

Toronto Diabetes Care Connect

Supporting access to and delivery of quality diabetes care in the TC LHIN

Highlighting Key Achievements Over the Last 5 Years

April 1, 2013 to March 31, 2018







Common Acronyms Used

CHC	Community Health Centre
DEC	Diabetes Education Centre (hospital-based)
DEP	Diabetes Education Program (community-based)
DPP	Diabetes Prevention Program
FHT	Family Health Team
SMP	Self-Management Program
SRCHC	South Riverdale Community Health Centre
TC LHIN	Toronto Central Local Health Integration Network
TCRS	Toronto Central Referral Service (a service of TDCC)
TDCC	Toronto Diabetes Care Connect (a program hosted by South Riverdale CHC)

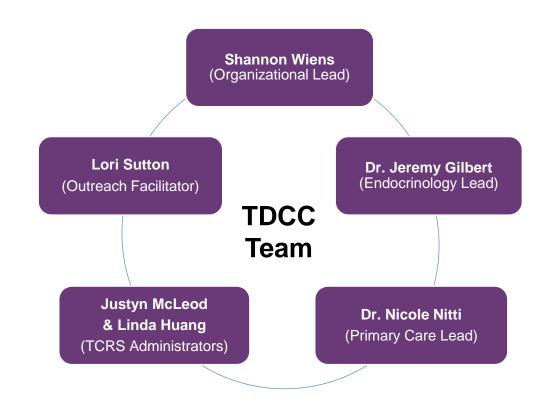






Toronto Diabetes Care Connect

A regional program, hosted by South Riverdale CHC, created in 2013 to support the coordination of high quality diabetes care within the TC LHIN



April 2013 to July 2016 additional team members included Margery Konan (LHIN Lead) and Natalie Sava (Data Support)









TDCC Rebranding

Toronto Central **LHIN Diabetes Program**



- The program was renamed in 2017, as part of a collaborative rebranding process designed to better align the program's branding with its vision, desired outcomes and strategies
- The rebranding process was supported by all diabetes-related programs in the region and other key stakeholders including the TC LHIN (program funder)
- TDCC colours were carefully chosen to align with a number of organizations
 - Light Blue International Diabetes Federation colour (World Diabetes Day Blue)
 - Dark Blue South Riverdale CHC colour
 - Greyish Green & Purple TC LHIN colour







TDCC Vision

Equitable access to and delivery of coordinated, high quality diabetes-related care within the Toronto Central LHIN

Desired Outcomes

Increased collaboration across programs
Increased system capacity to deliver high quality care
Improved access to high quality care







TDCC Strategies

Strategy #1	Facilitate the coming together of stakeholders to support meaningful discussions and strategic regional (and sub-regional) planning					
Strategy #2	Support delivery of quality care through the development of frameworks, tools, and initiatives					
Strategy #3	Support collaborative outreach through the development of frameworks, tools and initiatives					
Strategy #4	Support connections among stakeholders					
Strategy #5	Operate the Toronto Central Referral Service with a quality improvement lens					
Strategy #6	Operate the Toronto Diabetes Care Connect website with a quality improvement lens					
Strategy #7	Offer the New Hires Program to healthcare providers new to working in diabetes					
Strategy #8	Offer endocrinology-led case-based discussions to healthcare providers within the primary care setting					







Facilitate the coming together of stakeholders to support meaningful discussions and strategic regional (and sub-regional) planning









Strategy #1 - Steering Committee Creation



The Regional Diabetes Steering Committee was created in 2017/18 to:

- Support coordinated planning, implementation and integration of activities to advance diabetes-related care in the TC LHIN Region by:
 - Informing the TC LHIN's diabetes-related planning
 - Directing programs regarding their regional and sub-regional diabetes planning and service delivery approaches

A membership selection process was designed to ensure a variety of perspectives are represented on the committee

 Current members include representatives from most programs, organizations, and/or sectors involved in diabetes-related care within the TC LHIN

The first meeting is scheduled for May 4, 2018

Membership and terms of reference will be finalized in 2018/19







Strategy #1: Other Key Stakeholder Groups

Current stakeholder groups facilitated by TDCC include:

- 1. Community DPP Leaders Group (since 2017/18)
- 2. Hospital DEC Leaders Group (since 2014/15)
- 3. Community DEP Leaders Group (since 2013/14)
- 4. Standards Recognition Support Group (since 2013/14)

Previous stakeholder groups facilitated by TDCC include:

- 1. Outreach Collaboration Group (2014/15 to 2016/17)
- 2. Documentation and Reporting Work Group (2013/14 to 2016/17)
- 3. Insulin Standards Work Group (2013/14 to 2017/18)

TDCC has also supported information sharing and regional collaboration through the creation of a cross-program regional DEP/DEC work plan for 2017/18 and shared folders in Google Drive in 2015/16.







