QUALITY STANDARD PLACEMAT FOR

Type 1 Diabetes

This document is a resource for health care providers and summarizes content from the *Type 1 Diabetes* quality standard.

Provide Education, Support, and Individualized Care

Quality Statement (QS)* 1: Diabetes Self-Management Education and Support
Starting at diagnosis, provide timely and ongoing evidence-based information, support, and advice to help people and their families and caregivers learn about type 1 diabetes and develop the knowledge and skills to manage their diabetes.

Individualize content to meet their needs and adapt it as necessary for age, developmental stage, cultural factors, health literacy, and comorbidities. If you are not able to provide education on site, ensure that people have access to it elsewhere through partnerships with local organizations, specialized clinic settings, or local pediatric or adult diabetes education programs.

*The quality statements are provided in full on page 2.

QS 3: Setting and Achieving Glycemic Targets
Work with people with type 1 diabetes to determine their individualized glycated hemoglobin (hemoglobin A1C) target range. Offer support to help them reach and stay at their targets. When assessing whether a person's individualized glycemic targets have been achieved and when adjusting therapy, consider hemoglobin A1C in conjunction with all available measures of glycemia.

Work with people who have not achieved their glycemic target. Assess their individual needs and access appropriate resources to help them meet these needs, such as self-management education, additional support, and technology. Engage in discussions with people and their families about the availability and appropriateness of new diabetes devices, as well as any out-of-pocket costs (when known) for diabetes devices and supplies or any diabetes-related health care costs. Assist with reviewing other funding sources (e.g., through private insurance, when available, or through a government program such as the Ontario Drug Benefit).

Facilitate Access to an Interprofessional Diabetes Care Team

QS 2: Access to an Interprofessional Care Team
Help establish an interprofessional diabetes care team with training in and experience with type 1 diabetes to provide comprehensive and coordinated care. Involve people and their families (where appropriate) in decisions about their care. Work collaboratively and partner with the person and their family in all aspects of daily care, care planning, health promotion, and wellness to ensure shared decision-making and engagement. All clinicians involved should ensure collaboration and communication among health care professionals, including members of the interprofessional diabetes health care team, the person's primary care provider, and other specialists (as needed).

Identify Mental Health Needs

QS 4: Identifying and Assessing Mental Health Needs
Be alert to the possibility of mental health concerns and psychological distress in people with type 1 diabetes. Use recognized screening questions or validated screening tools (e.g., PHQ-9 and GAD-7 screening tools) to identify people who might benefit from further comprehensive assessment and appropriate treatment. Collaborate with people with type 1 diabetes to determine the most effective next steps based on severity of symptoms and their individual needs and preferences.

See other quality standards for more information about specific mental health needs: *Major Depression*, *Anxiety Disorders*, and *Obsessive–Compulsive Disorder*.

Help Patients Transition From Pediatric to Adult Care

QS 5: Transition From Pediatric to Adult Diabetes Care
Ensure that people transferring from pediatric to adult services experience well-prepared, coordinated, and seamless transitions. This includes starting transition planning early; providing individualized, age-appropriate, and developmentally appropriate care; facilitating communication between the person with type 1 diabetes and their pediatric and adult diabetes health care teams; and taking care of other related processes.

The Diabetes Hope Foundation offers transition resources, including a Transition Resource Guide and a Peer Support Program. Got Transition offers resources and tools to help with transitions, including questions patients can ask their care team about the transition, videos, and checklists.

Type 1 Diabetes QUALITY STATEMENTS

Quality Statement 1: Diabetes Self-Management Education and Support
People with type 1 diabetes and their families and caregivers are offered an individualized, structured self-management education and support program at diagnosis and on an ongoing basis.

Quality Statement 2: Access to an Interprofessional Care Team
People with type 1 diabetes have access to an interprofessional diabetes health care team with training in type 1 diabetes.

Quality Statement 3: Setting and Achieving Glycemic Targets
People with type 1 diabetes, in collaboration with their health care team, set individualized glycemic targets, including glycated hemoglobin (hemoglobin A1C) and other available measures of glycemia. All available data are used to assess whether individualized glycemic targets are achieved and to guide treatment decisions and self-management activities.

Quality Statement 4: Identifying and Assessing Mental Health Needs
People with type 1 diabetes are screened for psychological distress and mental health disorders on a regular basis using recognized screening questions or validated screening tools. People who screen positive for a mental health disorder are referred to a health care professional with expertise in mental health for further assessment and treatment.

Quality Statement 5: Transition From Pediatric to Adult Diabetes Care
People with type 1 diabetes experience planned, coordinated, and supported transitions from pediatric to adult diabetes care.

Note: This resource can be used to support health care professionals in the provision of care. It does not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

Resources

- Type 1 Diabetes Quality Standard and Patient Guide
  hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/type-1-diabetes
- Diabetes in Pregnancy Quality Standard and Patient Guide
  hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/diabetes-in-pregnancy
- Prediabetes and Type 2 Diabetes Quality Standard and Patient Guide
  hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Prediabetes-and-Type-2-Diabetes
- Transitions from Youth to Adult Care Services Quality Standard and Guide for Young People and Guide for Caregivers
  hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Transitions-From-Youth-to-Adult-Health-Care-Services
- Diabetes Canada Guidelines
  guidelines.diabetes.ca/cpg
- Diabetes Canada Health Care Provider Tools
  guidelines.diabetes.ca/health-care-provider-tools
- Diabetes Canada Resources for People with Diabetes
  guidelines.diabetes.ca/patient-resources
- JRDF Canada – T1D Basics: Learn more about the signs and symptoms and how to manage the condition
  jdrf.ca/t1d-basics/

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