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Regional Coordination Centre

A REGIONAL APPROACH TO DIABETES CENTRAL INTAKE

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ABOUT THE REGIONAL COORDINATION CENTRE

- Originally funded as a Diabetes Regional Coordination Centre by MOHLTC through the Ontario Diabetes Strategy

- **Host Organization:** Langs Community Health Centre

- Original focus was to coordinate diabetes care for the region of Waterloo Wellington, but has since expanded beyond diabetes

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- Work closely with local OHTs, specialists and primary care providers, participating in co-design efforts to guide system transformation

- Enhance both HCPs and patients' knowledge and skills with diabetes and chronic disease management

- Ensure that people are finding and accessing services **"at the right time, at the right place"**

OUR PROGRAMS

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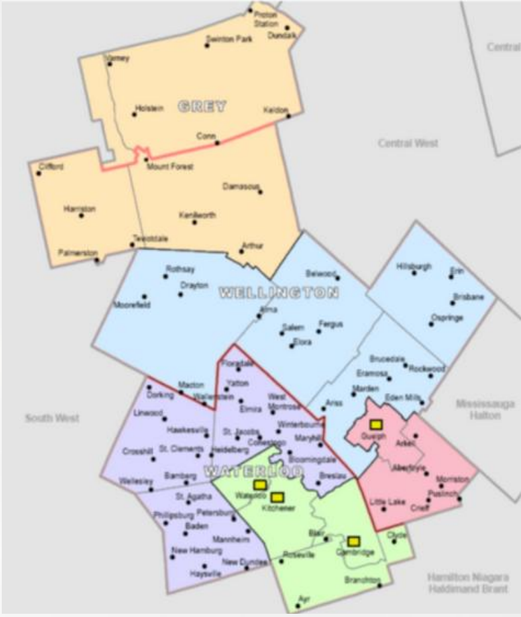

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Medical Specialists Central Intakes

- Orthopedics
- Cataracts
- OSDCP

Waterloo Wellington Self-Management Program

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TIMELINE

2010
Diabetes Regional Coordination Centres funded across Ontario (aligned with 14 LHIN geographies)

MAR 2011
WW Diabetes Central Intake was launched (for all diabetes types) with HCP and self-referral

One of Ontario's first CI's

NOV 2012
Request for Endocrinology Consult added to regional referral form

FEB 2013
RCC funding transitioned to LHIN

NOV 2013
Request for Ophthalmology and/or Nephrology Consult added to regional referral form

MAY 2014
Developed and launched regional Diabetes in Pregnancy clinical pathway

MAY 2016
Orthopedic Central Intake was launched (for all problem areas)

APR 2017
Regional Ocean eReferral option was launched

TIMELINE

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JUL 2017
Launched the Framework for the Development and Implementation of Regional CI

MAR 2021
Cataract Central Intake was launched

JUN 2022
Ontario Seniors Dental Care Program Central Intake was launched

MAR 2024
Urgent Diabetes Referral Pilot Project commenced

MAY 2024
Request for Medically Supervised Wound Care consult added to regional referral form

JUNE 2024
Additional funding for DCI through support from Langs (host organization)

DEC 2024
Successful recipients of Knowledge to Action (K2A) Challenge in Diabetes

SEP 2025
Renal Risk Prevention program commenced

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CENTRAL INTAKE

Streamline the referral process:

- Provide timely access to appropriate care
- Provide timely information regarding referral status
- Ensure even distribution of referrals
- Prevent referral duplication

Develop monitoring mechanisms to:

- Maintain inventory of services, measure wait times, monitor outcomes and implement appropriate changes

Develop regional standards for:

- Wait times
- Data collection
- Reporting definitions

1 **Improved navigation of the system**

2 **Improved access to care**

3 **Improved data collection**

DIABETES
CENTRAL INTAKE

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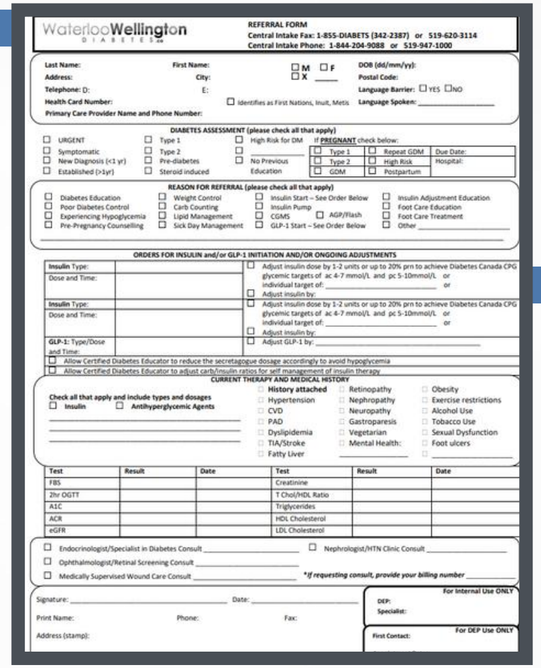

