



ADIPS

AUSTRALASIAN DIABETES IN PREGNANCY SOCIETY

Establishment of an ADIPS Diabetes in Pregnancy Audit Program

**David Simmons FRACP FRCP MD on behalf of the
ADIPS Australasian Diabetes in Pregnancy Clinical Audit Working Group**

Diabetes in Pregnancy Clinical Audit Programme: Goal

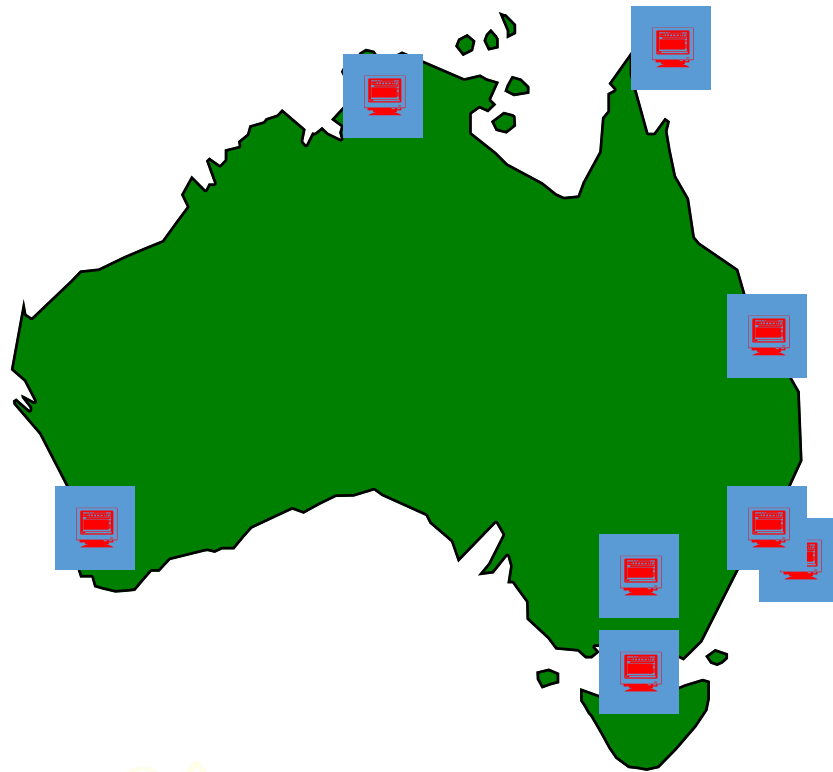
To facilitate normal pregnancy outcomes
among women with diabetes in
pregnancy



Diabetes in Pregnancy Clinical Audit Programme: Objectives

- To provide feedback to clinicians describing clinical care in their centre
- To provide anonymous benchmarking of clinical care between centres
- To identify local service needs
- To justify application for funding to address local need identified by the audit programme
- To help validate and provide evidence for the existing ADIPS guidelines
- To assist with providing answers to patients queries

Australasian Diabetes in Pregnancy Society (ADIPS) National Audit



Pilot sites

- Sydney (2) inc Benchmarking Centre
- Melbourne
- Darwin =Urban Indigenous site
- Brisbane
- Perth
- Shepparton =Rural site
- Torres St =Rural Indigenous site
- Hamilton =NZ site



Is it do-able?



National Pregnancy in Diabetes Audit Report, 2016

England, Wales and the Isle of Man

12th October 2017



Introduction

NPID addresses three high level audit questions:

- Were women with diabetes adequately prepared for pregnancy?
- Were appropriate steps taken during pregnancy to minimise adverse outcomes to the mother?
- Were adverse neonatal outcomes minimised?

The 2016 audit report:

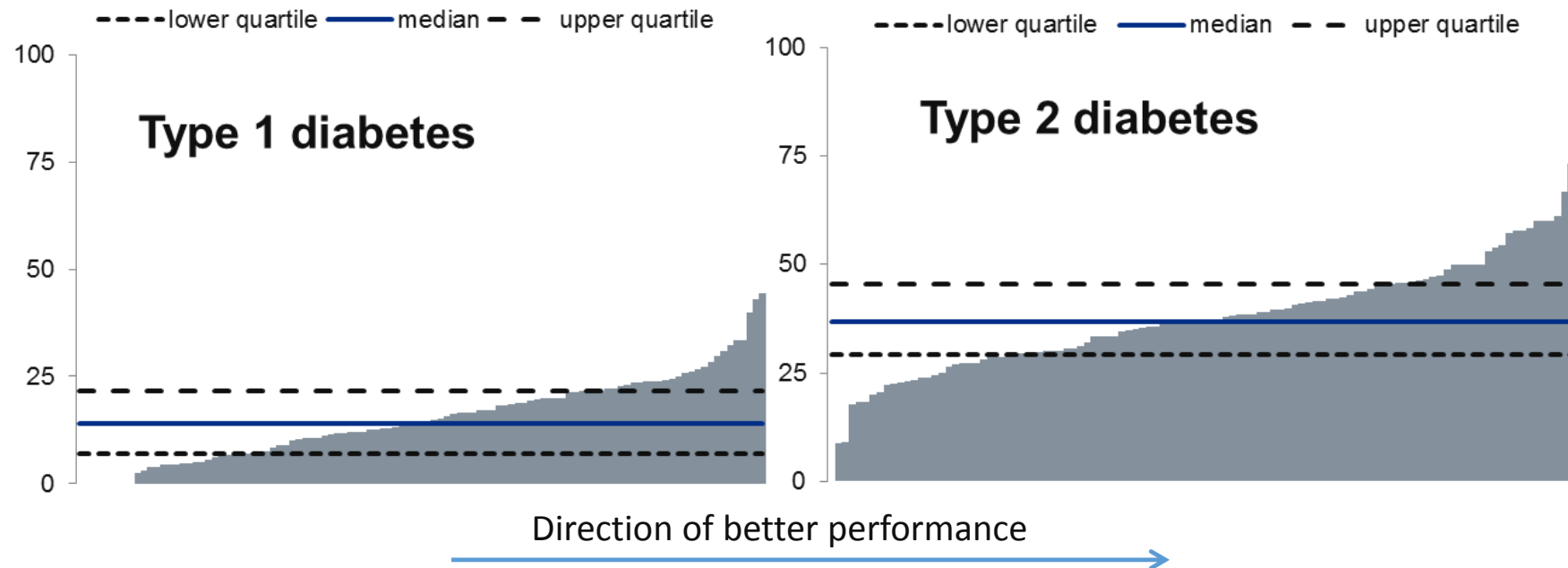
- Measures against updated NICE guideline NG3¹
- Publishes service level data
- Compares NPID data over time

