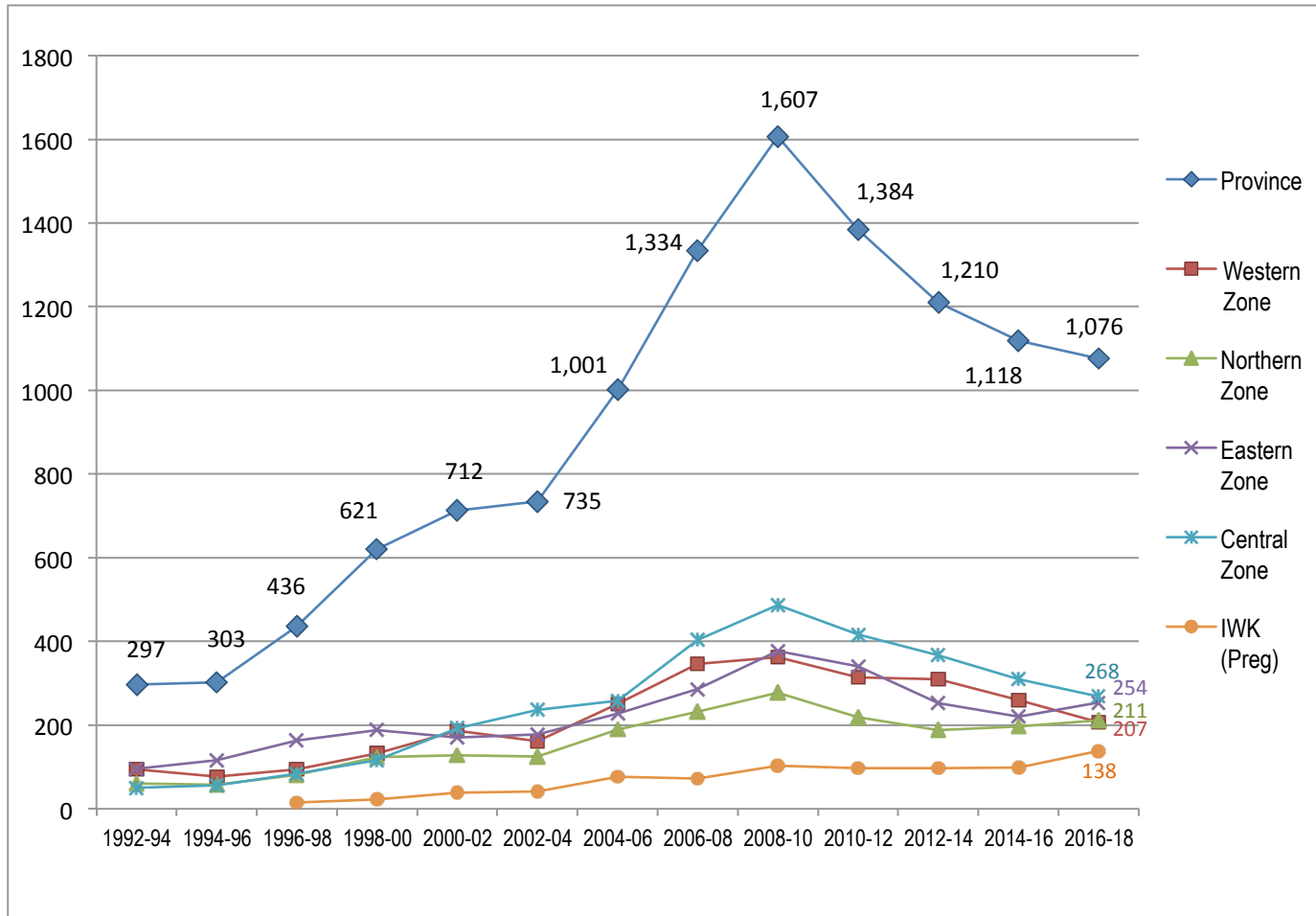


### Adult Insulin Starts by Nova Scotia DC's Staff - Provincial and Zone Totals 1992-94 to 2016-18



**Note:** The numbers represent the average number of insulin starts for the 2-year period and have been rounded up to the nearest whole number.

## **Adult Insulin Starts by Nova Scotia DC's Staff - Provincial and Zone Totals 1992-94 to 2016-18**

### Limitations:

The figures and percentages (%) related to insulin initiation by Diabetes Centre (DC) staff should be interpreted with caution taking the following into consideration:

- Presently, administrative databases (inpatient separations) do not allow for the capture of starting/initiating insulin in the inpatient area by hospital staff. DCPNS data reports only those insulin starts (inpatient or outpatient) in which DC staff is directly involved.
- Not all DC RNs have an inpatient role; therefore, for some programs starting insulin in the outpatient area is the only reporting option (i.e. 100% of insulin starts will always be in the outpatient area no matter what the total number).
- Some DCs operate so infrequently that the outpatient area is less likely to be offered as an option for starting insulin.
- Some DC numbers are so small it is not possible to track and report meaningful trends. (Both the % and the absolute numbers should be considered when determining trends).
- There may be an increasing or decreasing role for the DC RN with the inpatient population year by year depending on hospital policy, caseload, program focus, etc.
- For DC staff that have an increasing role with long-term care residents, there is no option for reporting of initiation of insulin (it will have to be recorded as an inpatient start).
- Some DCs have been able to increase the hours in satellite services; thus are able to initiate insulin in these areas.
- Changing physician referral practices will have a direct impact on the role of the DC staff. Some physicians prefer to admit some patients to hospital for initiation of insulin.
- Health care restructuring in Nova Scotia has resulted in fewer hospital beds and a corresponding shift to utilizing outpatient services (i.e. DC staff for insulin initiation).
- DC staffing changes have a direct impact on the services offered. New staff may require additional training and experience before offering outpatient service of initiating insulin.
- The role of the medical advisor can have a direct effect on the role of the DC and the services offered.