Support delivery of quality care through the development of frameworks, tools, and initiatives

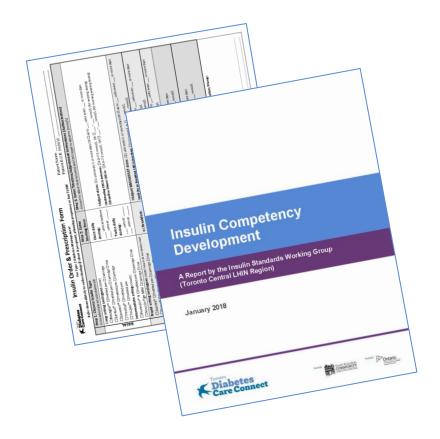








Strategy #2: Insulin Work



Collaborative work from 2013 - 2017 involving:

- The Insulin Standards Work Group comprised of representatives from:
 - Mount Sinai Hospital/Sinai Health Systems, LAMP CHC, Parkdale Queen West CHC, South Riverdale CHC, St. Michael's Hospital, Sunnybrook Academic FHT, Toronto General Hospital/University Health Network, and Unison Health & Community Services
 - Consultations occurred with endocrinology, pharmacy, primary care, and regulatory colleges for both nursing and dietetics

Key outcomes include:

- 1. TDCC Insulin Order & Prescription Form
- 2. Insulin Competency Development Report
 - Current state analysis & recommendations for both diabetes education programs/centres and the regional, provincial and/or national organizations that support them

Both the order and report can be downloaded from TDCC's website







Strategy #2: Other Key Initiatives

2017/18 Ongoing:

Participated in Value in Healthcare Type 2
 Diabetes Ontario Pilot Work Group (3-5 year pilot in 4 LHINs)

2015/16:

- Supported knowledge translation of diabetes guidelines and diabetes pilot development within Toronto Central Communities Care Access Centre
- Supported the Virtual Care for Diabetes Pilot (South Riverdale CHC)
- 3. Supported the Diabetes Networks Project (South Riverdale CHC)
- 4. Supported the West Toronto Diabetes Quality Improvement Project (Unison Health & Community Services)

2014/15:

- 1. Supported the development of a kinesiology pilot proposal (Unison Health & Community Services)
- Developed and offered IPC workshops in partnership with Diabetes Canada
- 3. Supported successful implementation of on-site DEP service support within Albany Medical Clinic (as part of the IDEAS Program cohort 1)

2013/14 Ongoing:

 Supported DEPs to achieve Diabetes Canada's Standard Recognition (As of March 31, 2017, 7 DEPs within the TC LHIN have achieved recognition)

2013/14:

1. Supported diabetes documentation within CHCs







Support collaborative outreach through the development of frameworks, tools & initiatives









Strategy #3: Regional Outreach Materials

A truly collaborative effort to raise awareness



Posters, flyers & banners were collaboratively developed in 2015/16 with the following stakeholders:

- 20 diabetes-related programs* that both identified the need for and supported the work
- 7 additional organizations and 20 community members involved in the West Toronto Diabetes Quality Improvement Project who provided feedback
- SRCHC plain language group, SRCHC non-clinical staff and the TC LHIN who provided feedback

Translated into:

- French, Portuguese, Somali, and Spanish
- Future translations planned for Bengali, Chinese, Tagalog, Tamil, and Urdu

Distributed by:

 TDCC, Toronto Public Health, Choose Health Self-Management Program, and a number of other diabetes-related programs across the region

