Person—health professionals attended for diabetes mellitus (last 12 months), code N

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# Person—health professionals attended for diabetes mellitus (last 12 months), code N

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| Identifying and definitional attributes | |
| Metadata item type: | Data Element |
| Short name: | Health professionals attended (diabetes mellitus) |
| METEOR identifier: | 270287 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/03/2005 |
| Definition: | The health professionals that a person has attended in the last 12 months in relation to issues arising from diabetes mellitus, as represented by a code. |

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| Data element concept attributes | |
| Identifying and definitional attributes | |
| Data element concept: | [Person—health professionals attended for diabetes mellitus](https://meteor.aihw.gov.au/content/269816) |
| METEOR identifier: | 269816 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/03/2005 |
| Definition: | The health professionals that a person has attended in relation to issues arising from diabetes mellitus. |
| Context: | Diabetes (clinical) specific metadata item. |
| Object class: | [Person](https://meteor.aihw.gov.au/content/268955) |
| Property: | [Health professionals attended for diabetes mellitus](https://meteor.aihw.gov.au/content/269315) |

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| Value domain attributes | |
| Identifying and definitional attributes | |
| Value domain: | [Health professionals attended code N](https://meteor.aihw.gov.au/content/270815) |
| METEOR identifier: | 270815 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/03/2005 |
| Definition: | A code set representing health professionals attended. |

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| Representational attributes | | |
| Representation class: | Code | |
| Data type: | Number | |
| Format: | N | |
| Maximum character length: | 1 | |
|  | **Value** | **Meaning** |
| Permissible values: | 1 | Diabetes educator |
|  | 2 | Dietician |
|  | 3 | Ophthalmologist |
|  | 4 | Optometrist |
|  | 5 | Podiatrist |
|  | 8 | None of the above |
| Supplementary values: | 9 | Not stated/inadequately described |



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| Data element attributes | |
| Collection and usage attributes | |
| Guide for use: | Record a code sequentially for each health professional attended.  A person may have attended several health professionals in the last 12 months; therefore more than one code can be recorded sequentially.  Example 1: If a person has attended a diabetes educator and a podiatrist in the last twelve months, the code recorded would be 15.  Example 2: If all have been seen, the code recorded would be 12345. If the person answers 'NO' to all the health professionals specified, code 8 should be applied.  CODE 9 should only be used in situations where it is not practicable to ask the questions. |
| Collection methods: | The person should be asked about each type of health professional in successive questions, as follows:  Have you attended any of the following health professionals in relation to diabetes mellitus in the last 12 months?  Diabetes educator  \_\_\_Yes \_\_\_ No  Dietician               \_\_\_Yes \_\_\_ No  Ophthalmologist     \_\_\_Yes \_\_\_ No  Optometrist          \_\_\_Yes \_\_\_ No  Podiatrist             \_\_\_Yes \_\_\_ No  The appropriate code should be recorded for each health professional attended. |
| Comments: | The health professional occupations are assigned the following codes at the occupation level of the Australian Standard Classification of Occupations, Second Edition, Australian Bureau of Statistics, 1997, Catalogue No. 1220.0  Diabetes educator 2512-13  Dietician 2393-11  Ophthalmologist 2312-19  Optometrist 2384-11  Podiatrist 2388-11 |
| Source and reference attributes | |
| Submitting organisation: | National Diabetes Data Working Group |
| Origin: | National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary. |
| Relational attributes | |
| Related metadata references: | Is re-engineered from  [Health professionals attended - diabetes mellitus, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](https://meteor.aihw.gov.au/content/273918)  (19.8 KB)  *No registration status* |
| Implementation in Data Set Specifications: | [Diabetes (clinical) DSS](https://meteor.aihw.gov.au/content/273054)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 21/09/2005  [Diabetes (clinical) NBPDS](https://meteor.aihw.gov.au/content/304865)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 21/09/2005  ***DSS specific information:***  Management of diabetes requires a team approach, comprising selected health professionals, to provide services specific to the individual with diabetes.  All patients with diabetes require diet therapy in conjunction with exercise and/or medication to achieve optimal control of blood glucose, body weight and blood lipids. In insulin treated diabetics, diet management aims to restrict variations in the timing, size or composition of meals that could result in hypoglycaemia or postprandial hyperglycaemia. Based on the Healthy Eating Pyramid, meals should be low in saturated fat, and rich in high-fibre carbohydrates with low glycaemic index (GI). Saturated fats have to be replaced with monounsaturated and polyunsaturated fats.  According to the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus, a comprehensive ophthalmological examination should be carried out:   * At diagnosis and then every 1-2 years for patients whose diabetes onset was at age 30 years or more * Within five years of diagnosis and then every 1-2 years for patients whose diabetes onset was at age less than 30 years.   Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus recommendations include:   * Foot examination to be performed every 6 months or at every visit if high risk foot or active foot problem * Refer to specialists experienced in the care of the diabetic foot if infection or ulceration is present * To identify the 'high risk foot' as indicated by a past history of foot problems, especially ulceration, and/or the presence of peripheral neuropathy, peripheral vascular disease, or foot deformity and history of previous ulceration * Ensure that patients with 'high risk foot' or an active foot problem receive appropriate care from specialists and podiatrists expert in the treatment of diabetic foot problems. |