

# Quality matters:

## Maximising consumer outcomes through commitment to a National Evaluation Framework

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### Rationale

- The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government, administered by Diabetes Australia, aiming to enhance the capacity of people with diabetes.
- Seven State and Territory Organisations across Australia receive NDSS funding to deliver continuing support programs to people with diabetes.
- Programs aim to increase consumer understanding of diabetes and their ability to self-manage.
- Variation in evaluation processes across State and Territory Organisations impeded accurate and consistent measurement of the reach and impact of the NDSS.
- Need was identified to develop and implement a national evaluation framework to inform a rigorous, standardised national approach to evaluation.



### National Evaluation Framework

There were two key elements to the development of the National Evaluation Framework:

1. Measuring the quality of NDSS programs
2. Measuring the impact of NDSS programs

#### 1. Measuring the Quality

##### Development of the NDSS Standards for Structured Diabetes Self-Management Education

- Important to identify whether programs being offered through the NDSS met key quality criteria recognised internationally to be aligned with improved consumer outcomes.
- No quality standards for structured diabetes self-management education existed in Australia.

##### Process for developing the standards:

1. International standards and guidelines for structured diabetes education were reviewed.
2. Draft quality standards were developed and feedback obtained from leading stakeholders across the country.
3. Recommendations around the scope and evidence for each standard was discussed and endorsed by an evaluation Expert Reference Group.
4. A quality self-assessment tool was developed to enable State and Territory Organisations to assess their programs against the standards.
5. Programs that did not meet the criteria of the standards were required to undergo quality improvement processes to address gaps in required area(s).

##### Outcome:

- The process resulted in the development of eight key quality standards for structured diabetes education.
- The NDSS standards are aligned with NDSS principles and support the Australian National Diabetes Strategy.

#### 2. Measuring the Impact

- Diabetes Australia, through the NDSS, undertook a review to determine the key outcomes and indicators for diabetes education.
- Four key domains associated with optimal adjustment to living with diabetes were identified; knowledge and understanding; self-management skills, self-determination; and psychological adjustment.
- These domains form the basis of the national evaluation framework (See Figure 1)

##### Nationally Standardised Evaluation

- The national evaluation framework guides standardised evaluation processes based on the domains of the framework being addressed.
- Nationally consistent evaluation tools measure:
  - a. Reach into priority groups,
  - b. Behavioural impact relating to relevant domains,
  - c. Consumer satisfaction, and
  - d. Educator behaviour.



### NDSS Standards for Structured Diabetes Education Programs

**Standard 1:** Structured diabetes education should be offered to consumers as soon as possible after diagnosis, on an ongoing basis and on request.

**Standard 2:** Structured diabetes education should be person-centred, using a variety of techniques to promote active learning, and be flexible enough to meet different needs, personal choices and learning styles.

**Standard 3:** Structured diabetes education should be provided by an appropriately trained facilitator, as defined by the program.

**Standard 4:** Structured diabetes education programs should be evidence based, reflect current clinical guidelines, and cover the following: knowledge and understanding, self-management, self-determination, and psychological adjustment.

**Standard 5:** Structured diabetes education programs should strive to be equitable and accessible to all

people, independent of culture, ethnicity, language, psychosocial barriers, disability, gender, age, geographical issues, and ability to access and use technology, within the boundaries of funding and the designated target population.

**Standard 6:** Structured diabetes education should include a written curriculum with clearly defined learning aims and objectives.

**Standard 7:** Structured diabetes education content and resources must be assessed for and meet appropriate readability and health literacy levels for the program's target population.

**Standard 8:** Structured diabetes education should include evaluation that measures program aims and objectives, program fidelity and supports continuous quality improvement.

### Outcomes of the National Evaluation Framework

- The development and application of the NDSS standards supports the provision of high quality, nationally consistent structured diabetes education programs.
- The framework ensures nationally standardised evaluation of structured diabetes self-management education programs across all State and Territory Organisations.

