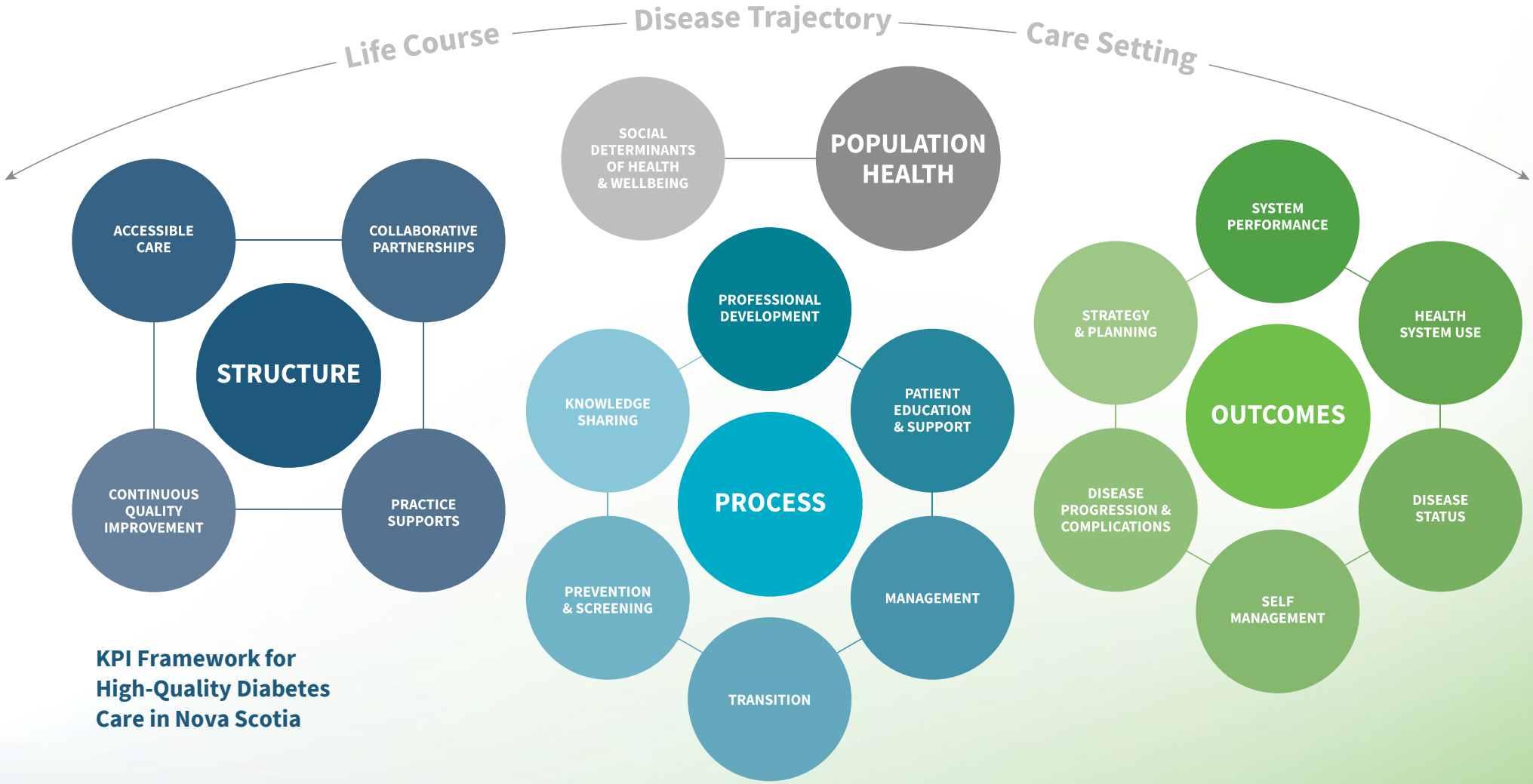
Optimizing Diabetes Care for Nova Scotians



KPI Framework for High-Quality Diabetes Care in Nova Scotia

	DIMENSION	INDICATOR
POPULATION HEALTH	Social Determinants of Health & Wellbeing	• Premature mortality rate for Nova Scotians with type 1 & type 2 diabetes
STRUCTURE	Accessible Care	• Attached Diabetes Centre (DC) Clients • DC staffing full time equivalents (FTEs) per population
	Practice Supports	• Up-to-date practice and patient resources (Policy, Guidelines, CD) embedded in NSH & IWK operations
	Collaborative Partnerships	• Frequency of input (written, meetings) by patient family advisors (PFAs) supporting DCPNS (Type 1, Type 2, Youth, Indigenous, African NS)
	Continuous Quality Improvement	• Provider Satisfaction: DC staff with high, neutral, low job satisfaction

PROCESS

DIMENSION	INDICATOR
Professional Development	• DC staff working to full scope (CDE; Insulin Dose Adjustment Certification (Adult, Peds, Pregnancy, Pumps), NSIPP Sites)
Prevention and Screening	• Nova Scotians aged 40 and over who were screened for type 2 diabetes • Pregnant Nova Scotians screened for gestational diabetes
Patient Education & Support	• Satisfaction scores for people who viewed the on-line Diabetes Modules
Management	• DC clients with documented preventative assessments according to Diabetes Canada guidelines for the following: exercise vital sign, A1C, blood pressure, lipids, renal function, foot exam, dilated eye exam, electrocardiogram
Transitions	• DC clients with moderate to high-risk foot who were referred to foot specialist • DC youth clients who successfully landed in adult DC
Knowledge Sharing	• Total CME Credits available through DCPNS led education

OUTCOMES

DIMENSION	INDICATOR
System Performance	• DC encounters per DC team FTE (by in person or virtual, type, client) • Median time from referral to first DC visit compared to triage benchmark (Urgent, Semi-Urgent)
Health System Use	• Nova Scotians with diabetes seen in-person or virtually by a DC • All cause hospitalization among Nova Scotian adults (≥20yr) with and without diabetes • Hospitalization for diabetic ketoacidosis (DKA) among Nova Scotians with type 1 diabetes (all ages)
Disease Status	• Nova Scotians with newly diagnosed diabetes (incidence by age and type) • Nova Scotians with newly diagnosed type 1 diabetes who had DKA at onset
Self-Management	• DC clients whose A1C improved, stayed the same, or worsened within 12m of referral to a DC (excluding newly diagnosed)
Disease Progression & Complications	• DC clients with low-, moderate-, or high-risk foot • DC clients at target for the following: exercise vital sign, A1C, blood pressure, lipids, & renal function • Nova Scotians with diabetes who had DKA, hyperosmolar hyperglycemic syndrome (HHS), or diabetic foot
Comorbidities	• Nova Scotian adults (≥20yr) with and without diabetes who had any of the following health outcomes: hypertension, AMI, stroke, renal disease, lower extremity amputation, all-cause mortality