

“One-Stop Shop” Charting Approach to Inter-Disciplinary Diabetes Management using Standardized Template Embedded with Advanced Features

Carefirst Family Health Team



Presenters:

Denis Tsang, Dietitian/Data Analyst

Ivan Ho, Data Analyst

Faculty/Presenter Disclosure

- **Speakers: Denis Tsang, Ivan Ho**
- **No Relationships with Commercial Interests**
- **No Commercial Support**
- **No Conflict of Interest**

Background

- Commitment to develop an integrated and seamless communication platform for its family doctors, allied health professionals and medical specialists.
- Needs assessment initiated and gaps identified by inter-disciplinary clinicians, IT specialist and QIDSS
- 2 PDSA cycles were implemented to improve the clinic workflow and optimize the utilization of EMR data

Findings from Needs Assessment

- Use of multiple charting templates for DM management by different disciplines (text-based, custom form, EA)
- Reduced efficiency and effectiveness in clinical information exchange
- Suboptimal data quality in outcome measurement
- Universal charting template to be developed for inter-disciplinary team-based DM management (MD, RN, RD, RPh)

Action Plan

- Standardized custom form embedded with advanced features:
 - guide clinical workflow
 - facilitate clinical data transfer
 - capture outcome data
- Pilot run with a small group of MD, RD and RN for 4 weeks
- Clinic-wide adoption in April 2017

EMR at Carefirst FHT

PS Suite[®] EMR



PS Suite[®] EMR and TELUS Health[®] are registered trademarks of TELUS Corporation.

Clinical Charting/Data Capturing

Family Doctor RD/RN/RPH

Patient Name: DOB: Previous Visit Date:

VITALS

BP: (L) (R) Ht: never cm Wt: lbs kg BMI: IBW: lbs WC:
 Prev: Prev: lbs kg Prev: Prev:

BLOOD WORK (Current / Previous) Latest Date:

[Show DM Flowsheet](#)

[Insert Lab Req](#)

FBS: <input type="text"/>	RBS: <input type="text"/>	FBS: <input type="text"/>	RBS: <input type="text"/>	<input type="checkbox"/> Targets for glycemic control, lipid profile and renal function discussed
HbA1C: <input type="text"/>	HDL: <input type="text"/>	HbA1C: <input type="text"/>	HDL: <input type="text"/>	
OGTT: <input type="text"/>	CHOL/HDL: <input type="text"/>	OGTT: <input type="text"/>	CHOL/HDL: <input type="text"/>	<input type="checkbox"/> A1c Testing (q3-6m)
eGFR: <input type="text"/>	LDL: <input type="text"/>	eGFR: <input type="text"/>	LDL: <input type="text"/>	<input type="checkbox"/> Individualized A1c Target <=7%
ACR: <input type="text"/>	TG: <input type="text"/>	ACR: <input type="text"/>	TG: <input type="text"/>	<input type="checkbox"/> Individualized A1c Target = 7.1-8.5%

Comments:

BLOOD SUGAR MONITORING

[Print SMBG log - Chinese](#)

[Print SMBG log - English](#)

SMBG No SMBG Glucometer teaching provided

CLINICAL ASSESSMENT / SCREENING

Hypoglycemia Episode: Yes No Latest Date: Proper Treatment Improper Treatment
 ER Visit: Yes No Latest Date: Related to DM
 Hospitalization: Yes No Latest Date: Related to DM
 Retinopathy Screening (q1-2y): Yes No Latest Date: Signs of Retinopathy No Retinopathy
 Neuropathy Screening (q1y): Yes No Latest Date: Normal Sensation Decreased Sensation N/A
 PHQ Screening (q1y): [4-En 4-Ch](#) Yes No Latest Date: Score: Refer to SW N/A
 Immunization: Flu shot (q1y): Yes No Latest Date: Pneumococcal: Yes No Latest Date:
[9-En 9-Ch](#) [Prescribe Prevnar 13](#) [Perform Treatment Prevnar 13](#) [Perform Treatment Pneumovax 23](#)

Comments:

MEDICATION REVIEW

Pharmacy Name/Phone#:

MedsCheck Recommended

AHA:
 ACEI/ARB:
 Statin:
 Others:

Comments:

LIFESTYLE / MOTIVATION COUNSELLING

[ODB Formulary Search](#)

