Diabetes Care Program of Nova Scotia
Annual Report – 2003/04

Message from the Chair, Diabetes Care Program of Nova Scotia (DCPNS) Board of Directors

This past year has been an extremely productive one for the DCPNS with the release of *Diabetes in Nova Scotia: A Ten Year Perspective* followed shortly thereafter by the release of the revised *Diabetes in Children and Adolescents Management Guidelines Manual, 2nd edition*. The two documents, in addition to new and ongoing initiatives highlighted in this annual report, represent the essence of this provincial program. Both resources reflect vision, focus, commitment, collaboration, and many hours of work by volunteer committee members and staff. The DCPNS takes great pride in the efforts of all those who contribute to the many successes of the program. We are making a difference in Nova Scotia and with the help of our many partners, will continue to do so in the years to come.

Mission: Through leadership, to improve the health of Nova Scotians affected by or at risk of developing diabetes mellitus.

Murdock Smith, MD

Supporting Our Healthcare Professionals

The DCPNS recognizes, values, and acts to enhance the expertise of healthcare professionals in providing care, education, and support to persons with diabetes.

In the fall of 2003, we offered the third of three TeleHealth Sessions focused on the psychological aspects of diabetes. All three sessions were offered by Dr. Michael Vallis, Psychologist. Bringing expertise to all areas of the province through this interactive means is an invaluable resource to healthcare professionals working in diabetes.

We also launched the 2003 version of *Diabetes in Children & Adolescents Management Guidelines Manual, 2nd edition*. TeleHealth programming concentrated on content and new topic areas and allowed members of the multidisciplinary team involved in the development of the guidelines to reach over 75 people at 10 different sites. Aimed at healthcare professionals with an interest in the management of children with diabetes, this manual guides both the care and education for this special population. Provided freely across the province to Pediatric Units, Diabetes Centre staff, and others, this document ensures continuity in quality care delivery.

This year, we also invested in the planning of four regional Continuing Medical Education (CME) events as a means of extending the reach of the DCPNS. These sessions will be educationally co-sponsored by Dalhousie University CME and the DCPNS, with financial support from a number of industry partners, and delivered to an expanded audience inclusive of physicians and others. Under the direction of Dr. Sonia Salisbury, a planning committee composed of specialist and generalist physicians from five different District Health Authorities (DHAs), in conjunction with diabetes educators and the DCPNS, designed a case-based presentation to reinforce new information and key concepts found within the newly released Canadian Diabetes Association 2003 Clinical Practice Guidelines (CPGs). Key messages include early identification of individuals at risk and the need for earlier and more aggressive management of all metabolic parameters (blood pressure, blood lipids, and blood glucose) of those with a diagnosis of diabetes.

The DCPNS strives to provide the most current evidence to a wide array of health professionals with an interest in diabetes. Networking is continually promoted through the newsletter, workshops/inservices, and now with a new discussion board located on the DCPNS website for diabetes educators working in Nova Scotia Diabetes Centres. This newest feature of the website encourages the posting and response to questions on a wide range of topics.

Quality Initiatives

The DCPNS recognizes the need for continuous improvement and promotes "moving forward" in an intentional and consistent manner province-wide.

The DCPNS hosted a complications roundtable in May 2003. Interested healthcare professionals gathered together from across Nova Scotia to discuss recommendations and approaches to care and education for three specific comorbid conditions associated with diabetes—hypertension, dyslipidemia, and early renal changes. These discussions will frame activities for the near future that will see more aggressive approaches to both the education and care of the person with diabetes as they relate to the prevention and treatment of these conditions.

After a few years' hiatus and a focus on measuring outcomes/benchmarking select Diabetes Centre practices, the DCPNS has reintroduced a revised, solutions-focused survey process. This survey is now driven by an onsite District Survey Committee to ensure collaboration and active decision-making at each phase. Recommendations flow from a review of evaluative criteria and program operations, observations, and interviews with a wide array of key informants representative of stakeholder groups. Recommendations are grounded, where possible, with evidence in the form of supporting data derived from chart audits as well as DCPNS Registry and other data sources. Incorporated in the recommendations will be new approaches and models gleaned from both the literature and successful practice across Canada to address chronic disease management as well as enhanced community and inpatient care.