*Anishnawbe Health Toronto (DEP & DPP), Anne Johnston Health Station (Mid-Toronto DEP), Bridgepoint FHT (DEP), Centre francophone de Toronto CHC (DEP), Flemingdon Health Centre (Don Mills DEP & South Asian DPP), Indigenous Health Circle, LAMP CHC (West Toronto DEP), Parkdale Queen West CHC (Parkdale & Queen West DEPs), Regent Park CHC (DEP), South Riverdale CHC (Choose Health Self-Management Program, DECNET, & Diabetes Eye Screening Program - Teleophthalmology), Taddle Creek FHT (DEP), Toronto Public Health, Unison Health & Community Services (DEP & DPP), Women's Health in Women's Hands CHC (DEP)







Strategy #3: World Diabetes Day Events



November 2017 Event at Yonge Dundas Square

- Led by LAMP CHC (West Toronto DEP) & South Riverdale CHC (DECNET)
 - 13 programs* collaborated to coordinate the event
 - An additional 20 programs provided support at the event
 - 535 people attended the event
 - 83% (114/134) indicated that they had learned something new
 - TDCC website visits increased by 60% the week following the event
 - Social Media Presence included Twitter (54 followers), Facebook (30 likes), and Instagram (194 followers)
- Led to the creation of a guide by TDCC and other key stakeholders that aims to support future collaborative public outreach (to be finalized and shared broadly in 2018/19)

November 2016 Event at Union Station

- Led by LAMP CHC (West Toronto DEP) involving the collaboration of 13 other programs
 - Demonstrated the value of collaborative public outreach and identified areas for improvement in the coordination of this type of event

*Anne Johnston Health Station (Mid-Toronto DEP), Anishnawbe Health Toronto (DEP & DPP), Bridgepoint FHT (DEP), Diabetes Canada, LAMP CHC (West Toronto DEP), Parkdale Queen West CHC (Queen West Site DEP), South Riverdale CHC (Choose Health Self-Management Program, DECNÉT, Teleophthalmology Program, and Toronto Diabetes Care Connect), Taddle Creek FHT (DEP), Unison Health and Community Services (DPP), and Centre Francophone de Toronto (DEP)







Strategy #3 - TTC On-Bus Advertising



Supported increased awareness of and access to diabetesrelated supports in the northwest part of the TC LHIN

- 6 week campaign ran from March 17, 2017 to May 14, 2017
- On all bus lines out of the Queensway and Arrow Road Garages
- Built upon the work of the West Toronto Diabetes Quality Improvement Project, a project of Unison Health & Community Services (2015/16)

Impact on TCRS referrals (Q1 2017/18 versus Q1 2016/17)

- Two times more TCRS referrals to North Sub-Region (86 from 40)*
- Three times more TCRS referrals to West Sub-Regions (68 from 20)*

*This increase may be due in part to other outreach initiatives outlined on slide 23 and/or other undocumented outreach efforts by other programs in the TC LHIN.







Strategy #3 - Other Key Initiatives

2017/18:

 Supported LAMP CHC/West Toronto DEP in their development of a physician engagement letter to include broad, regional messaging

2015/16 to 2016/17:

1. Supported West Toronto Diabetes Quality Improvement Project (2015/16 - 2016/17), a project of Unison Health and Community Services, that aimed to increase access to diabetes-related supports in northwest Toronto

2014/15 to 2017/18:

1. Promoted delivery of team-based, high quality diabetes care at 19 healthcare provider conferences/events which were attended by over 10,000 healthcare providers

2014/15:

1. Completed a mail-out to all TC LHIN physicians promoting TCRS and its associated programs







Support connections among stakeholders









Strategy #4 - Key Connections Made

TDCC is currently represented on the following groups to provide a broad regional perspective and help align and connect diabetes-related work across the TC LHIN:

- Adapt M Advisory Group (2017/18 present)
- Interprofessional Care Access Working Group (TC LHIN) (2016/17 present)
- Banting & Best Diabetes Centre (BBDC) Quality Education and Safety (QUEST) Committee (2015/16 present)

TDCC has connected the following stakeholder groups to diabetes-related programs in order to support their exploration of potential partnerships to improve access to diabetes support:

- Community pharmacies
- Primary care physicians
- Supportive housing organizations
- Workplace wellness programs

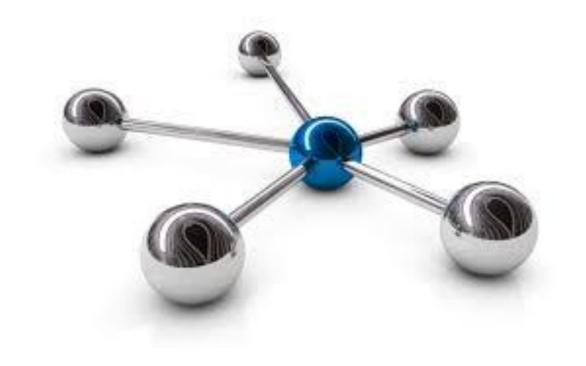
TDCC has also supported the TC LHIN Physiotherapy Network in their coordinated approach to diabetes care (2015/16) and Ryerson University in some of their diabetes-related research (2013/14 – 2015/16).