Physical Activity:
 Smoking: Yes No ETOH: Yes No

CLINICAL NOTES

F/U TIME FRAME: Mo

PHYSICIAN: Eugene Kwong

Trillium Bill K030 Insulin Syringes for Seniors Bill Q040



Clinical Charting/Data Capturing

Aug 31, 2017

DM Diabetes Management Form (Apr 2017)

DET

Carefirst Family Health Team Diabetes Educational Program - Follow up

Aug 31, 2017

Family Doctor

RD/RN/RPh

Two Categories of Custom Form User:

- 1) Family Physician
- 2) Inter-Disciplinary Healthcare Professional (IHP)

Carefirst Family Health Team Diabetes Educational Program - Follow up **Aug 31, 2017**

Family Doctor RD/RN

Patient Name: DOB: Previous Visit Date:

VITALS

BP: (L) (R) Ht: cm Wt: lbs kg BMI: IBW: lbs WC: "
Prev: Prev: lbs kg Prev: Prev: "

BLOOD WORK (Current / Previous) Latest Date: [Show DM Flowsheet](#) [Insert Lab Req](#)

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eGFR: <input type="text"/>	LDL: <input type="text"/>	eGFR: <input type="text"/>	LDL: <input type="text"/>	<input type="checkbox"/> Individualized A1c Target = 7.1-8.5%
ACR: <input type="text"/>	TG: <input type="text"/>	ACR: <input type="text"/>	TG: <input type="text"/>	

Comments:

Features Embedded:

- Graphs for Select Vitals and Lab Parameters

Carefirst Family Health Team Diabetes Educational Program - Follow up Aug 31, 2017

Family Doctor RD/RN

Patient Name: DOB: Previous Visit Date:

VITALS

BP: (L) (R) Ht: cm Wt: lbs kg BMI: IBW: lbs WC: "
Prev: Prev: lbs kg Prev: Prev: "

BLOOD WORK (Current / Previous) Latest Date: [Show DM Flowsheet](#) [Insert Lab Req](#)

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ACR: <input type="text"/>	TG: <input type="text"/>	ACR: <input type="text"/>	TG: <input type="text"/>	

Comments:

Features Embedded:

- Diabetes-Specific Flowsheet

Flowsheet for Bye Test

Diabetes Education Program (DEP)

	Latest Value	Last Done	Jan 30 2017	Jan 31 2017
CPP Prob ICD-9...is empty			[250, 263.0]	[250, 263.0]
Systolic/Diastolic BP (BP)...is...				
Hb A1C	0.075	Jan 30	0.075	
CHOL	5.2 MMOL/L	Jan 30	5.2 MMOL/L	
LDL	2.31 MMOL/L	Jan 30	2.31 MMOL/L	
CHOL/HDL	4.1	Jan 30	4.1	
TG	1.85 MMOL/L	Jan 30	1.85 MMOL/L	
eGFR	69 ML/MIN/1.73M**2	Jan 30	69 ML/MIN/1.73M**2	
Microalbumin/Creatinine Ratio				
Height (Ht)...is empty				
Weight (Wt)...is empty	56.7	Jan 31		56.7
BMI (calc from Ht & Wt)...is e...				
CVDRisk:...is empty			15.6	15.6

Remove Field Add Field... Fill From Another Flowsheet... Done

Carefirst Family Health Team Diabetes Educational Program - Follow up Aug 31, 2017

Family Doctor RD/RN

Patient Name: DOB: Previous Visit Date:

VITALS

BP: (L) (R) Ht: cm Wt: lbs kg BMI: IBW: lbs WC: "
Prev: Prev: lbs kg Prev: Prev: "

BLOOD WORK (Current / Previous) Latest Date:

[Show DM Flowsheet](#)

[Insert Lab Req](#)

FBS: <input type="text"/>	RBS: <input type="text"/>	FBS: <input type="text"/>	RBS: <input type="text"/>	<input type="checkbox"/> Targets for glycemc control, lipid profile and renal function discussed
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ACR: <input type="text"/>	TG: <input type="text"/>	ACR: <input type="text"/>	TG: <input type="text"/>	

Comments:

Features Embedded:

- Lab Requisition Insertion



Ministry of Health
and Long-Term Care
Laboratory Requisition
Requisitioning Clinician / Practitioner

Name

Address

..
..

