongoing 2024</b>	<ul style="list-style-type: none"> <li>• QDCN members</li> <li>• QDCN Steering Committee</li> <li>• QDCN Working Groups</li> <li>• QDCN Strategic Planning Day attendees.</li> <li>• Hospital and Health Service staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Undertaking a review of the QDCN governance structure.</li> <li>• Seeking feedback as part of the consultation.</li> <li>• Goal is to ensure an efficient, effective,</li> </ul>	<ul style="list-style-type: none"> <li>• Planning day feedback report</li> <li>• Surveys</li> <li>• Agenda item</li> </ul>	Coordinator, QDCN	Planning Day Report/Email/Teams/Phone/Recordings



		strategically aligned and sustainable governance structure that represents the needs of clinicians working with patients with diabetes.			
<b>September 2024 ongoing</b>	<ul style="list-style-type: none"> <li>• QDCN Co-Chairs</li> <li>• NSWACI Diabetes and Endocrine Co-Chairs</li> <li>• Other jurisdictional equivalents</li> </ul>	<ul style="list-style-type: none"> <li>• Creating an interjurisdictional forum on a quarterly basis to collaborate and share resources.</li> <li>• Goal is collectively advocate/lobby at a national level with interjurisdictional submissions.</li> <li>• Goal is to share resources/learnings across jurisdictions for efficiency and insight.</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly interjurisdictional meeting</li> <li>• Agenda item</li> <li>• Terms of Reference</li> </ul>	Coordinator, QDCN	Email/Teams/Official submissions/Phone

## 8.0 Endorsement

This Operational Plan was endorsed by the following:

<b>Author</b>	Casey Windshuttle, Principal Project Officer/Coordinator, Queensland Diabetes Clinical Network, Healthcare Improvement Unit  <b>Date endorsed:</b> 22/10/24
<b>Co-Chair 1</b>	Dr Jason Yates, Co-Chair, Queensland Diabetes Clinical Network  <b>Date endorsed:</b> 22/10/2024
<b>Co-Chair 2</b>	Sarah Jensen, Co-Chair, Queensland Diabetes Clinical Network  <b>Date endorsed:</b> 22/10/2024
<b>Clearance</b>	Beth Wilson, Director, Healthcare Improvement Unit  <b>Date endorsed:</b> 22/10/2024

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