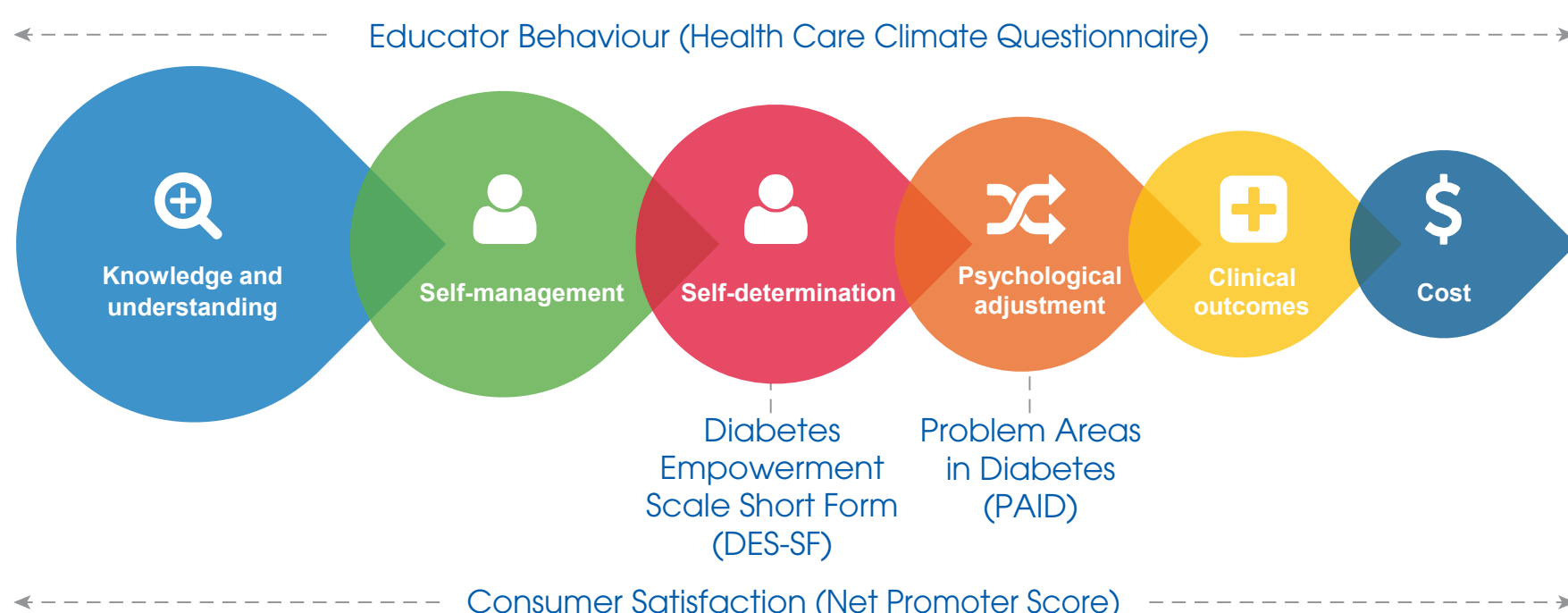
#### An example of the framework in action:

- The DESMOND Australia program was assessed against, and met, the NDSS standards for structured self-management education.
- Participants attending the DESMOND program throughout Australia experienced a significant increase in diabetes empowerment (n=612, p<0.001).
- Preliminary results indicate increased empowerment may be sustained at three month follow up, although numbers are small (n=42)\*.
- Participants attending the DESMOND program throughout Australia experienced a significant decrease in diabetes related distress (n=550, p<0.001).
- Preliminary results may indicate continuing decline in distress at three month follow up, although numbers are small (n=39)\*.
- A clinically meaningful decrease in distress was seen in 53.6% (n=295) of participants, determined as greater than or equal to a five-point decrease along the scale.
- The annual Net Promoter Score for the DESMOND program was 73.9 (n=803), suggesting participants were highly likely to recommend the program to others.

\* Three month follow up results relate to Western Australian DESMOND participants only. It is possible that external factors may play a role in sustained positive impact post-program.



### Figure 1. National Evaluation Framework



Adapted from Figure 6 and Table 8 of Eigenmann and Colagiuri (2007). See also Eigenmann, Colagiuri, Skinner, and Trevena (2009) and Eigenmann, Skinner, and Colagiuri (2011).

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