

DIABETES CARE PROGRAM OF NOVA SCOTIA (DCPNS)

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Introduction

- Implemented in January 1991, the **Diabetes Care Program of Nova Scotia (DCPNS)** is funded by the Nova Scotia Department of Health and endorsed by the governing bodies of health care disciplines directly involved in the provision of health care to people with diabetes. This program will promote improved standards of care for people with diabetes, improved continuing education access for diabetes education staff and the collection and analysis of information related to diabetes and diabetes education in Nova Scotia.

Mission

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

Vision

As a Program we envision...

- Broad support for sufficient and equitable access to quality diabetes centres and programs.
- Collaboration through partnerships with others to achieve enhanced health status.
- Enhanced use of information and information systems for support of persons with or at risk of diabetes mellitus.
- Individuals and groups who are interested and committed to the prevention and cure of diabetes and its complications.

Values

We are an action organization that values...

- Striving for excellence through best practice.
- Evidence-based decision making.
- Strength in partnerships.
- Responsiveness.

Goals

1. To assure Nova Scotians affected by diabetes mellitus access to advances in diabetes care soon after they become available. This implies the translation of recent research advances in diabetes knowledge to daily clinical practice.
2. To ensure the same high standard of diabetes care, including patient education, is available throughout Nova Scotia.
3. To prevent the development of complications of diabetes in patients affected by the disease. In those who already have the complications, to delay their progression by instituting appropriate interventions.
4. To develop and promote continuing education for physicians and health professionals involved in delivering health care to Nova Scotians affected by diabetes mellitus.
5. To develop and promote cost-effective ways of delivering the best quality diabetes care.
6. To promote self-care leading to better health.
7. To prevent diabetes mellitus in persons at risk.
8. To prevent the development of diabetes through collaborative partnerships aimed at the determinants of health.
9. To identify gaps in the provision of diabetes health care.
10. To develop a means of measuring outcomes for all of the above.

Organizational Aspects of the DCPNS

- There are two groups involved in the implementation of the Diabetes Care Program--the Board of Directors and the Action Group.
- The **Board of Directors** consists of the following representatives:
 - Medical Society of Nova Scotia
 - Department of Health
 - Nova Scotia Dietetic Association
 - Nova Scotia Division, Canadian Diabetes Association
 - Nova Scotia Association of Health Organizations
 - Dalhousie University, Faculty of Medicine
 - Medical Director, DCPNS
 - Coordinator, DCPNS
 - Members-at-large.Chairperson elected by the members of the Board.
- The **Action Group** develops and implements the approved plans of the Diabetes Care Program. The membership of this group consists of the following:
 - Medical Director, DCPNS
 - Coordinator, DCPNS
 - Nurse Consultant, DCPNS
 - Additional members appointed as required.

What the Program Offers

- Consultative services.
- Continuing education for physicians and other health care professionals.
- Assessment of hospitals involved in diabetes care.
- Audits on quality of diabetes care.
- Data collection and analysis.

Resource and Information Services

- Information on diabetes care.
- Audiovisual educational aids.
- Quarterly newsletter.
- Manuals of various aspects of diabetes care.
- Pamphlets and booklets.

Health Care Team Visits

- Regular visits to the Diabetes Centres (DCs) in the province.
- Provide training to health professionals within own work environment.
- Survey various aspects of the program in the DCs.
- Establish communication and liaison.

Planned Activities of the DCPNS Action Group

- Develop, pilot, implement, and evaluate standardized documentation and reporting forms, education checklists, and program core curriculum.
- Establish a data base system to register DC patients and trace the care and education provided, the number and reason for hospital admissions, and the incidence of risk factors.
- Encourage self-care practices by modifying existing DC practices to reflect the same.
- Offer regular inservices on DC staff identified topics of interest/need.
- Submit recommendations to the DOH regarding the following:
 - DC staffing, training, qualifications, and access to continuing education.
 - DC facilities and equipment.
 - Frequency of DC patient follow-up visits, screening criteria, and recommended blood work.
 - Access to care for populations at increased risk for diabetes; for example, the First Nations population.