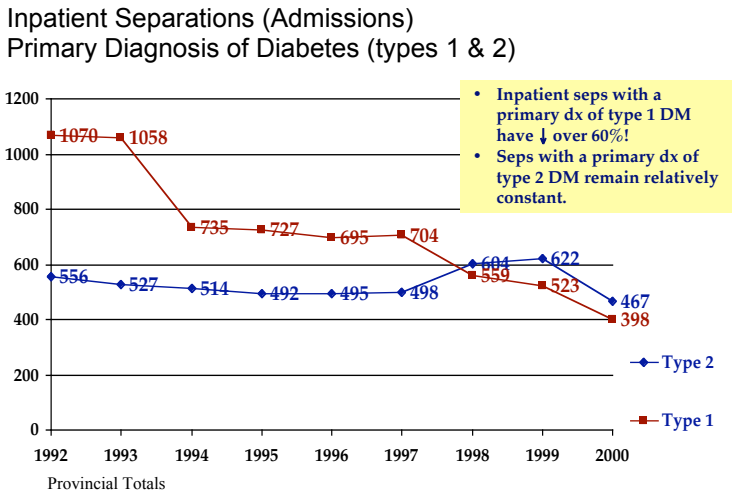
Quality, timely, and accessible care remain the top priorities for the Program. These are reflected in the development of triage criteria for initial and follow-up visits to Diabetes Centres and the formation of a Best Practice Committee early in 2004. The triage criteria will be taken through the recommended Department of Health (DoH) impact assessment process during 2004/05.

The newly formed Best Practice Committee is pleased to have representation from each of the nine DHAs. Members are charged with investigating and recommending best/better practice approaches for Diabetes Centres as a means of enhancing efficient and effective program operations.

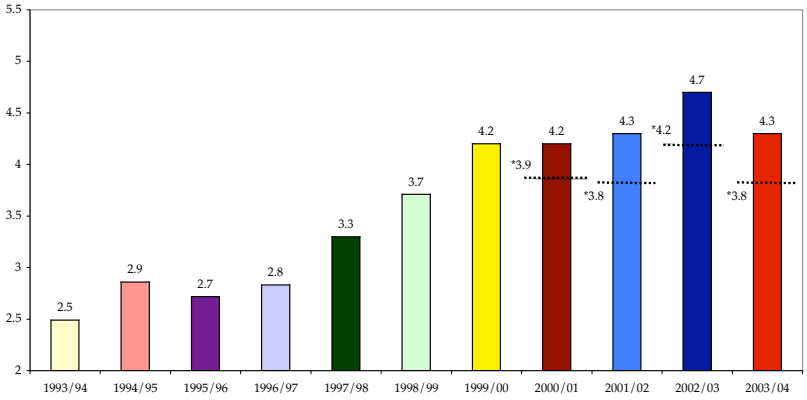
Collecting and Using Evidence

The DCPNS supports the collection and use of Nova Scotia data to influence program directions and priorities. It values and endeavors to increase capacity at the local level to both interpret and act on the information collected.

Diabetes in Nova Scotia: A Ten Year Perspective was released in the summer of 2003. Successes include reduced hospitalizations and related length of stay for those with a primary diagnosis of diabetes and a significant increase in the utilization of the outpatient services offered by Diabetes Centres for initial and ongoing education of persons with diabetes and their family members. Included in this increased utilization of Diabetes Centres has been a significant shift to outpatient initiation of insulin therapy. Other data strongly support the need for increasing emphasis on preventive foot care practices and continued efforts aimed at reducing complication rates such as kidney, eye, and heart disease. Admissions to hospital with diabetes as a secondary diagnosis will continue to grow as the population ages and the prevalence of diabetes increases. This will challenge inpatient care providers and strengthen the need for standard protocols and procedures.



Referral Rate of Newly Diagnosed Individuals per 1,000 Population
Provincial Totals (1993/94 to 2003/04)



*Referral rate of new cases of diabetes excluding IFG diagnosis (335 in total for 2000/01; 397 in total for 2001/02; 517 in total for 2002/03; 478 in total for 2003/04).

Note: New estimated catchment used from 2002/03 is 934,888. A catchment of 910,000 was used prior to this.

