

Stand **UP** to Diabetes

Waterloo-Wellington Diabetes RCC Annual Report

# 2012- 2013

## *Executive Summary*



WaterlooWellington  
D I A B E T E S



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Waterloo Wellington Diabetes Regional  
Coordination Centre  
January 31, 2013

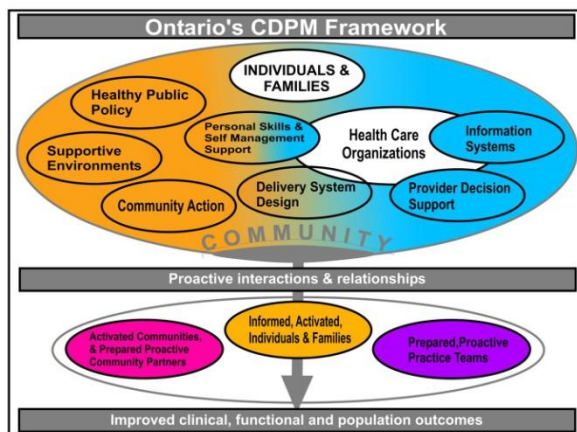
## Background

The Waterloo Wellington Diabetes Regional Coordination Centre (DRCC) was established in 2010, through funding from the Ontario Diabetes Strategy with the Ministry of Health and Long Term Care (MOHLTC). Langs Farm Village Association (Langs) was selected as the host organization for the DRCC in Waterloo Wellington. The role of the DRCC is to provide regional leadership to integrate and coordinate diabetes care in the region of Waterloo-Wellington, including primary care, diabetes programs, endocrinologists, and the community. The DRCC works closely with the Local Health Integrated Network (LHIN) to provide a clear point of contact within each region for diabetes. The DRCC does not provide direct patient services, but drives the implementation of provincial priorities while monitoring regional performance. The goal of the DRCC is to improve the delivery of care for people and families living with diabetes.

In 2010, a workplan was established in the form of a logic model, using the framework of the Chronic Disease Prevention and Management (CDPM) Framework (Fig. 1) and incorporating the principles from Health Quality Ontario—“*Safe, integrated, Patient-Centred, Accessible, Equitable, Effective and Efficient*”.

The Ontario CDPM framework (Fig. 1) is a validated tool which provides a model for system planning for chronic disease prevention and management. The “bubbles” within the framework provide a structure for effective planning of activities. The following report is presented under headings that mirror this CDPM framework.

Figure 1: Ontario CDPM Framework



For 2012-13, work continued, building on the successes to date, and focusing on the identified priorities established in the past year, with a greater focus on the social determinants of health. Priorities continued to focus on the following three areas:

- Quality Improvement
- Primary Care Engagement
- System Integration

In October 2012, Langs received notice of termination of contract for the DRCC from the Ministry of Health and Long Term Care (MOHLTC), as the responsibility for the delivery of the DRCC was transitioning to the LHIN. DRCC staff were given 90 days notice of termination of employment, and as a result, many of the projects were placed on hold, while winding down the DRCC.

## Major Accomplishments in 2012-13

The DRCC steering committee continued to meet regularly, up until January 2013, to help guide and support the work of the DRCC. They all expressed the desire to continue the steering committee, but suggested changing the title to a diabetes advisory network, as they felt the strength and collective voice of the group was very important as the DRCC was transitioning. Membership on the steering committee included representation from the whole region, including diabetes educators, managers, specialists, pharmacist, regional renal director, CCAC, health promotion, LHIN, and the CDA (App. 2).

### *Self-Management Support*

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In the spring of 2011, funding was received from the MOHLTC through the Ontario Diabetes Strategy to support the coordination of Self-management training and programs for both individuals with diabetes as well as health care providers. In 2012, the programming was expanded to include all chronic diseases. This funding and programming continues to be provided directly from the MOHTLC to Langs, so was not impacted by the DRCC transition.

The funding supports two components:

#### **1. Coordination of Programs for Individuals with Diabetes**

The "Take Charge" program was developed which included coordination of the Stanford *"Living Well with Chronic Disease"* programs. This program was previously being offered by a number of organizations in the region with each organization having individual licenses. Considerable work has

been done to coordinate all of the programs through a central registration, which is done through the web-site <http://www.wselfmanagement.ca/>

## **2. Coordination of Programs Health Care Providers**

The “Moving Towards Change” program was created with 3 workshops provided annually. This program is a tailored program for health care professionals to gain the skill-set required to empower behavioural change and to support patients to self-manage their chronic disease.

- Program includes:
  - 1 ½ day training by an expert psychologist , Dr. Michael Vallis, specialized in behavioural change and diabetes
  - 5 follow-up mentorship sessions in the clinic setting by a consultant psychologist, Dr. Shannon Currie, to help build and support confidence and knowledge

Another program is being developed with a "train the trainer" approach to have a greater reach and sustainability.