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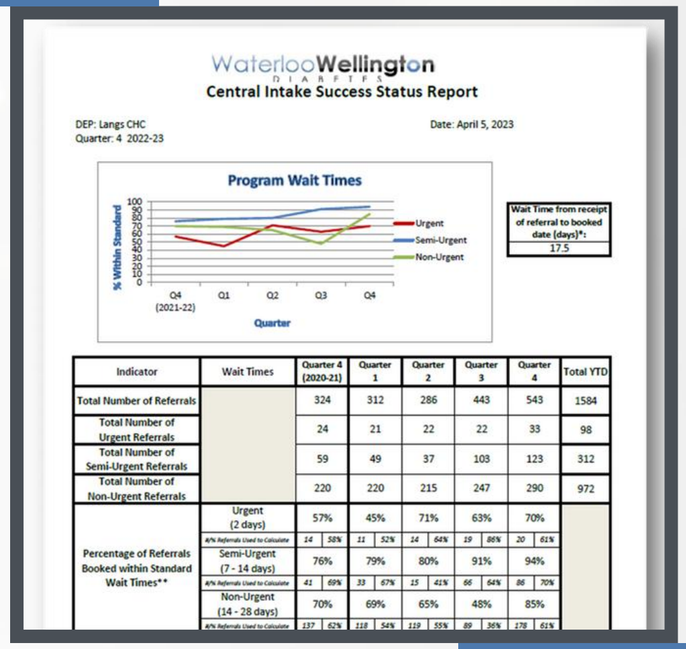
- Process referrals for Diabetes Education, ensuring equitable access for all types of diabetes, with the ability for referrers to consult certain specialists:
  - endocrinology
  - ophthalmology
  - nephrology
  - medically supervised wound care
- Receive by eReferral (Ocean), fax, phone, or mail
- Triaged by Certified Diabetes Educator Clinicians according to urgency, complexity and geographical location
- Monitor Wait Times (Urgent – 2 days, Semi-Urgent 7-14 days, Non-Urgent 14-28 days)
- Currently receiving ~1,000 referrals/month (HCP and self referral)



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Central Intake Success Status Report

DEP: Langs CHC
Quarter: 4 2022-23

Date: April 5, 2023

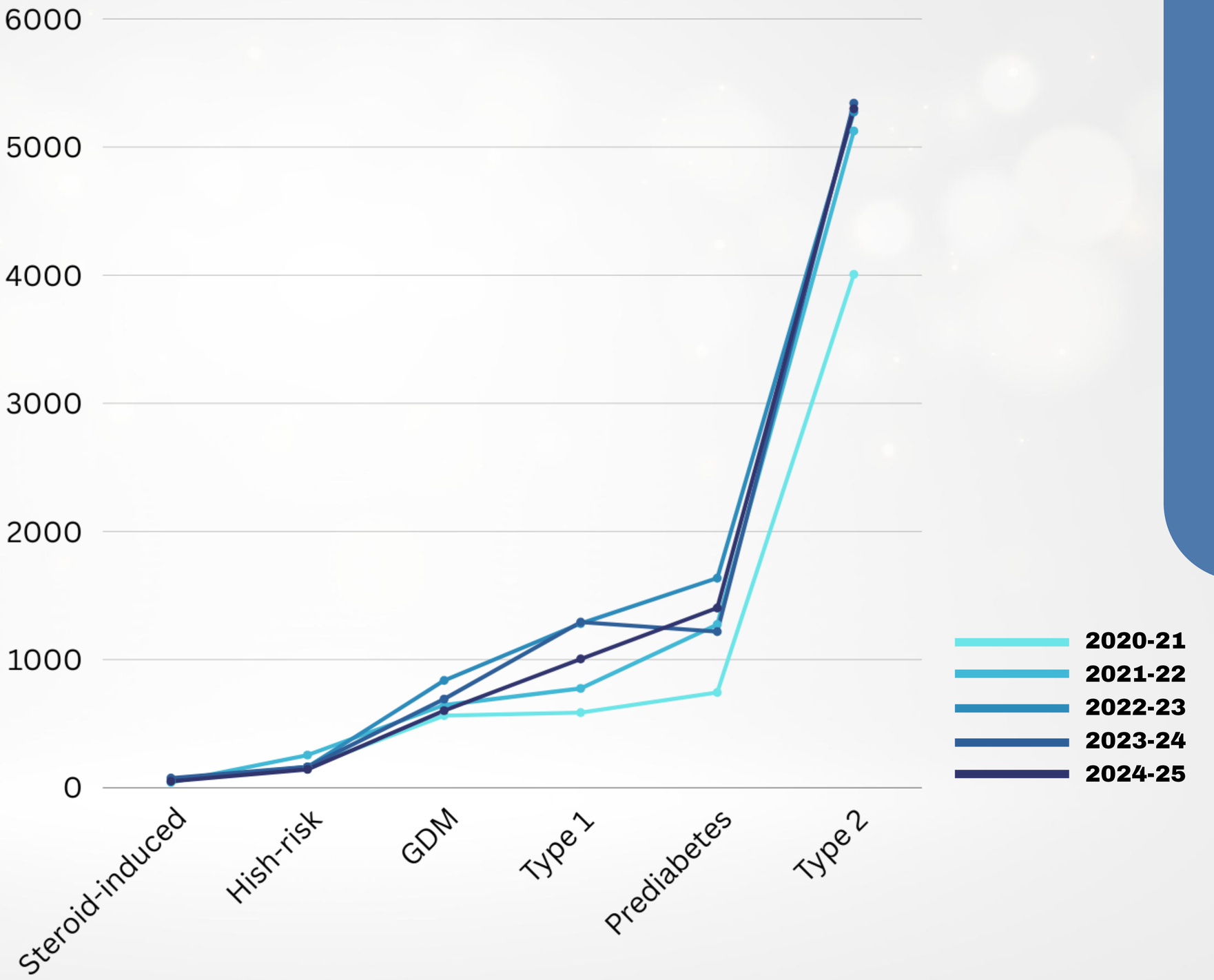
Wait Time from receipt of referral to booked date (days)*: 17.5

