DPCNS has developed the framework for the province of Nova Scotia to implement QCCPNS in 1991, which was initially mandated to standardize and improve the quality of care provided through Nova Scotia’s various provider assessment forms, and to provide support, services, and resources to individuals with diabetes.

**METHODS**

**Timelines:**
- 1995-96: First Assessment
- 1997-98: First DPCNS
- 1998-99: Pilot DPCNS
- 2000-2001: Second assessment
- 2002-2003: Third assessment
- 2004-2005: Fourth assessment
- 2006-2007: Fifth assessment
- 2008-2009: Sixth assessment
- 2010-2011: Seventh assessment
- 2012-2013: Eighth assessment

**Aspects of care:**
- Identification of individuals who had a LEA admission in a given year
- LEA admissions: Any hospital admission with the following procedure code during an assessment year:
  - Patients with diabetes
  - Patients without diabetes

**TOPIC:**

- *Facts:*

**DATA GATHERED:**

- Diabetes Care Program of Nova Scotia (DCPNS), Halifax, NS, Canada
- Nova Scotia Health Information (NSHS), Halifax, NS, Canada

**ANALYSIS:**

- The crude LEA rate among those with diabetes decreased dramatically over time (from 4/10,000 in 1996/97 to 1/10,000 in 2012/13).
- The crude LEA rate among those with diabetes decreased by more than 50%, from 1/10,000 in 1996/97 to 1/10,000 in 2012/13.
- The decrease for those without diabetes was 50%, from 2/10,000 in 1996/97 to 1/10,000 in 2012/13.

**RESULTS (Cont’d)**

- *CONCLUSIONS:*
  - Despite a doubling of diabetes prevalence from 1996/97 to 2012/13 among adults (≥20 years), the number of LEA admissions for individuals with diabetes remained stable.
  - The crude LEA rate among those with diabetes decreased dramatically over time (−55%)
  - The majority of LEA admissions (≥60%) occurred among those with diabetes (versus those without).
  - Those without diabetes were more common for individuals 18–29 years of age (7%).
  - The crude LEA rate among those with diabetes decreased by more than 50%, from 1/10,000 in 1996/97 to 1/10,000 in 2012/13.
  - The decrease for those without diabetes was 50%, from 2/10,000 in 1996/97 to 1/10,000 in 2012/13.

- Although death from LEA is rare, those with and without diabetes, LEA procedures for individuals with diabetes are more often performed at a lower level (necrotic foot/ankle).
- Initiatives focused on foot health must continue to be a priority in diabetes care.