### *Delivery System Design*

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#### **Central Intake**

The centralized intake process for diabetes education referrals has been very successful to date with just under 4,000 referrals to date. The process offers a streamlined process for referrals to diabetes education programs including one referral form (or self-referral form) and one central number. The program ensures people are provided “the right care at the right place at the right time”. The program also provides monitoring of wait-times and maximization of resources as the referrals are triaged and distributed according to established criteria and defined roles of programs. In November 2012, the referral form and process were expanded to receive referrals to endocrinologists/diabetes specialists. This allows the referring primary care provider to only refer once, and it also improves communication to all providers in the "circle of care". Wait-times are monitored and reported back to the Diabetes Education Programs to support them in meeting the standards for wait times.

To date:

- 3,855 referrals
- 73 self-referrals
- 363 referral sources

A proposal was submitted to the LHIN and approved by the LHIN board January 31st, 2013, to maintain direct service components of the DRCC, including central intake, mentoring and web-site maintenance at Langs. This secured the resources to prevent any lapse in service.

### **Diabetes in Pregnancy**

Research on diabetes in pregnancy for the region demonstrated that there is no consistency in the management and care among programs and was identified as a concern from many of the diabetes specialists in the region. Data shows poor outcomes for women with diabetes in pregnancy in the region, such as large for gestational age birth-weights, and higher rates of C-sections.

An advisory panel (App. 3) of endocrinologists, obstetricians, midwives, family physicians, nurse practitioners diabetes educators and managers was developed to provide guidance to the DRCC on the development of a strategic plan and pathway for diabetes in pregnancy. A team including Trina Fitter RD from Groves Memorial Hospital and Amy Waugh RD from Upper Grand FHT, worked closely with the DRCC in developing the pathway and sharing their results from work they have completed in analyzing post-partum gestational diabetes care.

The development of a pathway was in progress, along with supporting documents, such as pre-printed orders for labour and delivery and a patient passport. Further meetings with the advisory panel and development of the pathway are on hold as a result of the transition of the DRCC. The group from Fergus continue to work collaboratively with CMH staff in developing physician orders.

### *Provider Decision Support*

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### **Mentoring Support**

With many newer educators in community programs, there was a limited amount of experience in complex diabetes management as they had the knowledge, but were limited with their skill or confidence, which is gained through experience. A mentoring program was piloted last year through an educational grant from NovoNordisk, and as a result of successful outcomes, funding was secured from the MOHLTC to sustain the program. An experienced certified diabetes educator (CDE), Wendy Graham, supports educators and health care providers in their own clinic setting, to gain the knowledge, skill and judgment required to provide effective complex diabetes management including insulin initiation and titration. 15 organizations and 56 staff have participated in the mentoring program. There are currently 83 Certified Diabetes Educators (CDE's) in the region. The successes and outcomes of the program were presented at a poster presentation at the national CDA conference in Vancouver in October 2012. This program is continuing with Langs, through funding from the LHIN.

## **Directory of Services**

A printed Directory of Services was developed in partnership with the CDA, and distributed to all physicians and diabetes education programs in the region. Hard copies are also available to the public or on our web-site.

## **Educational Events**

Several education events were held to support educators, with representation throughout the region.

An event, *"Getting to the Business Side of Your Diabetes Education Centre"*, was delivered with a focus on the importance of data collection, monitoring and quality improvement to deliver effective education and to meet the increasing volumes of referrals.

The provincial DRCCs partnered with the Seniors Health Knowledge Network (SHRTN) to deliver monthly Diabetes 101 webinar series to long term care providers in the province. Our DRCC provided the first session, and Corrine Malette-Wolter RN, CDE from Groves Memorial Hospital DEC, was the guest speaker for the session.

Our DRCC partnered with the CDA to provide an educational session to the public through the Ontario Telehealth Network (OTN). A session on Diabetes and Your Feet was delivered province wide.

## **Clinical Support**

A policy/procedure was developed to support patients keeping their insulin pump on during hospital admission. This is available on our web-site to all hospitals to take it through their professional practice committees to use in hospital.

## **Patient Handouts**

Three handouts were created and distributed to health care providers to support their teaching: Diabetes and Driving; Recommendations for management of diabetes during Ramadan; and South Asian waist measurement for at risk of diabetes.

## **Quarterly Newsletters**

Newsletters are developed and distributed every 3 months to health care providers in the region, keeping them informed of activities in the region, and clinical practice issues.

## **LTC Care**

Meetings have been held with LTC physicians and pharmacists to discuss opportunities for improved diabetes management in LTC homes, which may include standardized order sets, flow-charts etc. The methodology was developed and a chart audit tool, but this work was placed on hold as a result of the transition of the DRCC. Dr. Husein is continuing to work in collaboration the LTC physicians.