Laboratory Use Only



Clinician/Practitioner's Contact Number for Urgent Results

Service Date
yyyy mm dd

()

Ext.

Clinician/Practitioner Number

CPSO / Registration No.

Health Number

Version

Sex

Date of Birth

ON 9999 999 999

M F

yyyy

mm

dd

1984

03

24

Check (✓) one:

OHIP/Insured

Third Party / Uninsured

WSIB

Province Other Provincial Registration Number

Patient's Telephone Contact Number

905 695-1139

Additional Clinical Information (e.g. diagnosis)

Patient's Last Name (as per OHIP Card)

Test

Patient's First & Middle Names (as per OHIP Card)

Bye

Hello

Copy to: Clinician/Practitioner

Last Name:

First Name

Patient's Address (including Postal Code)

Address

Toronto, ON
L4B 3K2

Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory

x	Biochemistry	x	Hematology	x	Viral Hepatitis (check one only)
	Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC		Acute Hepatitis
	HbA1C		Prothrombin Time (INR)		Chronic Hepatitis
	Creatinine (eGFR)		Immunology		Immune Status / Previous Exposure
	Uric Acid		Pregnancy Test (Urine)		Specify: <input type="checkbox"/> Hepatitis A
	Sodium		Mononucleosis Screen		<input type="checkbox"/> Hepatitis B
	Potassium		Rubella		<input type="checkbox"/> Hepatitis C
	Chloride		Prenatal: ABO, RhD, Antibody Screen		or order individual hepatitis tests in the "Other Tests" section below
	CK		(titre and ident. if positive)		Prostate Specific Antigen (PSA)

BLOOD SUGAR MONITORING

[Print SMBG log - Chinese](#)

[Print SMBG log - English](#)

SMBG No SMBG

Glucometer teaching provided

BLOOD SUGAR MONITORING

[Print SMBG log - Chinese](#)

[Print SMBG log - English](#)

SMBG No SMBG

Frequency:

Glucometer teaching provided

Meter:

FBG:

PC(B):

Glucose meter/lab comparison (q1y)

AC(L):

PC(L):

Comments:

AC(D):

PC(D):

HS:

3AM:

Features Embedded:

- 1) View and Print Handout – SMBG Record

Self-Monitoring Blood Glucose (SMBG) Test Results

Blood Glucose Target	Normal Range	For some diabetes
Fasting/ before meal	4.0 – 6.0 mmol/L	4.0 – 7.0 mmol/L
1 ½ - 2 hours after meal (From the 1 st bite of food taken)	5.0 – 8.0 mmol/L	5.0 – 10.0 mmol/L

Please record possible causes (i.e. meds, food, intake, exercise, illness, stress, etc.) when blood sugar level is out of target range.

Date	Breakfast		Lunch		Dinner		Bed-time/ 3AM	Notes (Meds/ food/activity/ illness, etc)
	Before	After	Before	After	Before	After		

Self-Monitoring Blood Glucose (SMBG) Test Results

Blood Glucose Target	Normal Range	For some diabetes
Fasting/ before meal	4.0 – 6.0 mmol/L	4.0 – 7.0 mmol/L
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Date	Breakfast		Lunch		Dinner		Bed-time/ 3AM	Notes (Meds/ food/activity/ illness, etc)
	Before	After	Before	After	Before	After		

CLINICAL ASSESSMENT / SCREENING

Hypoglycemia Episode:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Proper Treatment	<input type="checkbox"/> Improper Treatment
ER Visit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Related to DM	
Hospitalization:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Related to DM	
Retinopathy Screening (q1-2y):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Signs of Retinopathy	<input type="checkbox"/> No Retinopathy
Neuropathy Screening (q1y):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Normal Sensation	<input type="checkbox"/> Decreased Sensation <input type="checkbox"/> N/A
PHQ Screening (q1y): 4-En 4-Ch	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	Score: <input type="text"/>	<input type="checkbox"/> Refer to SW <input type="checkbox"/> N/A
Immunization: Flu shot (q1y):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	Pneumococcal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Latest Date: <input type="text" value="mmm d, yyyy"/>
	9-En 9-Ch		Prescribe Prevnar 13	Perform Treatment Prevnar 13	Perform Treatment Pneumovax 23	