Operate the
Toronto Central
Referral Service
with a quality
improvement lens









Strategy #5 - TCRS History

2015/16:

- 1. TCRS underwent a formal evaluation which included:
 - Examination of the service between April 1 2013 to March 31, 2015
 - Collection of feedback from 141 individuals (12 people who referred themselves; 20 people who were referred by a third-party; and 109 healthcare providers (including 42 physicians)
 - Identification of a number of areas for improvement
- TDCC created a two-year quality improvement plan for TCRS based on both the evaluation results and other feedback

2014/15:

- TCRS expanded to support referrals to Choose Health SMP, Diabetes Eye Screening Program Teleophthalmology, and DPPs in addition to DEPs
- 2. An on-line referral process was development to support easier referral by all key stakeholders groups including people with or at risk of diabetes and Eat Right Ontario

2013/15:

- TCRS, originally created by Toronto Central Diabetes Regional Coordination Centre (RCC) became a service of the newly created TDCC
- 2. A quality improvement approach to service management was implemented







Strategy #5 - TCRS Improvements



Over the last two years, informed by the quality improvement plan, TDCC has made the following improvements to the TCRS:

1. Documented current TCRS processes and implemented the following:

- Applied LEAN principles to identify and minimize areas of waste
- Addressed areas of unnecessary variation
- Improved connections to DEP in other LHINS
- Examined and revised the process for program selection to ensure the needs of the individuals being connected are met
- Examined and improved communication tools

2. Revised the TCRS referral form to:

- Allow referrals to DEPs, Diabetes Eye Screening Program Teleophthalmology, DPPs and/or SMP on one form
- Ensure clear and simple messaging
- Include only information that is required for TCRS processing or program triaging
- Ensure the needs of the person being referred could be clearly specified
- Provide a PDF fillable form that could be uploaded into electronic health records

3. Integrated the TCRS into programs/organizations supporting access to care:

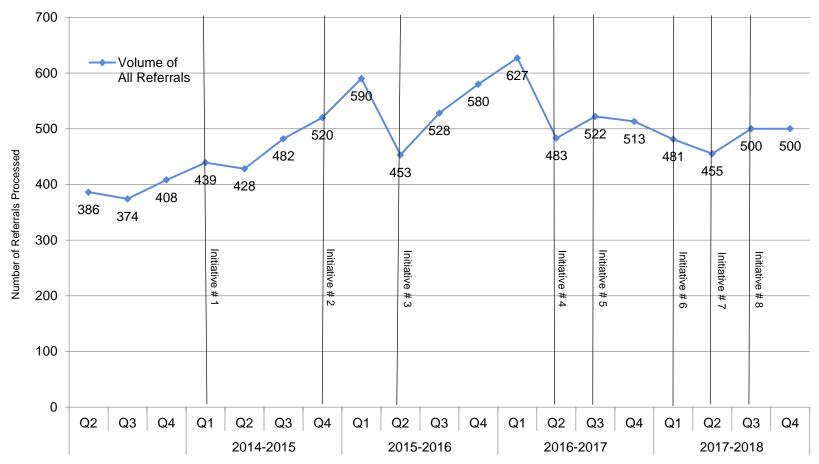
- SPiN (Solo Physician in Need 2017/18 to present)
- Eat Right Ontario (2014/15 to 2017/18)







Strategy #5 - TCRS Utilization



Initiatives to increase awareness and connection:

- TCRS Mail-out to all MDs/NPs in the TC LHIN (April 2014)
- Eat Right Ontario (ERO) began using TCRS to facilitate self-referrals to Diabetes Education Programs across Ontario (Jan 2015)
- TCRS Evaluation (Summer 2015)
- West Toronto Diabetes QI Project, a project of Unison Health & Community Services that used a broad regional approach (Summer 2016)
- Collaborative regional outreach at CDA Expo & World Diabetes Day Event at Union Station (Fall 2016)
- 6. TTC on-bus campaign in the north-west part of the region (Spring 2017)
- TDCC website redesign (Fall 2017)
- 8. World Diabetes Day Event at Yonge-Dundas Square (Fall 2017)