## **Foot Care Task Group**

A group of health care providers, (App. 4) including representation throughout the region of chiropodists, foot care nurses, diabetes educators, pharmacists and the CDA held several meetings identifying the current situation including processes and gaps. The group were working on developing standard approaches to assessments, with a focus on prevention. Further meetings and development of consistent processes are on hold as a result of the transition of the DRCC.

## **Documentation Task Group**

A task group (App.5) was established, including representation from every diabetes program in the region to develop consistent documentation and data collection. An assessment/visit form was developed in draft form. Several programs are piloting the form, but further meetings and evaluation are on hold as a result of the transition of the DRCC.

## *Information Systems*

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### **Web-site**

The Waterloo-Wellington Diabetes website, [www.waterloowellingtondiabetes.ca](http://www.waterloowellingtondiabetes.ca) continues to be managed by Langs. This site provides a resource to both individuals and families with diabetes as well as health care providers working with diabetes.

### **Diabetes Clinical Indicator Database (D-CID)**

The D-CID was developed by SWDRCC, and was introduced to WW programs at our educational event in April. The D-CID is a database specific to diabetes programs, which will capture clinical indicators for ongoing monitoring and evaluation of program effectiveness, as well as it will capture visits for quarterly reporting. 6 programs in our region have installed the program with further interest expressed.

## *Community Action*

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### **Networking Day**

A networking day, "*Creating meaningful partnerships for chronic disease prevention and management*", was held at the regional museum, with representation from a variety of organizations in the region with

a focus on networking and identifying opportunities for integration. 6 partnerships were established as a result of the event, with other potential opportunities identified.

### **Diabetes Expo**

A successful Diabetes Expo was provided in partnership with the CDA. This event was held in November, and had >300 people attend. Attendees were treated to an inspiring presentation from Dr. Shannon Currie, as well a cooking demonstration with Chef D and Cristina Fernandez, RD from Langs. A trade show was provided offering additional information to attendees.

### **Summary**

Extensive work has been done in streamlining diabetes care, supporting knowledge to health care providers, enhancing communication, integrating services, and enhancing quality of care in the Waterloo Wellington region. This work would not have been possible without the passion, commitment and dedication of our DRCC team (App. 1), the support of our host organization, Langs Farm Village Association, the guidance of our steering committee and the cooperation of our many diabetes educators and partners in the region. The participation and enthusiasm from all stakeholders with the desire for system improvement was instrumental in supporting the DRCC to achieve significant accomplishments.



## **Appendix 1: DRCC Team**

**Debbie Hollahan**, Regional Director

**Elena Oreschina**, Health Information Analyst

**Sarah Christilaw**, Coordinator Diabetes Best Practices and System Design

**Sarah Wellman**, Coordinator Outreach Services

**Wendy Graham**, Mentor and Best Practices Facilitator

**Kim Busato**, Administrative Assistant

**Dr. Nadira Husein**, Endocrinologist Consultant

**Dr. Rob Norrie**, Primary Care Lead

**Jo-Anne Costello**, NP, Primary Care Lead

**Kelly McCammon**, Patient Navigator, Central Intake

**Nicole Kells**, Administrative Assistant, Central Intake

**Jayne Giroux**, Self-Management Coordinator

**Tracey Dodds**, Administrative Assistant, Self-Management

## **Langs Executive Support:**

**Bill Davidson**, Executive Director, Langs

**Kate Calija**, Finance Coordinator, Langs

## Appendix 2: DRCC Steering Committee Members

### **DRCC:**

Debbie Hollahan (Chairperson, DRCC)

Kim Busato

### **CDA:**

Heidi Fraser

### **CCAC:**

Jim Dagleish

### **LHIN:**

Melissa Kwiatkowski

### **Regional Renal Program:**

Peter Varga (Regional Director)

### **Guelph:**

Joanne Costello (NP, Primary Care—GFHT, DRCC)

Sam Marzouk (Manager, Diabetes Care Guelph)

### **Centre/North Wellington:**

Dr. Peter Clarke (Endocrinologist)

Corinne Malette-Wolter (DNE, Groves DEC)

Dr. Rob Norrie (Primary Care, DRCC)

### **Kitchener:**

Heather Camrass—(Manager GRH DEC)

Dr. Nadira Husein (Endocrinologist, DRCC)

### **Waterloo:**

Lynda Kohler (Manager, Primary Care--WCHC)

### **Cambridge:**

Nisha Walibhai (Manager, Hospital DEC)

Anka Brozic (Kinesiologist, Coordinator Waterloo Community DEPs)

Andrea Main (Pharmacist, Grandview FHT)

