

Appendix B: Summary of key findings identified from November 24th, 2010 Educator networking day

Service Level Indicators	November 24 th networking Day with Diabetes Educators from across Waterloo Wellington LHIN
Knowledge & understanding	<ul style="list-style-type: none"> • Limited skills and knowledge around insulin starts for Type 2 diabetes, especially basal insulin and insulin adjustment in the community programs • Limited knowledge of each other's programs • Can we get better trained to do stats?
Advocacy	<ul style="list-style-type: none"> • No administrative support in hospital DEC programs • Need advocacy group and stronger link with LHIN • Social determinants of health are not addressed • More medical directives and care plans needed • Need for improved system navigation • Need for networking • Need for advocacy and marketing of diabetes programs • Need focus on prevention; prediabetes • Need improved transitioning, foot assessments
Continuity of care	<ul style="list-style-type: none"> • "stop the silos" • Need central registry of services and coordination of care with defined roles • Utilization of EMR by 72% • Different software applications • No protocols or pathways in place for d/c from hospital to DEC • There is no coordination of self-management programs and difficulties promoting existing programs • Need for consistent education across region
Communication	<ul style="list-style-type: none"> • Varying data collection methods • Limited awareness/marketing of diabetes education program • Not clear role and definition of programs • No networking of educators outside of community • Need to promote our services to Doctors • Develop registry of services to connect the dots • Identify educational tools and share resources in a secure environment • Waterloo Wellington website
Access	<ul style="list-style-type: none"> • Access to service triage • Need for central intake • Need to monitor capacity and wait-times • Gaps in access to social work, mental health, language, cultural specific programs, transportation • Gap in accessing services where they exist especially when patients are not rostered to the organization • Restricted hours of service for workers/commuters • Centralized 1-800 phone number

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	<ul style="list-style-type: none">• Patients should always have access to appropriate care in their catchment area regardless of their physicians
Patient-centered decision making	<ul style="list-style-type: none">• Get patients to advocate more for themselves—bring sheets with tests to doctors• After hours support for patients