A detailed report can be downloaded from TDCC website

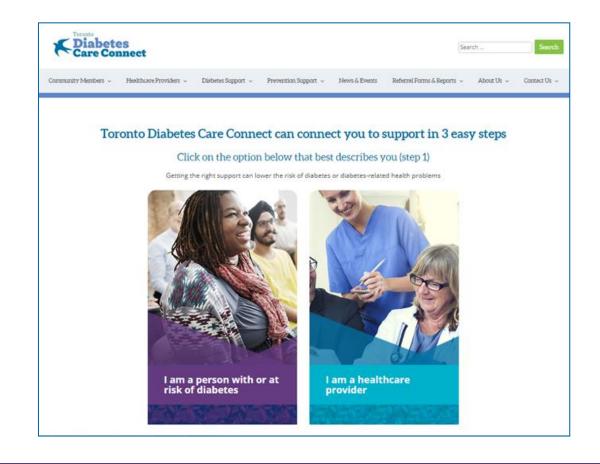








Operate the
Toronto Diabetes
Care Connect
website
with a quality
improvement lens









Strategy #6 - Website History

Between 2014/15 to 2016/17 the following changes were made to improve the original website:

- 1. Web pages were added to provide information about and support connection to:
 - Diabetes Education Programs (DEPs)
 - Diabetes Prevention Programs (DPPs)
 - Choose Health Self-Management Programs
 - Diabetes Eye Screening Program Teleophthalmology
- Online DEP and DPP referral forms were imbedded
- The home page was modified to add links to other diabetes related supports and to TCRS utilization reports

2013/14:

- TDCC assumed the operation of this website, which was originally created by Toronto Central Diabetes Regional Coordination Centre (RCC)
- A quality improvement approach to website management was implemented







Strategy #6 - 2017/18 Website Redesign

A new website was designed and launched on Sept 21, 2017 to support awareness of and connection to all supports available within the TC LHIN for all key stakeholders, including those with or at risk of diabetes.

Redesign Process:

- TDCC started the redesign process in September 2016 with the support of the following stakeholder groups:
 - People living with or at risk of diabetes
 - Choose Health Self-Management Program (SRCHC)
 - Diabetes Education Programs and Centres*
 - Diabetes Eye Screening Program -Teleophthalmology (SRCHC)
 - Diabetes Prevention Programs*

- Eat Right Ontario
- Indigenous Health Circle
- Other community healthcare providers
- Primary and specialty care providers
- Plain Language Group (SRCHC)
- Toronto Public Health

*Anne Johnston Health Station (Mid-Toronto DEP), Bridgepoint FHT (DEP), Centre francophone de Toronto CHC (DEP), Flemingdon Health Centre (Don Mills DEP & South Asian DPP), LAMP CHC (West Toronto DEP), Michael Garron Hospital - Toronto East Health Network, Parkdale Queen West CHC (Parkdale & Queen West DEPs), Regent Park CHC (DEP), South Riverdale CHC (DECNET), Taddle Creek FHT (DEP), Unison Health & Community Services (DEP & DPP), Women's Health in Women's Hands CHC (DEP)







Strategy #6 - New Website Features

Improved navigation and messaging for all users:

- Separate navigation pathways for community members
 & healthcare providers
- Simple clear messaging

Information to support:

- Those living with or at risk of all types of diabetes
- Connection to all available supports
- Connection to a specific program(s) of choice

Improved on-line integration of the TCRS to support:

- Easier referral to TCRS supported programs
- Specific program selection

Fully incorporated new TDCC brand

Inclusion of healthcare provider supports including:

- Endocrinology referral information
- Insulin support information and tools
- On-line order form for TDCC regional materials
- Links to client handouts and materials
- Information regarding professional development and quality improvement

Improved access to TDCC-related reports including:

- TCRS Utilization Reports
- Insulin Competency Development Report

AODA compliant

Future areas of focus will include: improved mobile compatibility; translation into French (and possibly other languages); and integrated file sharing to support strategy #1.