¹See References section.

Local variation in first trimester HbA_{1c}

- The percentage of women achieving first trimester HbA_{1c} <48 mmol/mol varied greatly between services.
- For women with Type 1 diabetes the range was 0 to 44 per cent and for women with Type 2 diabetes 0 to 73 per cent.

Figure 3: percentage of pregnancies where mother had first trimester HbA_{1c} <48 mmol/mol, by service^a, 2014 – 2016, with interquartile ranges^b



^a Includes services with at least 10 valid first trimester HbA_{1c} records: Type 1 diabetes – 107 services, Type 2 diabetes – 108 services

^b see slide Use of statistics in analysing NPID data 2016 for more explanation of median and interquartile range

Diabetes in Pregnancy Clinical Audit Programme: Tasks

- Governance: Board->W/G + TOR



Diabetes in Pregnancy Clinical Audit Programme: Working Group-call for volunteers (WA,SA,Tas,NZ?)

- **Professor David Simmons (Chair)-Campbelltown Hospital, NSW**
- **Dr Vincent Wong-Liverpool and Fairfield Hospitals, NSW**
- **Professor Christopher Nolan- The Canberra Hospital, ACT**
- **Dr Alexis Shub-Mercy Hospital for Women, VIC**
- **Professor Robert Moses-Shoalhaven Local Health District, NSW**
- **Professor N Wah Cheung-Westmead Hospital, NSW**
- **Ms Suzanne Hill-Albury Wodonga Health, Vic/NSW**
- **Dr Peter Davoren-Gold Coast Hospital-QLD**
- **Professor Jeremy Oats-Melbourne School Population & Global Health, Vic**
- **Dr Arianne Sweeting-Royal Prince Alfred Hospital, NSW**
- **Associate Professor Louise Maple-Brown-Royal Darwin Hospital, NT**
- **Professor Jeff Flack-Bankstown-Lidcombe Hospital-NSW**

Diabetes in Pregnancy Clinical Audit Programme: Tasks

- Governance: Board->W/G + TOR ✓
- Registry of interested clinics created -> Suzie Neylon
- A minimum dataset (?+ extended dataset)
 - Former ADIPS minimum dataset
 - ANZJOG 2007; **47**:198–206
 - Adapt according to recent experience eg NT+ others
 - Other datasets eg NPID (UK), IADPSG
- Identify other synergistic datasets eg AIHW, NDSS
 - assess if joint work is possible

Diabetes in Pregnancy Clinical Audit Programme: Tasks

- Develop the policy specifying how data are to be collected, stored, maintained and administered
- Develop the policy specifying the process defining security of collected and stored diabetes data
- Develop the reporting framework/content
- Develop approval framework eg ethics/safety

Diabetes in Pregnancy Clinical Audit Programme: Tasks

- Develop Implementation plan
 - Anything missing from the above?
- Develop maintenance plan
 - Eg \$!

Diabetes in Pregnancy Clinical Audit Programme: Working Group-Proposed Benchmarking process

- Sites are anonymous to all except themselves
- Only electronic de-identified data sent
- Proposal: **Benchmarking Centre**=Bankstown-Lidcombe-Jeff Flack
 - Recognised as leader-eg Jeff Flack Award, ANDIAB Benchmarking Centre
 - Benchmarking Centre in the ADIPS pilot
 - Receives de-identified data, cleans data, sends out queries, sends out reports
- Sites send encrypted de-identified data to **Trusted Third Party site**
- **TTP-Site** strips off site identifiers-sends to benchmarking centre –
Volunteer?
- **TTP-Coding site** (never receives data)-Campbelltown
 - Receives dataset password-sends onto benchmarking centre with central site code-passes through site specific data queries

Questions?