Data from the province's 37 Diabetes Centres show a steady referral rate of newly diagnosed individuals with diabetes of ~ 3,700/year (over these past three years) with increasing numbers of individuals in the at-risk categories of impaired fasting glucose (IFG) and impaired glucose tolerance (IGT). These referral numbers and the onsite use of the Registry by Diabetes Centres now place the cumulative number of individual cases in the DCPNS Registry at close to 48,000. One of the most complete registries in Canada, this database will help Nova Scotia monitor trends in patient care as they relate to specific outcomes.

The DCPNS onsite Registry is now in use in 15 Diabetes Centres. As the Registry is dynamic, a revision process allows for reflection of new recommendations as found within the 2003 CPGs. Collecting process and outcome indicators will allow Diabetes Centre staff and their referring physicians to better target high-risk individuals or populations. Program interventions can now be modified at the community level based on local data.

Data from the Registry has helped to establish and ground research interest specific to blood pressure management. Our work with Cory Russell, Drug Policy Resident and Peter Twohig, PhD, qualitative researcher, provides the DCPNS with valuable insights. These insights help us to realize the potential for the Registry and to better understand areas for meaningful intervention for those living in Nova Scotia with diabetes and hypertension.

Partnerships and New Target Audiences

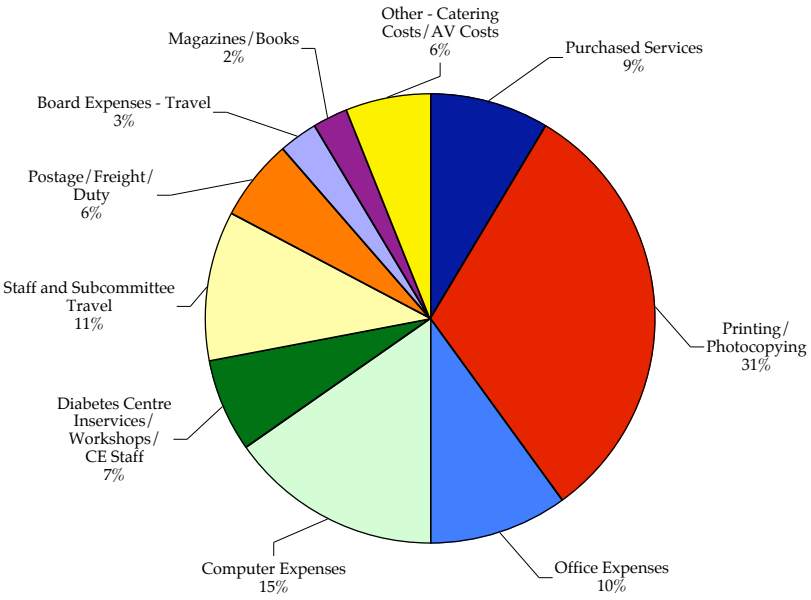
The DCPNS recognizes the growing epidemic of diabetes in Nova Scotia and strives to reduce the burden in present and future generations.

The Diabetes in Long-Term Care Subcommittee is one of the newest committees of the DCPNS and it will now address the care of the elderly residing in long-term care facilities. Committee members will develop policy and protocols reflective of the needs and wishes of the patient and provider populations. These will be flexible and ever mindful of level of care, patient comfort, and quality of life.

This year the DCPNS was actively involved in the development of the province's draft Chronic Disease Prevention Strategy. Along with other groups, the DCPNS helped to formulate a plan that would see individuals, communities, healthcare and other sector providers/educators, and the various levels of government influence the future health of Nova Scotians. The DCPNS remains committed to the improved health of the population as a whole as a means of not only reducing the incidence of diabetes in those at risk but also in helping prevent complications in those with a diagnosis of diabetes.

Financial Statement

As in previous years, operating expenses average just under 20% (19.7%) of the Program's total budget of $466,446. Remaining monies are used to cover salaries and benefits of staff. The greatest operating expense is reflected in printing costs (31%) as the DCPNS strives to provide standard documentation and other forms for use by Nova Scotia's Diabetes Centres. Also reflected in this printing cost is the production of quarterly newsletters, workshop materials, and patient education materials.



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DIABETES CARE PROGRAM OF NOVA SCOTIA

1278 Tower Road, Bethune Bldg., Room 577
Halifax, NS B3H 2Y9
Tel: (902) 473-3219; Fax: (902) 473-3911
E-mail: dcpns@diabetescareprogram.ns.ca
Web site: www.diabetescareprogram.ns.ca