

# STREAM OF CARE DEFINITIONS

| COMPONENTS OF CARE  | STANDARD CARE PATHWAY      | INTERMEDIATE CARE PATHWAY                                   | URGENT CARE PATHWAY   |
|---|----------------------------|---|---|
| Wait time for assessment  | 14-70 days<br>(2-10 weeks) | 10-56 days<br>(2-8 weeks)                                   | 1-14 days<br>(1-2 weeks)                                    |
| <b>COMPONENTS OF CARE</b>   |                            |   |   |
| General Practice - Annual Cycle of Care   | √                          | √   | √   |
| Individual Assessment: including complications screening, management and prevention | √                          | √   | √   |
| Intra-agency care plan  | √                          | √   | √   |
| Diabetes education  | √                          | √   | √   |
| Dietician assessment  | √                          | √   | √   |
| Podiatry assessment   | √                          | √   | √   |
| Ongoing self management support   | √                          | √   | √   |
| Support group and/or counselling  | √                          | √   | √   |
| Urgent GP medical review/endocrinology referral                                     |                            | √   | √   |
| Short term (intensive) care coordination  |                            | √   | √   |
| Inter-agency care plan  |                            | √   | √   |
| Review  | 6-12<br>monthly review     | Monthly for<br>6 months, then every<br>3 -6 monthly minimum | Weekly until stable<br>then once a month<br>until discharge |

√ indicates this component of care is required in order to meet the minimum requirement for the pathway of care.

# NORTH EAST ADULT DIABETES TRIAGE TOOL

Client's presentations include **ONE OR MORE** of the following

## TRIAGE ELIGIBILITY

- Pre-diabetes
- e GFR >60(mL/min/ 1.73m2)
- Newly diagnosed T2DM irrespective of HbA1c or BGLs
- Sub-optimal diabetes management

- HbA1c > 69mmol/mol (> 8.5%)
- Newly diagnosed T2DM; unstable BGL for 3 months
- Recent Hypoglycaemic episode (on medication)
- T2DM requiring insulin initiation or titration
- On corticosteroids (prednisolone or dexamethasone) regardless of HbA1c e GFR <60 (mL/min/ 1.73m2)

- Active foot pathology with a history of complications (e.g. History of digit/limb amputation or foot ulcer)
- Severely elevated Triglycerides (>11.2mmol/L)
- eGFR <60 and BP >140/80 requires Endocrine referral as early intervention is critical to prevent renal complications

- **Recurrent hypoglycemia (requiring assisted management)** - BGL <4 mmol >2 per week - for outpatient appointment with a RN CDE/DE within a week from receipt of referral
- **Active foot ulcer or wound** - for outpatient appointment within 1 week from receipt of referral
- **Recent Diabetic Ketoacidosis (DKA)** - must be followed up by RN CDE /DE or DNP within 48 hours of discharge and Endo outpatient appointment made as per discharge summary/referral.
- **Hyperosmolar Hyperglycemic State (HHS)** - must be followed up by RN CDE /DE or DNP within 48 hours of discharge and Endo outpatient appointment made as per discharge summary/referral.
- **Type 1 and Latent Auto-immune Diabetes in Adults (LADA) for insulin commencement stabilisation** - must be followed up by RN CDE/DE or DNP within 48 hours of discharge and Endo outpatient appointment made as per discharge summary/referral

## STREAM OF CARE

**STANDARD  
Care Pathway**  
Type 2 DM

**INTERMEDIATE  
Care Pathway**

**Type 1 Diabetes  
LADA &  
Type 2 Diabetes**

**URGENT  
Care Pathway**  
Brief intervention  
Stabilisation &  
transfer

## AVAILABLE SERVICES

**Community Health**  
Banyule CH T: 9450 2000  
F: 9450 2662  
Darebin CH T: 8470 1111  
F: 8470 1107  
Nillumbik Health T: 9430 9100  
F: 9431 0339

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**Austin Health (HIP- Central Intake)**  
T: 9496 2211  
Diabetes Complications & Assessment Service F: 9496 4337

**Austin Health**  
Priority appointment at Austin Health Endocrinology Clinic (MBS)  
T: 9496 5000  
ask for the DM Ed or DM Reg on-call  
F: 9496 3234