Indicator	Wait Times	Quarter 4 (2020-21)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total YTD
Total Number of Referrals		324	312	286	443	543	1584
Total Number of Urgent Referrals		24	21	22	22	33	98
Total Number of Semi-Urgent Referrals		59	49	37	103	123	312
Total Number of Non-Urgent Referrals		220	220	215	247	290	972
Percentage of Referrals Booked within Standard Wait Times**	Urgent (2 days)	57%	45%	71%	63%	70%	
	# Referrals Used to Calculate	14 / 58%	11 / 52%	14 / 64%	19 / 86%	20 / 61%	
	Semi-Urgent (7 - 14 days)	76%	79%	80%	91%	94%	
	# Referrals Used to Calculate	41 / 69%	33 / 67%	15 / 41%	66 / 64%	86 / 70%	
	Non-Urgent (14 - 28 days)	70%	69%	65%	48%	85%	
	# Referrals Used to Calculate	137 / 62%	118 / 54%	119 / 55%	89 / 36%	178 / 61%	

Processed over 99,000 referrals to date from over 4000 distinct referrers

REFERRAL VOLUME

last five years plotted by diabetes type



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PROCESS DEFINITIONS

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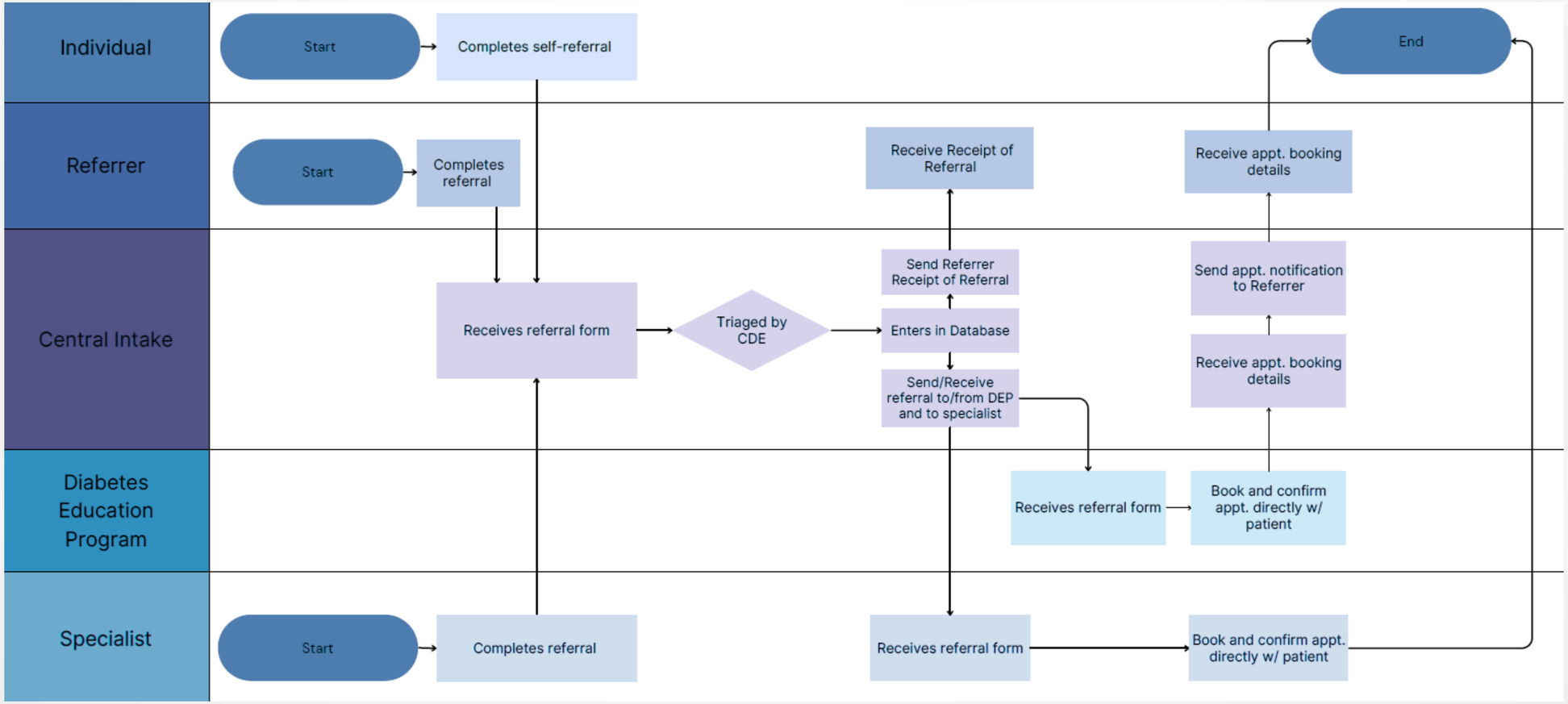
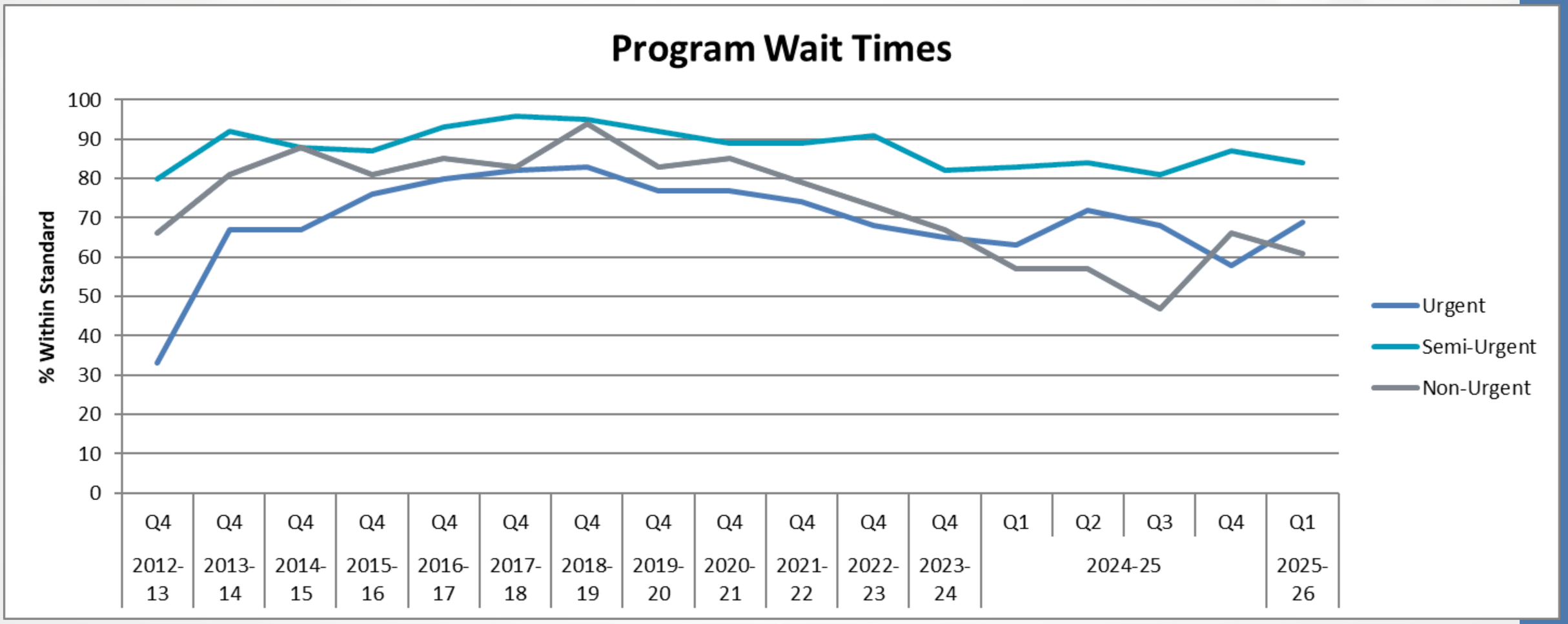
CI receives referral from provider → Referral triaged by CDE clinician → Information from referral entered in database → Referral forwarded to DEP; Triage Report sent to referrer → DEP contacts patient directly to book appointment → DEP records date of first patient contact and appointment date and notifies CI → CI communicates date and location of appointment with referrer