Comments:

Features Embedded:

- Neuropathy Screening Instrument

INLOW'S 60-second Diabetic Foot Screen

SCREENING TOOL

Canadian Association
of Wound Care



Association canadienne
du soin des plaies

www.cawc.net

Patient Name:

Clinician Signature:

Date:

Look – 20 seconds	Score		Care Recommendations
	Left Foot	Right Foot	
1. Skin 0 = intact and healthy 1 = dry with fungus or light callus 2 = heavy callus build up 3 = open ulceration or history of previous ulcer	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
2. Nails 0 = well-kept 1 = unkempt and ragged 2 = thick, damaged, or infected	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
3. Deformity 0 = no deformity 1 = mild deformity 2 = major deformity	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
4. Footwear 0 = appropriate 1 = inappropriate 2 = causing trauma	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Touch – 10 seconds	Left Foot	Right Foot	Care Recommendations
5. Temperature – Cold 0 = foot warm 1 = foot is cold	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 0 <input type="checkbox"/> 1	
6. Temperature – Hot 0 = foot is warm 1 = foot is hot	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 0 <input type="checkbox"/> 1	
7. Range of Motion 0 = full range to hallux 1 = hallux limitus 2 = hallux rigidus	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	

CLINICAL ASSESSMENT / SCREENING

Hypoglycemia Episode:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Proper Treatment	<input type="checkbox"/> Improper Treatment
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Hospitalization:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Related to DM	
Retinopathy Screening (q1-2y):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Signs of Retinopathy	<input type="checkbox"/> No Retinopathy
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Immunization: Flu shot (q1y):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latest Date:	<input type="text" value="mmm d, yyyy"/>	Pneumococcal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Latest Date: <input type="text" value="mmm d, yyyy"/>
	9-En 9-Ch		Prescribe Prevnar 13	Perform Treatment Prevnar 13	Perform Treatment Pneumovax 23	

Comments:

Features Embedded:

- Psychological Symptom Screening Instrument

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Feeling tired or having little energy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Poor appetite or overeating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				<input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult
11. In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?	<input style="width: 100px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; vertical-align: middle; text-align: center; font-size: 10px;"/>			

TOTAL:

CLINICAL ASSESSMENT / SCREENING

Hypoglycemia Episode:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Latest Date: <input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Proper Treatment	<input type="checkbox"/> Improper Treatment
ER Visit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Latest Date: <input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Related to DM	
Hospitalization:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Latest Date: <input type="text" value="mmm d, yyyy"/>	<input type="checkbox"/> Related to DM	
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PHQ Screening (q1y): 4-En 4-Ch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Latest Date: <input type="text" value="mmm d, yyyy"/>	Score: <input type="text"/>	<input type="checkbox"/> Refer to SW <input type="checkbox"/> N/A
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	9-En 9-Ch	Prescribe Prevnar 13	Perform Treatment Prevnar 13	Perform Treatment Pneumovax 23

Comments:

Features Embedded:


- Vaccination Prescription and Administration

New treatment for Bye Test

Treatment

Name: Pneumovax 23

Label Instructions:

 Dosage checking not performed: No quantified dosage entered.

▼ Administering Details

Immunizing Agent: Pneumococcal-Polysaccharide - valent [Pneu-P-23]

Site:

Lot:

Expiry Date: ← →

Manufacturer:

Actions & Comments

Refused Treatment

Started/Performed by External Provider

Provider Name:

Comments:

Start/Perform Date: ← Thu, Aug 31, 2017 →

MEDICATION REVIEW

Pharmacy Name/Phone#:

AHA:

ACEi/ARB:

Statin:

Others:

Comments:

[ODB Formulary Search](#)

Features Embedded:

- List of Oral Anti-Hyperglycemic Agents

Approximate Cost Reference List¹ for Antihyperglycemic Agents

ANTIHYPERGLYCEMIC AGENTS	AVAILABLE STRENGTHS	USUAL MAINTENANCE DOSE OR USUAL DOSAGE RANGE	APPROXIMATE WHOLESALÉ COST*/UNIT
Alpha Glucosidase Inhibitor			
Acarbose (Glucobay™)	100 mg	50 - 100 mg three times a day	\$ 0.41/Tab
	50 mg		\$ 0.29/Tab
Biguanides			
Metformin (Glucophage®, generic)	500 mg	500 - 2000 mg per day in divided doses	\$ 0.05/Tab
	850 mg	850 - 2550 mg per day in divided doses	\$ 0.06/Tab
Metformin ER (Glumetza®)	500 mg	500 - 2000 mg per day	\$ 0.63/Tab
	1000 mg	500 - 2000 mg per day	\$ 1.27/Tab
Incretin Agents - DPP-4 inhibitors			
Alogliptin (Nesina™)	6.25 mg	6.25 mg once daily (depending on renal function)	\$ 2.84/Tab
	12.5 mg	12.5 mg once daily (depending on renal function)	\$ 2.84/Tab
	25 mg	25 mg once daily (depending on renal function)	\$ 2.84/Tab
Linagliptin (Trajenta®)	5 mg	5 mg once daily	\$ 2.60/Tab
Saxagliptin (Onglyza®)	2.5 mg	2.5 - 5 mg once daily	\$ 2.57/Tab
	5 mg	2.5 - 5 mg once daily	\$ 3.09/Tab
Sitagliptin (Januvia®)	25 mg	25 mg once daily (depending on renal function)	\$ 3.20/Tab
	50 mg	50 mg once daily (depending on renal function)	\$ 3.20/Tab
	100 mg	100 mg once daily	\$ 3.20/Tab

MEDICATION REVIEW

Pharmacy Name/Phone#:

AHA:

ACEi/ARB:

Statin:

Others:

Comments:

[ODB Formulary Search](#)

Features Embedded:

- ODB e-Formulary Search Webpage

Formulary Search

Search the **Ontario Drug Benefit Formulary/Comparative Drug Index**, effective from **August 30, 2017** using any or all of the criteria below.

Coverage Status

Therapeutic Classification

Manufacturer

Keyword

Keyword Type
 Generic Name Brand Name DIN/PIN/NPN

Search for Products that begin with Keyword entered Generic/Brand name Summary List

CLINICAL NOTES

F/U TIME FRAME:

Mo

PHYSICIAN:

Trillium
Bill K030

Insulin Syringe for Seniors
Bill Q040

Features Embedded:

- K030 and Q040 Billing

Billing doctor: [] Locum Tenens (027980), 027980-BHAR

Bill to: MOH WSIB Patient Other Non-Professional

Institution: []

Admission: []

Patient name/#: Test, Bye Hello

#23066 1964/03/24 []

ON 9999999999

Details/diagnosis: Diabetes [250] []

SLI: []

Services Provided

Code	Description	Date	Diag	#	Fee
K030A	Diabetic Management Assess	Aug 31, 2017	250	1	39.20

Manual review requested WSIB

Total: 39.20

Comments: []

Paid To Date:

No recall 1 mo 2 mo 3 mo 4 mo 6 mo 1 yr 2 yr

Edit

Cancel

Save & Add

Save

Close

CLINICAL NOTES

F/U TIME FRAME:

Mo

PHYSICIAN:

Trillium
Bill K030

Insulin Syringe for Seniors
Bill Q040

Features Embedded:

- Trillium Drug Program Application Form

Application for Trillium Drug Program (TDP)

The Trillium Drug Program (TDP) benefit year is **from August 1 to July 31 of the next calendar year.**

To be enrolled, applications must be postmarked by Canada Post on or before September 30 of the same year as the benefit year (August 1 - July 31) ends. For example, for the benefit year which starts August 1, 2013 and ends July 31 of 2014, applications must be postmarked on or before September 30 of 2014.

You should apply if:

- Your household spends a large portion of its income on prescription drugs, and
- You have a valid Ontario Health Card, and
- Your household does not have a private insurance plan that covers prescription drugs, or you have a private insurance plan but it does not cover all the costs of your household's prescription drugs.

Your application will not be accepted if it does not include:

- Two signatures for everyone in your household 16 years of age or older in Section 4 of this application,
- The completed Private Insurance Coverage section, and
- All supporting documents that are required to be submitted with this application before the deadline.

Fields marked with an asterisk (*) are required.

