

NSIPP-Approved Diabetes Centre Requirements

- **District Policy** for initiation/follow-up care for insulin pump patients. This policy would name the site or sites that offer the service and help ensure that management/physicians and other applicable care providers were engaged in the planning. It will also promote discussion and understanding of available/required resources. The policy could also guide the hospital staff if youth/family present to the Emergency Department or inpatient areas; e.g., consult Diabetes Centre, hold pump therapy if family not available to room-in/patient not able to manage pump, switch to multiple daily injections, etc. The Diabetes Care Program of Nova Scotia (DCPNS) will provide a draft template that can be populated at the District Health Authority (DHA) level.
 - **Full-time Diabetes Centre**
 - Policy for 24-hour, on-call service for the pediatric population (new type 1 diagnosis and pump initiation) accessing Diabetes Centre (DC) services (at least 5 to 7 days post pump initiation and/or 7 to 14 days post new diagnosis).
 - ***Paediatrician or Diabetes Specialist** (for older youth/young adults) within the DC, or a committed link to the Paediatrician/Diabetes Specialist, **with an expertise in pump therapy** and who supports the patient/family/team through the initiation process (including trouble shooting, back-up contact, dose adjustment in case of crisis management, etc.). DC staff will ensure follow-up communication (by phone, fax, or face-to-face) with the Paediatrician or Diabetes Specialist within the first 5 to 7 days of initiating therapy. This communication will include a review of the pump progress, blood glucose values, planned treatment changes, etc. A follow-up appointment with the Paediatrician or Diabetes Specialist will occur within 1 to 4 weeks of initiating therapy, or as required.
 - Staffing complement:
 - **Diabetes Educator team** (CDEs—RN & RD) with expertise in insulin pump therapy and pediatric/youth/young adult type 1 diabetes care. In the absence of the CDE designation, 3 to 5 years of direct, intensive diabetes expertise, accompanied by supporting documentation from the Program Manager, will be considered. At least one member of the core (two-member) team must be a CDE.
 - Clerical support to assist with appointment schedules, data capture, and correspondence/reporting.
 - **Access to mental health therapist/social worker is preferred** (with a defined referral process).
 - Staff training/expertise:
 - RN & RD certified in **DCPNS Insulin Dose Adjustment** (basic and specialty).
 - **Minimum of two certified pump trainers** (in programs with a single RN & RD team, both should certify). This will ensure coverage for vacations and staff absences as well as provide appropriate support during on-call coverage. In areas where more than one DC has been recognized as an NSIPP-approved site, consideration will be given to cross-facility coverage for specific pumps.
 - Pump trainers **hold or are working toward certificates from each of the four pump vendors**.
 - Able to **provide a structured assessment/education program for insulin pump therapy** initiation, inclusive of the DCPNS recommended processes, tools/resources, and videos.
 - **Actively following type 1 diabetes pump and non-pump patients***
 - **For pediatric programs:** Initiating, at a minimum, 3 to 5 pumps a year (for ages < 19 years) and providing follow-up to at least 10 pump patients.
 - **For young adult/adult programs:** Initiating, at a minimum, 3 to 5 pumps a year (any age) and providing follow-up to at least 10 pump patients.
- Note:** Programs should have competency measures in place for staff (e.g., approval to attend required continuing education, peer-to-peer or peer-to-physician practice review, demonstrated competency, etc.).

*A pediatric site should have experience initiating and managing new diagnoses of type 1 diabetes in the ≤ age 16 years population.

Note: In the case of toddler care, NSIPP-approved DCs should consider consultation with the IWK. This could be accomplished via referral or phone/telehealth to discuss and share care decisions.