

Diabetes Care Program of Nova Scotia (DCPNS)

Solutions Focused Survey Process of Nova Scotia Diabetes Centres (DCs)

Survey Purpose

To monitor the efficiency and measures of effectiveness in achieving and maintaining the standards of diabetes care as delivered by DCs throughout Nova Scotia.

Stakeholders

Primary stakeholders include the DC staff, patients, and program manager; district/ facility administrators; referring physicians; and the DCPNS.

Collaboration

The Survey Process is a collaborative process among people who share common interests and concerns in improving the health of Nova Scotians affected by or at risk of developing diabetes mellitus. This collaboration generates acceptability of and support for the Survey Process and its findings at the district/ facility level.

Benefits

The Survey Process provides a consistent monitoring process that applies to all DCs in Nova Scotia. Findings of the survey are used to:

- Increase accountability of the facility/ district/ DC in the planning and delivering of programs and services based on the evidence of a formal assessment process.
- Identify and acknowledge the strengths of DC programs and services for sharing across the province.
- Provide community-focused solutions to identified problems/ concerns to enhance DC efficiency and effectiveness.
- Track trends in clinical and self-care outcomes, utilization, and innovations in programming for use in determining best/ better practice.
- Increase capacity at the local level to address DC issues and concerns through teamwork and collaboration.
- Increase the understanding and awareness of diabetes care and prevention issues among stakeholders.

Survey Process Overview

The complete DC survey is a four-step collaborative process. Step one consists of forming an on-site survey committee with a number of key responsibilities. This committee will begin the survey process by identifying key informants who will help to determine specific facility/ district issues to be addressed during the survey process. To ensure that this survey is truly solutions focused in meeting the needs of the various district-specific stakeholders, preparatory information is required from district/ facility administration, DC staff, and referring physicians. This committee will also review evaluative criteria, assist with arranging for the chart audit, provide community demographics (descriptions), etc. Completing step two of the survey will require a minimum two-day visit to the facility during which a tour of the DC location and interviews will take place. Steps three and four include the submission and review of the final report.

Step 1. Pre-Visit—includes:

Formation of an On-Site Survey Committee

This committee should consist DC staff, the DC Manager, one to two representatives from administration, and the facility/district quality manager (others at the discretion of the facility). This group will meet with the DCPNS to review the DCPNS survey process, expectations, responsibilities, and timelines.

Committee responsibilities include:

- Identifying “key informants” for assistance in the planning and conducting of the survey process. This includes the selection key administration, facility, and/or community personnel as well as three to four broad-based physicians (specialists and/or generalists) to assist in determining the survey areas of focus. In addition to DC staff, these people will complete a brief survey instrument comprised of 3-4 key questions.
 - Determining facility/district specific issues (compilation and prioritizing) for the survey.
 - Reviewing the evaluative criteria.
 - Confirming names, position titles, and contact numbers for the interviewees.
 - Assisting with interview schedules.
 - Randomly selecting DC referring physicians for interview purposes during the on-site visit.
 - Providing district-specific demographics.
 - In addition to the District CEO, review, vet, and respond to the DCPNS report and its recommendations
- **Identification of facility/district specific issues**
Each of three stakeholder groups (administration, DC staff, and referring physicians) will be asked to identify specific problem areas (areas for concern) that should be addressed through the DCPNS survey process. The onsite committee will review the identified problem areas and determine in order of priority, those that should be addressed. The top 3 to 5 areas will form the basis of the DCPNS survey; others will be considered depending on resource requirements. The complete list will be forwarded to the DCPNS for consideration 2-3 weeks prior to the on-site visit.
 - **Evaluative Criteria**
DCPNS evaluative criteria will be forwarded to the DC 6 to 8 weeks prior to the survey date. This should be reviewed by the on-site committee and returned to DCPNS. These evaluative criteria allow for a quick response to a number of operational issues including among others the physical environment and resources; staffing, organization, and administration; role of support professionals, documentation practices; partnerships; etc. The criteria will help to identify individual DC strengths and weaknesses, thus providing basic information for the facility and the DCPNS.
 - **Chart Audit**
Prior to the scheduled two-day on-site visit, 100 DC outpatient records will be randomly selected by the DCPNS staff from the DC for entry into the DCPNS Registry for analysis. An additional 5 to 10 charts for each of the subspecialty areas of pregnancy and diabetes and diabetes in children and adolescents will also be reviewed. Additional charts can be selected by DC staff on specific areas of concern or interest. Audit criteria will consist of the following:
 - Year of referral; date of diagnosis (if different).
 - Age at referral and at time of chart review (years attending the DC).
 - Gender, weight, and height.
 - Number of visits to the DC in a 12 to 15 month period.
 - Treatment type at time of initial referral and at time of chart review.
 - Recorded values and the frequency of measurement in a 12 to 15 month period for BP, foot assessment, A1C, TC:HDL-C; LDL-C; creatinine (calculation of the Cockcroft-Gault), and others as identified by the facility/district.
 - Self-care practices recorded and the frequency in a 12 to 15 month period.
 - Documentation practices; forms used.
 - Other areas as deemed necessary.
 - **Compilation of Relevant Statistics and Additional Data**
 - The DCPNS will compile, for inclusion in the report, a summary of available statistics as they relate to diabetes in the community.

Step 2. On-Site Visit—includes:

- **Observation**
This component has been removed from this revised survey process. Information about the usual process/procedure will be collected by phone/mail.
- **Interviews**
The following lists those previously interviewed in DCPNS surveys. Interviewees will be determining in conjunction with the on-site committee. Selection should focus on those with a “sound” understanding of diabetes/diabetes-related service issues as they relate to the community/diabetes population.
 - Two to three referring physicians
 - Medical Advisor to the DC
 - District CEO
 - Facility Manager
 - DC Manager
 - VP Acute/Clinical
 - VP Community Health
 - Director of Food and Nutrition Services
 - Director of the Laboratory
 - Health Records personnel (where appropriate)
 - DC educators/staff
 - Representative(s) from the inpatient area such as pediatrics, obstetrics, general medicine, etc.
 - Others as indicated such as DC patients, hospital social workers and psychologists, the Victorian Order of Nurses, Community Health Nurses, etc.

The following questions will be addressed, depending on the person being interviewed:

- The strengths and weaknesses of the DC in its present structure and operation.
 - The perceived benefits of the DC to the referred person, community, hospital, physicians, etc.
 - Changes that would benefit the DC and the approach to diabetes care in the community.
 - Specific questions related to the “identified issues” being explored during the survey process.
- **Wrap Up Session**
On the afternoon of the last day of the on-site visit, a one-hour meeting will be scheduled to review, in preliminary terms, the findings from the survey process. Commendations and recommendations will be highlighted by members of the DCPNS healthcare team.

Step 3. Report

A written report will be submitted to the District/facility administrator and DC staff (others as determined by administration) within three months of completing the survey. This report will include findings from the survey process and recommendations for change if necessary. Phone follow-up will be made in the two-week period following receipt of the report for clarification of any observations and/or recommendations.

Step 4. Follow-up Survey Visit

A brief hospital visit will be made by members of the DCPNS Healthcare Team six to nine-months after receipt of the report to assess the status of the recommendations.