Section 1 – Enrolment Start Date [\(Click here for Guidelines\)](#)

First-time TDP applicants can select the date their TDP coverage will start, which means that your deductible will be pro-rated based on the number of days remaining in the program year of **August 1 to July 31** of the next calendar year.

Enrolment Start Date (i.e. Date of First Prescription)

CLINICAL NOTES

F/U TIME FRAME:

Mo

PHYSICIAN:

Trillium
Bill K030

Insulin Syringe for Seniors
Bill Q040

Features Embedded:

- Insulin Syringes for Seniors Application Form



**Ministry of Health
and Long-Term Care**

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5
Tel: 416 327-8804
Toll-Free: 1 800 268-6021
TTY: 416 327-4282
TTY: 1 800 387-5559

Application for Funding Insulin Syringes for Seniors



IS1

Section 1 – Applicant’s Biographical Information

Last Name		First Name		Middle Initial
[Redacted]		[Redacted]		[Redacted]
Health Number (10 digits)	Version	Date of Birth (yyyy/mm/dd)	Gender	
[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name of Long-Term Care Home (LTCH) (if applicable)				
N/A				

Address

Unit Number	Street Number	Street Name
[Redacted]	[Redacted]	[Redacted]

Family Doctor RD/RN/RPH

Patient Name: Test, Patient DOB: Mar 24, 1964 Previous Visit Date: mmm d. yyyy

VITALS

Ht: _____ Wt: _____ «BMI» _____

BP: _____ (L) _____ (R) Ht: never cm Wt: _____ lbs _____ kg Bmt: _____ IBW: _____ lbs WC: _____"
Prev: _____ Prev: _____ lbs _____ kg Prev: _____ Prev: _____"

Targets for BP, IBW and WC discussed

BLOOD WORK (Current / Previous) Latest Date: Jan 30, 2017 [Show DM FlowSheet](#)

FBS: _____ RBS: _____ FBS: _____ RBS: _____ Targets for glycemic control, lipid profile and renal function discussed
HbA1C: _____ HDL: _____ HbA1C: _____ HDL: _____ A1c Testing (q3-6m)
OGTT: _____ CHOL/HDL: _____ OGTT: _____ CHOL/HDL: _____ Individualized A1c Target <=7%
eGFR: _____ LDL: _____ eGFR: _____ LDL: _____ Individualized A1c Target = 7.1-8.5%
ACR: _____ TG: _____ ACR: _____ TG: _____

Comments: _____

BLOOD SUGAR MONITORING

[Print SMBG log - Chinese](#) [Print SMBG log - English](#)

SMBG No SMBG Glucometer teaching provided

CLINICAL ASSESSMENT / SCREENING

Hypoglycemia Episode: Yes No Latest Date: mmm d. yyyy Proper Treatment Improper Treatment
ER Visit: Yes No Latest Date: mmm d. yyyy Related to DM
Hospitalization: Yes No Latest Date: mmm d. yyyy Related to DM
Retinopathy Screening (q1-2y): Yes No Latest Date: mmm d. yyyy Signs of Retinopathy No Retinopathy
Neuropathy Screening (q1y): Yes No Latest Date: mmm d. yyyy Normal Sensation Decreased Sensation N/A
PHQ Screening (q1y): 4-En 4-Ch Yes No Latest Date: mmm d. yyyy Score: _____ Refer to SW N/A
Immunization: Flu shot (q1y): Yes No Latest Date: mmm d. yyyy Pneumococcal: Yes No Latest Date: mmm d. yyyy
9-En 9-Ch

Comments: _____

MEDICATION REVIEW

Pharmacy Name/Phone#: _____ MedsCheck Completed

AHA: _____
ACEI/ARB: _____
Statin: _____
Others: _____

Comments: _____

LIFESTYLE / MOTIVATION COUNSELLING

Physical Activity: _____

Smoking: Yes No _____ ETOH: Yes No _____

Diet: _____
_____ Vegetables
_____ Grains/Starches
_____ Fruits
_____ Milk/alt
_____ Meat/alt

ASSESSMENT

Glycemic Control: «optimal» «suboptimal» as evidenced by recent A1C of « »

CV Control: BP «within target» «elevated» at office. Lipid profile - «optimal» «suboptimal» as evidenced by «elevated» LDL «WNL», «elevated» TG «WNL», «elevated» CHOL/HDL «WNL»

