

Nova Scotia Insulin Pump Program (NSIPP) Requirements for an NSIPP-approved Diabetes Centre—Site Self-Assessment

NSIPP-approved Diabetes Centres (DC) must meet provincially established requirements on an annual basis. The approval process includes a site-specific self-assessment form, review of DCPNS Registry information (numbers of individuals seen within the specified period), and periodic site visit to review processes and documentation.

Instructions:

- In conjunction with the diabetes educators and specialty physician(s), please indicate by each requirement if it has been met, is in progress, or not possible. As this self-assessment form reflects an abbreviated version, **the detailed requirements document is attached.**
- Use the back of this form to indicate items that are “in progress,” the status of each, expected date for completion, any outstanding issues for consideration, etc.
- Once completed, please have this signed by:
 - the Diabetes Centre Manager **and**
 - the VP responsible for the Diabetes Centre in his/her portfolio

Please Note: *Depending on the specific requirement(s) in progress, exception status to operate as a NSIPP-approved site may be allowed for a limited period of time while progress is made to meet the requirement(s).*

Diabetes Centre site: _____ **Date:** _____

ABRIDGED REQUIREMENTS (see attached for complete version)	MET	IN PROGRESS	NOT MET
1. District Policy for initiation/follow-up care for insulin pump patients (using NSIPP-provided template). <i>Draft provided to DHAs in June 2014.</i>			
2a. Full-time Diabetes Centre			
2b. Policy for 24-hour on-call service for the pediatric portion (new type 1 diagnosis and pump initiation) of clinic service (at least 5 to 7 days post pump initiation).			
3. *Paediatrician or Diabetes Specialist (for older youth/young adults) within the Diabetes Centre or committed link to the Paediatrician/Diabetes Specialist with expertise in pump therapy			
4. Staffing complement: <ul style="list-style-type: none"> ○ Diabetes Educator team (CDEs—RN & PDt) with expertise in insulin pump therapy and pediatric/youth/young adult type 1 diabetes care. ○ Clerical support ○ Access to mental health therapist/social worker is preferred (with a defined referral process) 			
5. Staff training/expertise: <ul style="list-style-type: none"> ○ RN & RD certified in DCPNS Insulin Dose Adjustment (basic and specialty). ○ A minimum of 2 Certified Pump Trainers with experience in pump initiation (3-5) in the past year (in programs with a single RN & RD team, both should certify). <i>Complete and return attached Inventory.</i> ○ Pump trainers should hold certificates from each of the 4 pump vendors 			
6. Able to provide a structured assessment/education program for insulin pump therapy initiation, inclusive of the DCPNS recommended processes, tools/resources, and videos			
7. Actively following type 1 diabetes pump and non-pump patients* <ul style="list-style-type: none"> ○ For pediatric programs: initiating, at a minimum, 3-5 pumps per year (for ages < 19 years) and providing follow-up to at least 10 pump patients. ○ For young adult/adult programs: initiating, at a minimum, 3-5 pumps per year (any age) and providing follow-up to at least 10 pump patients. Note: Competency measures in place.			

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

In Progress Item(s):

Indicate the specific requirements that are “in progress” and provide an update on the progress, expected timeline to completion, current mitigation strategy, and anticipated outcome.

INDICATE # HERE	PROVIDE STATUS UPDATE
Insulin Pump Policy	Please indicate plans what plans will be taken to operational this policy within your DHA/facility.

Return Completed form by July 27, 2015, to:
 Program Manager
 Diabetes Care Program of Nova Scotia
 Bethune Bldg, Suite 548
 1276 South Park St., Halifax, NS B3H 2Y9
 Phone; (902) 473-3209 Fax: 902-473-3911

 Name (Please Print) & Title

 Signature

 Name (Please Print) & Title

 Signature

NSIPP-Approved Diabetes Centre Requirements

- **NSHA/Management Zone/IWK 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. This will also promote discussion and understanding of available/required resources. This 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 DCPNS will provide a draft template that can be populated at the NSHA/Management Zone/IWK-level.
- **Full-time Diabetes Centre**
 - Policy for 24-hour on-call service for the pediatric population (new type 1 diagnosis and pump initiation) of clinic service (at least 5 to 7 days post pump initiation/7-14 days post new diagnosis).
- ***Paediatrician or Diabetes Specialist** (for older youth/young adults) within the Diabetes Centre or committed link to the Paediatrician/Diabetes Specialist, **with expertise in pump therapy**, who supports the patient/family/team through the initiation process (including trouble shooting, back-up contact, dose adjustment in case of crisis management, etc.). Diabetes Centre staff will ensure follow-up communication (by phone, fax, or face-to-face) with the Paediatrician or Diabetes Specialist, within the first 5-7 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, 3-5 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).
 - **A minimum of 2 certified pump trainers** (in programs with a single RN & RD team, both should certify). This will ensure coverage for vacations, staff absences, and to 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, 3-5 pumps per year (for ages < 19 years) and providing follow-up to at least 10 pump patients.
 - **For young adult/adult programs:** initiating, at a minimum, 3-5 pumps per 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., attendance of required continuing education, peer-to-peer or peer-to-physician practice review, demonstrated competency, etc.)

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