REGIONAL WAIT TIME TREND

plotted by urgency



RESOURCE CLINICIAN PROJECT LEAD AND REGIONAL NETWORKS

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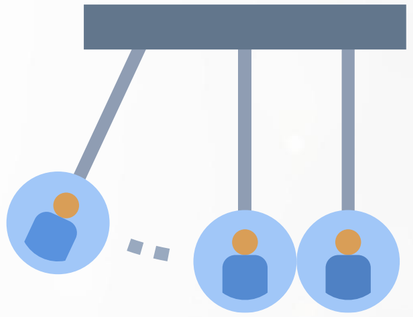
- **Diabetes Educator supports:**
  - Diabetes Educator collaborative meetings 3x/year
  - Quarterly Newsletters
  - Mentoring and knowledge translation
- **Regional quality improvement initiatives**
  - Active engagement in regional and provincial networks
  - Urgent referral pilot project
  - Corticosteroid-induced hyperglycemia guide to management
  - Medically supervised wound care and at-risk renal disease prevention
  - Diabetes with Indigenous Older Adults Infographic
- **Webinars**
  - CDE exam prep sessions
  - Diabetes and Ramadan
  - Culturally Relevant Approaches with Indigenous Peoples Living with Diabetes
- **Chair of two regional diabetes networks**
  - representation from regional DEPs, community partners and HCPs to explore collaboration, share best practice, identify care gaps and explore solutions



IMPACT 2024/25

2
REGIONAL NETWORKS

113
ORGANIZATIONS

3,540
HEALTH CARE PROVIDER INTERACTIONS

DIABETES FRAMEWORK

DESIRED OUTCOME

- Improve access to diabetes prevention and treatment to ensure better health outcomes for Canadians

SCOPE

- Lay the foundation for collaborative and complementary action to be taken by all sectors to reduce the impact of diabetes in Canada

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Prevention

- Process referrals for at-risk and prediabetes
- At-risk renal disease prevention initiative
- Self-management chronic disease prevention programs

Management, Treatment and Care

- Connect patients living with diabetes to closest DEPs
- Specialist consult requests on referral form
- Creation of clinical pathways and resources to help support evidenced-based care

Surveillance and data collection

- Comprehensive data system
- Quarterly reports sent to DEP programs (wait times, volumes)
- Data analysis for quality improvement initiatives

Learning and knowledge sharing

- Facilitate 2 regional diabetes networks (pediatric and adult)
- Public and HCP website and social media presence
- Poster presentations at national conferences
- Offer educational webinars and collaborative meetings, including sharing of Framework and implementation of central intake learnings for others developing a central intake model

KEY LEARNINGS AND FUTURE PLANNING

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Alongside maintaining current high standards of care through the regional central intake program:

- Explore and advocate for CI expansion into other regions
- Continue collaboration and engagement with Indigenous Community organizations and working group
- Explore collaborations with Community Paramedicine programs
- Update WW Diabetes in Pregnancy Clinical Pathway
- Expand at-risk renal prevention project throughout region
- Explore options to collaborate with community partners to expand funded footcare services
- Continue to improve operational efficiencies in role definitions, referral workflows, and streamline data processing mechanisms as referral volumes surge
- Further refinement and definition of data collection, usage, sharing, and application
- Prepare for re-activation of provincial eReferral solution and increased Ocean onboarding
- Prepare for provincial direction/shifting priorities, including Centralized Waitlist Management (CWM)

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THANK YOU

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