Lifestyle: wt status - « » as evidenced by BMI «re: adults aged 65+» and WC «above» «within» cut-off re: Asian population. Physical activity - «meeting» «not meeting» the rec of aerobic exercise, «meeting» «not meeting» the rec of resistance exercise

RECOMMENDATIONS

SELF MANAGEMENT GOAL

Previous: _____

Level of motivation (1-10): _____ Current: _____

NEXT F/U DATE: mmm d. yyyy Comment: _____ cc to: _____

CLINICIAN(S): _____ Fax#: _____



LIFESTYLE / MOTIVATION COUNSELLING

Physical Activity:

Smoking: Yes No ETOH: Yes No

Diet:

<input type="text"/>	Vegetables
<input type="text"/>	Grains/Starches
<input type="text"/>	Fruits
<input type="text"/>	Milk/alt
<input type="text"/>	Meat/alt

ASSESSMENT

Glycemic Control: «optimal» «suboptimal» as evidenced by recent A1C of « »

CV Control: BP «within target» «elevated» at office. Lipid profile - «optimal» «suboptimal» as evidenced by «elevated» LDL «WNL», «elevated» TG «WNL», «elevated» CHOL/HDL «WNL»

Lifestyle: wt status - « » as evidenced by BMI «re: adults aged 65+» and WC «above» «within» cut-off re: Asian population. Physical activity - «meeting» «not meeting» the rec of aerobic exercise; «meeting» «not meeting» the rec of resistance exercise

RECOMMENDATIONS

SELF MANAGEMENT GOAL Previous:

Level of motivation (1-10):

Current:

NEXT F/U DATE:

Comment:

cc to:

CLINICIAN(S):

Fax#:

Trillium

Insulin Syringe for Seniors

Features Embedded:

- Trillium Drug Program Application Form
- Insulin Syringes for Seniors Application Form

Data Extraction/Analytics

Query - Custom form items

File


Custom Form Named Items

Custom Form All Items

Select Custom Form:

From: 2017-07-01 To: 2017-07-31

Last Month This Month Last Year YTD

 TELUS HEALTH™

2017-03-07

Discard Add to Notes

File Home Insert Page Layout Formulas Data Review View DYMO Label

Clipboard: Cut, Copy, Paste, Format Painter

Font: Calibri, 11, Bold, Italic, Underline, Text Color, Background Color

Alignment: Left, Center, Right, Indent, Decrease Indent, Increase Indent, Merge & Center, Wrap Text

Number: General, Currency (\$), Percentage (%), Decimals (←.0, .00, →.0)

Styles: Conditional Formatting, Form as Table

L18 fx

	A	B	C	D	E	F	G	H	I
1	Custom Query Converter		EWFHT 4.0						
2									
3									
4	Path and filename: C:\Users\denis.tsang\Desktop\DM_Q1.txt								
5									
6									
7									
8									
9									
10									

[Import Data](#)

PSS Custom Query Converter



Choose a file or drag it here.

From the main PSS toolbar, select Reports > Custom Queries > Custom Form Named Items. Input the name of the custom form and the date range and click run report. To export this report go to Report > Utilities > Save as Tab Delimited. Save the file to your computer and then drag-and-drop or click to upload it into this application. The reformatted file will appear as a download.

This tool is safe for use with patient health information. All the data processing is done on your local computer. This tool only works with tab-delimited files.

**This program is free software under the terms of the [GNU General Public License](#).
2017 Tom Sitter**

Preliminary Outcome (Clinical)

Performance Indicator	Result (Apr – Sep 2017)
% of patients with latest A1C within individualized target	72.6
% of patients with latest A1C testing completed within past 6 months	80.2
% of patients with latest LDL \leq 2 mmol/L	48.2
% of patients with latest BP <130/80	53.7

Preliminary Outcome (Screening)

Performance Indicator	Result (Apr – Sep 2017)
% of patients with neuropathy screening completed within past 12 months	72.3
% of patients with psychological symptom screening completed within past 12 months	69.2
% of patients with retinal screening completed with past 24 months	84.7
% of patients with DM MedsCheck completed within past 12 months	11.5

Preliminary Outcome (Billing)

Performance Indicator	Result (Apr – Sep 2017)
% of patients with at least ONE K030 billed between April and September 2017	34.7
% of patients with Q040 billed between April and September 2017	19.6

