

Appendix 2 (as supplied by the authors): Questionnaire

RESOURCE SURVEY OF THE NETWORK OF ONTARIO PEDIATRIC DIABETES PROGRAMS

PART ONE: PEDIATRIC DIABETES CENTRE INFORMATION

1. Centre name _____
2. What is the furthest distance that patients travel from home to get to your centre? _____ km
3. Do you have telemedicine available at your centre?
Yes No
4. How many youth (<19 years) with diabetes are currently followed at your centre?
Number of youth: Type 1 Diabetes _____ Type 2 Diabetes _____ Other types _____
5. When does your centre transition patients to adult care? _____
6. What is the average HbA1c of youth (<19 years) with type 1 diabetes (T1D) at your centre? _____
7. For pediatric diabetes care, how many full time equivalent (FTE) staff does your centre have for each of the following roles?

Role	FTE	Role	FTE
Diabetes Nurse Educator		Registered Social Worker	
Registered Dietician		Psychiatrist	
Psychologist		Child life	
Administrative staff (clerk, coordinator, secretary etc.)		Other (please specify):	

8. On average, how often do the following team members meet with youth (<19 years) with T1D at your centre each year?

Role	Visits per year	Role	Visits per year
Physician at your centre		Registered Dietician	
Visiting physician (Outreach program)		Registered Social Worker	
Diabetes Nurse Educator		Other (please specify):	

9. How many of each of the following types of physicians at your centre sees youth with T1D?

Physician specialty	Number	Role	Number
Pediatric endocrinologist		Adult endocrinologist	
Visiting pediatric endocrinologist		Family physician	
General pediatrician		Other (please specify):	

10. Are there medical doctors in training (residents and/or fellows) at your centre who see youth with T1D?

Yes

No

PART TWO: PEDIATRIC INSULIN PUMPS AT YOUR CENTRE

11. The Ontario Ministry of Health and Long-Term Care announced funding for pediatric insulin pumps in November 2006. You may need to refer to your records to respond to questions 9a and 9b.

a. How many youth (<19 years) with T1D were followed at your centre in 2006? _____

b. Of those, how many were actively using an insulin pump? _____

12. a) Does your centre have its own eligibility criteria (in addition to the ADP criteria) for initiation or renewal?

Yes

No

b) If yes, please describe here, email as an attachment, or mail in pre-addressed envelope.

13. a) Does your centre have any specific ineligibility criteria (in addition to the ADP criteria)?

Yes

No

b) If yes, please describe here, email as an attachment, or mail in pre-addressed envelope.

14. a) Does your centre provide education for pump starts?

Yes

No

b) If yes, who does the teaching? (Check all that apply)

Staff physician

Diabetes nurse educator from your centre

Registered nurse

Diabetes nurse educator provided by a pump company

Registered dietician

Other (please specify) _____

c) If no, where is the education provided? _____

15. Does your centre have a teaching protocol/schedule for:

a) Pump starts?

Yes

No

b) Ongoing pump education?

Yes

No

c) If yes to 15a and/or 15b, please describe here, email as an attachment, or mail in pre-addressed envelope.

16. Does your centre provide any written material for:

a) Pump starts?

Yes

No

b) Ongoing pump education?

Yes

No

c) If yes to 16a and/or 16b, please email as an attachment or mail in pre-addressed envelope.

17. a) Do you have a funded 24 hour support service for pediatric pump patients (other than what is provided by pump companies)?

Yes

No

b) If yes, who responds to the calls?

Physician

Certified Diabetes Educator

Registered nurse

Other (please specify) _____

18. a) Do you have interpreter services for pump teaching and follow-up visits?

Yes

No

b) Are you satisfied with your interpreter services for the purpose of pump teaching and follow-up visit?

Yes

No

c) If no, please explain:

19. Please add any comments about the pediatric insulin pump program at your centre.

Thank you for taking the time to complete this survey.