

Diabetes Care Program of Nova Scotia (DCPNS)
Triage Guidelines for Initial and Follow-Up Appointments in
Diabetes Centres (DCs) in Nova Scotia
(Impact Assessment)

Why Triage Criteria?

Increasing waitlists and workloads are major challenges in DCs throughout Nova Scotia. In Nova Scotia, the referral rates of individuals with newly diagnosed diabetes have increased 98% since 1992/93¹. As well, data collected (2000) by the DCPNS from DCs in Nova Scotia indicate that there is a need for more aggressive treatment strategies including intensified lifestyle and pharmacological therapy in the management of hypertension, dyslipidemia, and early renal changes. In addition, the new Canadian Diabetes Association 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada² will further impact the DC operations as a result of new screening guidelines (earlier and more frequent testing of high-risk individuals), emphasis on more aggressive diabetes management to delay onset or progression of diabetes complications, and emphasis on development/implementation of structured programs of lifestyle modification for diabetes prevention. The DCPNS is attempting to facilitate standardization of triage guidelines for initial and follow-up appointments throughout the provincial DCs. This will lead to modification of current operational processes for some DCs in order to decrease wait lists and to meet the new realities of diabetes care services.

What Is the Present Situation?

In 2002, the DCPNS conducted a scan of DCs in Nova Scotia and throughout Canada to identify the extent of the problem of increasing wait lists and solutions implemented. In total, eighteen (18) DCs were contacted—10 across Canada and 8 within Nova Scotia. Eight (8) responses were received. The results of the survey showed that throughout Canada and within Nova Scotia, wait times for initial appointments varied from 2 weeks to 9 months in DCs. Most DCs used very general triage guidelines for initial appointments but there were no guidelines for follow-up appointments. As well, new strategies to decrease wait lists were not identified. In 2003, the DCPNS developed guidelines for initial and follow-up appointments as benchmarks. The guidelines for initial appointment included three categories: urgent, semi-urgent, and routine. The guidelines were sent to thirty-seven (37) DCs in Nova Scotia for their input.

What Were the Barriers to the New Triage Guidelines?

Although many DCs recognized the need for consistent measures to monitor wait lists, they also expressed concerns that the new guidelines would increase their workloads. Lack of clerical support was cited frequently to be a limiting factor. Part-time DCs believed that the impact would be great for their programs especially to meet the guidelines for priority and urgent categories. Full-time DCs expressed concern that they may receive more referrals from part-time DCs due to the limited hours of operation of part-time programs.

What Should Be Done?

It is important that people with diabetes in Nova Scotia have early access to diabetes care services regardless of their place of residence. As well, it is important that DCs consider new strategies to manage workloads and to deliver their programs such as more group intake (group classes, group follow up, modular instruction), initial assessment not required prior to attending group instruction, collaboration/coordination with other ambulatory clinics and community agencies, less frequent return visits for individuals who are managing their diabetes care relatively well, and coordination of patient care needs with the family physician.

What is the Next Step?

In order, therefore, to successfully deliver more efficient and effective diabetes care services throughout Nova Scotia, an impact assessment is necessary to determine the appropriateness of the new DCPNS guidelines for initial and follow-up appointments in the DCs.

¹ DCPNS Provincial Statistics: Newly diagnosed referrals to Nova Scotia Diabetes Centers 1992-2002. September 2003.

² Canadian Diabetes Association. 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada, *Canadian Journal of Diabetes*. 2003;27(Suppl 1).