Offer the
New Hires Program
to healthcare
providers new to
working in diabetes









Strategy #7 - Program History

In 2013/14, TDCC (in partnership with Mount Sinai Hospital/Sinai Health Systems and Sunnybrook Academic Family Health Team) assumed the responsibly of planning and organizing this program, which was originally created for new diabetes educators by the Toronto Central Diabetes Regional Coordination Centre (RCC).

This program has since been offered twice a year with the support of additional partners including Choose Health Self-Management Program (hosted by South Riverdale CHC) and other community-based and hospital-based diabetes-related programs.

Sessions are facilitated by experienced healthcare providers working in a number of local diabetesrelated programs/organizations.







Strategy #7 - Program Improvements

2017/18:

1. Program competencies and session objectives were revised to align with new 2017 Canadian Diabetes Educator Certification Board (CDECB) competencies

2015/16:

- Overall program was revised to:
 - Align with 2015 CDECB competencies
 - Improve program infrastructure, content, and evaluation
 - Expand program eligibility to include any regulated healthcare professionals supporting people living with or at risk of type 2 diabetes

2013/14:

- 1. Choices & Changes Program was integrated into the program, through partnership with Choose Health Self-Management Program (hosted by SRCHC)
- 2. Program content was revised to align with Diabetes Canada's 2013 Clinical Practice Guidelines

Ongoing evaluation and reflection (by program organizers) supports a continuous quality improvement approach







Strategy #7 - Program Purpose

To increase diabetes-related competencies among regulated healthcare professionals, who are new to providing care to individuals with type 2 diabetes

The desired program outcome is an increase in participant's diabetes-related knowledge, skills and confidence.







Strategy #7 - Competency Development

New Hires Program Evaluations	2013/14	2014/15	2015/16	2016/17	2017/18
Number of HCPs supported	24	23	11*	23	22
Percent reporting increased knowledge	n/a	n/a	100%	100%	100%
Percent reporting increased skills	n/a	n/a	100%	100%	100%
Percent reporting increased confidence	n/a	n/a	100%	100%	96%

The evaluation was revised in 2015/16 to include these outcome measures

^{*}Program was only offered once during the fiscal year due to a change in program timing from March to May







Strategy #7 - Impact on Practice









Offer endocrinology-led case-based discussions to healthcare providers within the primary care setting









Strategy #8 - Session History

TDCC originally offered topic-based, didactic endocrinology sessions in 2013/14 to increase the diabetes-related knowledge of community-based healthcare providers.

In 2014/15, through evaluations and key stakeholder interviews, it was discovered that there was an unmet need for community-based healthcare providers to informally connect with and benefit from the expertise of an endocrinologist.

In response, TDCC chose to offer case-based discussions approximately 6 times a year to primary care teams and the diabetes educators they work with.

Sessions are facilitated by the TDCC Endocrinology Lead and Outreach Facilitator who lead group discussion focused on the real-life cases and questions submitted by attendees.

Ongoing evaluation and reflection supports a continuous quality improvement approach







Strategy #8 - Session Purpose & Outcomes

To increase diabetes-related competencies among community-based healthcare providers

The desired session outcome is an increase in participant's diabetes-related knowledge, skills and confidence.







Strategy #8 - Competency Development

Case-Based Discussion Evaluations	2014/15	2015/16	2016/17	2017/18
Number of HCPs supported	226	171	122	168
Percent reporting increased knowledge	n/a*	n/a*	n/a*	100%
Percent reporting increased skills	n/a*	n/a*	n/a*	95%
Percent reporting increased confidence	n/a*	n/a*	n/a*	94%

^{*}The evaluation was revised in 2017/18 to align with the New Hires Program by including the above outcome measures







Strategy #8 - Impact on Practice



From 2015/16, 2016/17 & 2017/18 Evaluations







What to Expect in 2018/19 & Beyond

Toronto Diabetes Care Connect will continue to:

- 1. Review TDCC's vision, desired outcomes, and strategies, making adjustments as required on an annual basis
- 2. Use a quality improvement lens to ensure TDCC is efficiently achieving desired outcomes;
- 3. Support a collaborative, cross-program approach to accessible, coordinated, high-quality diabetes-related care;
- 4. Support the development and testing of a value-based approach to diabetes-related health care; and
- 5. Strengthen partnerships with key stakeholders with the TC LHIN.

For more information about TDCC please contact:

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