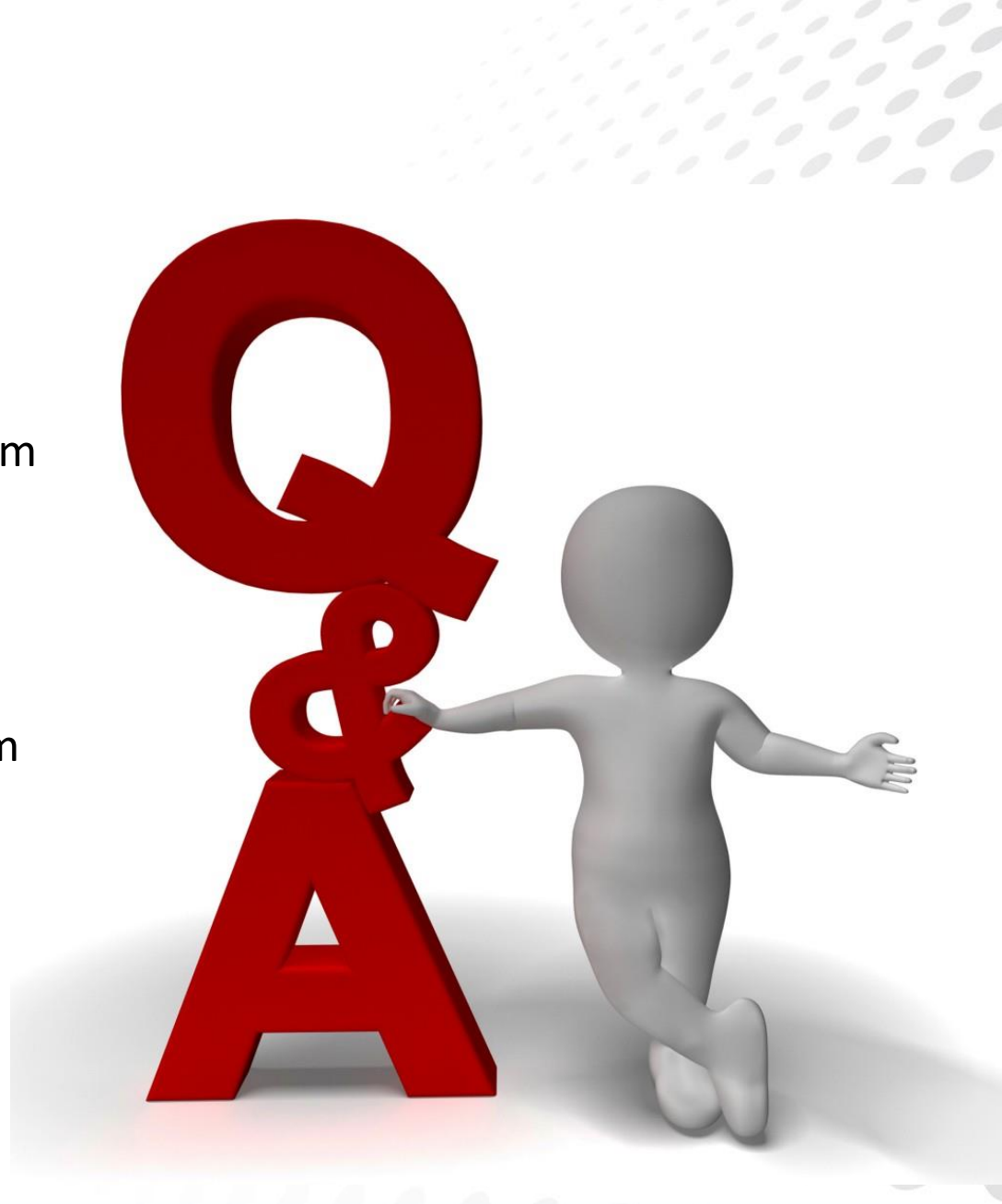
Implication

- “One-Stop Shop” charting template enables integrated diabetes care and seamless communication
- Outcome data captured supports evaluation of QI initiatives aligned with indicators in AOP, QIP and D2D
- Package of this custom form and related tools uploaded to Telus Community Portal and disseminated with QIDSS network

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Thank You