

Development of Triage Guidelines for Diabetes Centres in Nova Scotia

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It is important for all people with diabetes (DM) to have early access to Diabetes Centres (DCs). The DCPNS triage system establishes benchmarks for initial and follow-up (FU) visits in the DCs. This will allow for better wait time tracking, ease workloads, and foster self-care in persons with DM.

In 2002, the DCPNS scanned DCs in NS and practices in Canada to identify the extent of the wait list problem and what solutions had been implemented. The results indicated wait times for initial visits from 2 wks to 9 mos. Solutions to decrease wait lists were not identified.

In 2003, draft triage guidelines were developed based on available evidence (Standards for Diabetes Education in Canada [CDA] and CDA 2003 CPGs). Criteria for initial visits indicate all persons with DM should be seen within 1 mos of Dx. Urgent (< 72 hrs) and semi-urgent (< 2 wks) criteria address the degree of metabolic derangement. Criteria for FU provide guidelines for 1-2, 3-4, 6, and 12 mos FU. Based on Department of Health (DoH) review, the guidelines were considered “substantive” and an impact assessment (IA) was requested. An IA tool was distributed to all 9 District Health Authorities (DHAs) to determine their issues and needs as they move towards congruence with the triage guidelines.

The IA revealed that DHAs recognize wait times to be a priority, part-time DCs will have more difficulty adopting, planning is required for a phased in implementation, and more resources are required. It was also recognized that DCs should consider more group intake, routine scheduling of urgent time slots, and follow-up groups.

The triage criteria will be modified based on feedback, the results of will be presented to the DoH, and the DCPNS will provide DCs with required tools and materials to assist in phased in implementation.

Decreasing wait times is a government priority and a challenge in times of fiscal constraint. The implementation of standardized triage guidelines is an important strategy to assist in provision of more efficient and effective DM care.

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