**App. 3: Diabetes in Pregnancy Advisory Network**

**Debbie Hollahan** (Chairperson, DRCC), Regional Director, DRCC

**Dr. Nadira Husein** (Co-Chair), Endocrinologist Kitchener/Waterloo, DRCC

**Sarah Christilaw** (Co-Chair), Coordinator Diabetes Best Practices/System Design, DRCC

**Elena Oreschina**, Health Information Analyst, DRCC

**Wendy Graham**, Mentor, DRCC

**Katie Abbott**, Guelph Midwives

**Asil Al-Shaibani**, Dietitian, Grand River Hospital

**Anka Brozic**, Manager, Waterloo Region Community Diabetes Programs

**Dr. Peter Clarke**, Endocrinologist, Centre, East and North Wellington

**JoAnne Costello**, NP, Guelph FHT, DRCC

**Kim Crawford**, NP, Guelph General Hospital

**Cara Croll**, Dietitian, Louise Marshal/Palmerston Diabetes Education Centre

**Jennifer DeGrandis-Graham**, Dietitian, Palmerston Diabetes Education Centre

**Nadine Duhill-Enns**

**Sharon Fernandez**, Diabetes Nurse Educator, Guelph General Hospital Diabetes Education Centre

**Trina Fitter**, Dietitian, Groves Memorial Hospital Diabetes Education Centre

**Adriana Fontaine**, Guelph Midwives

**Jill Gail**, Grand River Hospital

**Kelly Galbraith**, Diabetes Nurse Educator, Grand River Hospital

**Nicole Hallett**

**Madlin Hopiavuori**, Dietitian, Guelph General Hospital Diabetes Education Centre

**Brittany Koster**, North Wellington Health Care

**Dr. Joanne Liutkus**, Diabetes Specialist/Internal Medicine, Cambridge

**Corinne Malette-Wolter** Diabetes Nurse Educator, Groves Memorial Hospital Diabetes Education Centre

**Diana McDougall**, Diabetes Nurse Educator, Grand River Hospital Diabetes Education Centre

**Sadia Mian**, Dietitian, Cambridge Memorial Hospital Diabetes Education Centre

**Dr. Cam Purdon**, Endocrinologist, Guelph

**Dr. Rob Norrie**, Primary Care Physician, DRCC, Upper Grand FHT, Fergus, Elora

**Lori Papadopoulos**, Dietitian, Cambridge Memorial Hospital Diabetes Education Centre

**Dr. Luciana Parlea**, Endocrinologist, Kitchener/Waterloo

**Dr. Dan Reilly**, Obstetrician/Gynecologist, Fergus

**Mitra Sadeghipour**, Family Midwifery Care of Guelph

Karen Sonnenberg, Diabetes Nurse Educator, Cambridge Memorial Hospital Diabetes Education Centre

**Nicole Tarr**

**Nisha Walibhai**, Manager Cambridge Memorial Hospital Diabetes Education Centre

**Amy Waugh**, Dietitian, Upper Grand FHT, Fergus, Elora

**App. 4: Foot Care Task Group**

**Sarah Christilaw**, (Chairperson, DRCC)

**Elena Oreschina**, (DRCC)

**Agata Sikora**, KDCHC

**Catherine McGratton**, Groves Memorial Hospital

**Christine Paquin**, Grandview FHT

**Elleni Belehov**, Zehrs Pharmacy

**Heidi Fraser**, Canadian Diabetes Association

**Kelly Buchanan**, Two Rivers FHT

**Jackie Smith**, Two Rivers FHT

**Johanne Fortier**, Riepert Pharmacy

**Julie Goodwin**, Guelph FHT

**Krista Steinman**, Woolwich CHC

**Lori Strauss**, CCAC

**Sandra Campbell**, Revera Home Health

**Marc Richard**, Drugstore Pharmacy

**Margie Zinmo**, Guelph FHT

**Marie Visaya**, Grand River Hospital

**Vicki Albrecht**, Grand River Hospital

**Rhonda Yetman**, Langs CHC

**Candace Duguay**, Guelph FHT

**App. 5: Documentation Task Group**

**Sarah Christilaw**, (Chairperson, DRCC)

**Gwen Laughton**, Diabetes Care Guelph

**Alicia Atkinson**, Diabetes Care Guelph

**Connie Tanner**, Langs Diabetes Education Program

**Diana McDougall**, Grand River Hospital Diabetes Education Centre

**Heather Sutcliffe**, East Wellington Diabetes Education Program

**Jackie Smith**, Two Rivers Diabetes Education Program

**Jocelyn Lillie**, North Wellington Diabetes Education Centre

**Karen Sonnenberg**, Cambridge Memorial Hospital Diabetes Education Centre

**Lynda Kohler**, Woolwich Community Health Centre

**Nancy Raymond**, Kitchener Downtown Diabetes Education Program

**Pat White**, East Wellington Diabetes Education Program

**Rob Young**, Centre and North Wellington Diabetes Education Centres