TIMELY ACCESS TO CARE FOR URGENT DIABETES & ENDOCRINOLOGY REFERRALS

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REDESIGNING ACCESS FOR MEASURABLE IMPACT

INTRODUCTION

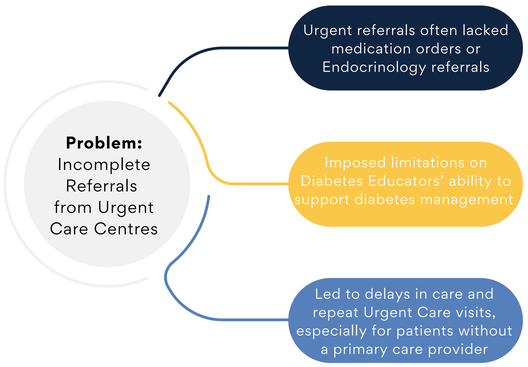
The Waterloo Wellington Regional Coordination Centre (WWRCC) is a centralized coordination and referral centre designed to streamline access to healthcare services.

Waterloo Wellington Diabetes (WWD), a program of the WWRCC, provides centralized intake for:

- Diabetes education referrals
- Specialist referrals for diabetes care

NEEDS ASSESSMENT FINDINGS

A needs assessment of local Diabetes Education Programs (DEPs) found critical gaps in urgent referral practices:



Findings led to engagement with local Urgent Care providers to understand perspectives and improve access to care for urgent diabetes patients.

Current state data analysis was completed and shared with Urgent Care providers at the Joint Department Emergency Medicine meeting Oct 2023.

ACTION

Misconceptions identified via discussions with Urgent Care providers:

- **Assumption:** Each DEP has an on-staff prescriber - no need to prescribe diabetes medications, only needed to connect patient with DEP
- **Assumption:** Endocrinology services/availability is limited - did not refer due to concern of overburdening limited resources
- **Assumption:** To refer, need to indicate specific Endocrinologist - did not know which Endocrinologists were accepting referrals

Initial plan:

To improve access to care for high-risk diabetes patients, a 6-month pilot project (Mar 15 - Sept 15, 2024) was proposed in collaboration with an Endocrinologist, Urgent Care providers, and DEP Managers.

Historical data identified two large hospital emergency departments and two large Urgent Care clinics as key sources of urgent referrals. The pilot encouraged Urgent Care providers to:

- Refer for education using WWD referral form
- Request Endocrinology consult
- Include medication orders & orders to adjust when appropriate

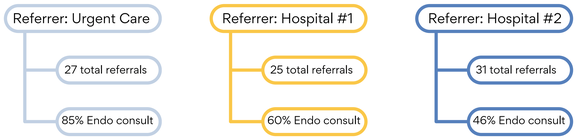
PROCESS PLANNING

Measures and Indicators to Inform Project:

☑ **Standards for Access to Diabetes Education in Canada Urgent Criteria**

- Uncontrolled diabetes (BG > 20 mmol/L, Ketonuria > 1.5 mmol/L, HbA1c >12.0%)
- Newly diagnosed type 1 diabetes
- Recent treatment for Diabetic Ketoacidosis (DKA) or Hyperglycemia Hyperosmolar State (HHS)
- Emergency department discharge follow-up
- WWD CDE Triage Clinician's clinical judgement (patient unable to safely care for themselves)

☑ **Historical Data for Urgent Referrals from Fiscal Year 2021-2022**

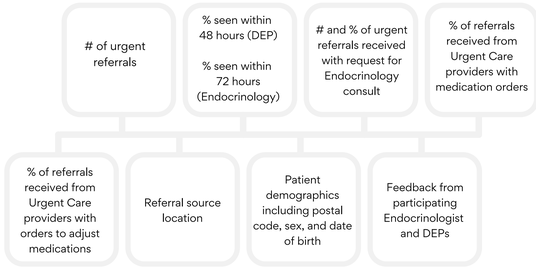


Deliverables:

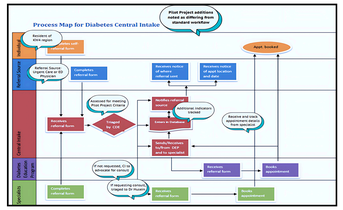
Improved access to diabetes care for patient referrals meeting urgent criteria:

- Seen by DEP within 48 hours
- Seen by Endocrinologist within 72 hours (if clinically warranted) and medication orders provided to DEP

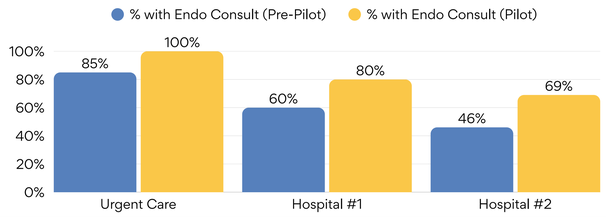
Indicators:



Process Map:



RESULTS

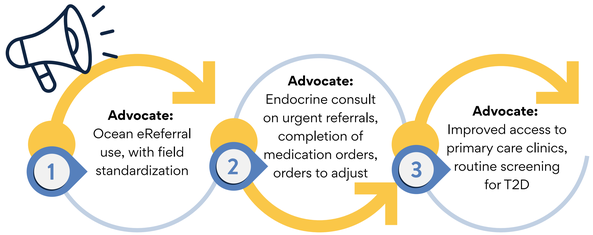


19% improvement in Endocrinology consult requests

Positive feedback from DEPs and Endocrinologist—pilot was impactful, goal-aligned, and supported care improvement.

NEXT STEPS

Based on provider feedback, advocacy goals were identified to further improve access to care and pursue process improvements.



LESSONS LEARNED

- No standardized approach to complete a paper-based urgent diabetes referral despite standardized process to refer ➡ **distributed practice alert to encourage consistent approach**
- Building strong relationships with referrers helps to dispel falsehoods and improve access to care ➡ **ongoing attendance at regional Urgent Care physician meetings**
- High % of urgent referrals with new/established T2D highlights opportunity for earlier interventions ➡ **ongoing advocacy work**
- A 6-month period may have been too short to observe improvements, as practice changes take time to be adopted ➡ **continue to track indicators moving forward and share results**

To access the full report, scan here:

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