GUIDELINES FOR INITIAL APPOINTMENT

URGENT (within 48 to 72 hours)	SEMIURGENT (within 1 to 2 weeks)	ROUTINE (within 1 month)
<p>One or more of the following:</p> <p>Glycemic Control *</p> <ul style="list-style-type: none"> • BG > 20 mmol or ketonuria >1.5 mmol or ketonemia >1.5 mmol.¹ • A1C >10%. • New type 1 diagnosis.¹ • Recent treatment of DKA, nonketotic hyperosmolar hyperglycemia.¹ • Severe hypoglycemia.¹ • Pregnancy with preexisting diabetes.¹ • Recent discharge from hospital following insulin start. • Insulin start in the DC. <p>Dyslipidemia **</p> <ul style="list-style-type: none"> • TG >11.3mmol/L.^{2,***} 	<p>One or more of the following:</p> <p>Glycemic Control *</p> <ul style="list-style-type: none"> • BG 15 to 20.0 mmol/L in a new diagnosis. • A1C 8.5 to 10.0% in a new diagnosis. • Gestational diabetes (within 1 week). • Recurrent hypoglycemia. <p>Nephropathy</p> <ul style="list-style-type: none"> • ↑ Creatinine. 	<ul style="list-style-type: none"> • All other patients to have initial appointment within one month.* • Dyslipidemia.** • Hypertension.****

¹ Standards for Diabetes Education 2000, The Canadian Diabetes Association.

² Clinical Practice Recommendations 2003. American Diabetes Association. Diabetes Care. 2003; 26 (Supplement 1),S83-S86.

* Patients with any level of glycemia will attend a Survival Skills Module; prior initial assessment not required to attend.

** Patients with elevated lipid levels will attend a Heart Health Module; prior initial assessment not required to attend.

*** Patients with markedly elevated or severe hypertriglyceridemia will be seen by dietitian only; follow up with primary care physician

**** Patient who is hypertensive will attend a Hypertension Module; prior initial assessment not required to attend.

Example for use of the initial appointment guidelines.

Mr. B. is a 53 year old with type 2 diabetes, 3 years' duration, and new to your DC. FBG 9.2, A1C 7.9, on Diabeta 5 mg BID, dyslipidemia, and hypertension.

Plan: Patient will attend the next scheduled survival skills, heart health, and hypertension modules; individual appointment for initial assessment with RN and PDt within 4 to 6 weeks. Mr. B. will receive a mailed assessment form to be completed prior to initial assessment visit. Lab work should be done prior to initial assessment if no recent results available.

GUIDELINES FOR FOLLOW-UP
(Following initial appointment and/or intervention period.)

	1 to 2 MONTHS ¹	3 to 4 MONTHS ¹	6 MONTHS ¹	12 MONTHS ¹
HEALTH STATUS	<p>Persistent Hyperglycemia</p> <ul style="list-style-type: none"> • Requires a change in treatment. • Recent start of new medication. • Insulin start. <p>Urgent request of physician.</p> <p>Address a knowledge or skill deficit.</p>	<ul style="list-style-type: none"> • Significant weight gain. 		
METABOLIC CONTROL	<p>Glycemic Control</p> <ul style="list-style-type: none"> • Severe or significant # of hypoglycemic events. • Recent DKA. 	<p>Group/Individual Follow-up</p> <ul style="list-style-type: none"> • A1C > 9.0%. • Dyslipidemia. • Address a specific self-care management skill. 	<p>Group/Individual Follow-up</p> <ul style="list-style-type: none"> • A1C 7.0 to 8.9%. • Evidence of complications. • High risk foot. 	<p>Group/Individual Follow-up</p> <ul style="list-style-type: none"> • A1C < 7.0%. • Annual routine blood work. • Complications' screening. • Annual foot inspection.

¹ Note: Routine blood work to be done 10 days prior to clinic appointment.

Behavioral/Motivational Changes with DM Management: Separate group follow-up.

Pregnancy Follow-up: As required throughout the gestational period.

Discharge: Good metabolic control or showing a consistent decrease in A1C and lipids; follow-up to continue with primary care physician and/or DC annual recall.

Example for use of the follow-up appointment guidelines:

Plan: Mr. B. had adequate understanding of his diabetes self-care and will return for follow-up at the DC in 3 to 4 months due to his dyslipidemia. He will receive a requisition for blood work to be done 10 days prior to his follow-up appointment at the DC.