

## Insulin Pump Therapy Participant Responsibility Agreement

The role of your diabetes education team is to provide you with the necessary information/teaching to ensure your safety and success as you start insulin pump therapy. For this reason, it is important that you understand your responsibilities in this process as well. Below you will find the expectations set upon you in this process to ensure that we work successfully as a team.

If you have any difficulty understanding the commitments outlined below, or if you have any misgivings regarding insulin pump therapy, now is the time to discuss them. If not, please proceed with completing this form.

I, \_\_\_\_\_ [participant name], have met the provincial criteria and have chosen to use an insulin pump for the management of diabetes.

OR

I, \_\_\_\_\_ [Alternate Decision Maker name], understand that \_\_\_\_\_ [participant's name] meets the provincial criteria and has chosen to use an insulin pump for the management of diabetes.

In order to continue to be enrolled in the Alberta Health funded Insulin Pump Therapy program, I understand that I must fulfill the following requirements:

- Regular follow-up with a doctor or other health care professional for routine diabetes care (regular A1C, surveillance for complications).
- Demonstration of active involvement in diabetes self-management.  
This will normally be demonstrated by ability and willingness to participate in a number of self-care behaviours including (but not limited to):
  - counting carbohydrate or other recommended meal plan
  - monitoring blood glucose frequently and consistently prior to meals and at bedtime (using BGM and/or CGM/flash glucose monitoring)
  - consistently using boluses of insulin for meals and snacks
  - performing regular infusion set/site changes
  - appropriately using advanced pump features
  - safely managing their pump to minimize risks of hypoglycemia or Diabetic Ketoacidosis (DKA)
  - monitoring for ketones during illness or unexplained hyperglycemia
  - adherent with follow up – which would include attending clinic visits, completing A1c tests, completing required documentation (e.g., blood glucose logs, food records, pump or meter uploads)
- Participate in an annual review process with the IPTP Clinic.

I have read the above conditions and agree with the terms. I acknowledge that if I do not comply with these terms, I will no longer be eligible for the Alberta Health funded Provincial Insulin Pump Therapy Program and may have to discontinue the insulin pump and manage my diabetes with insulin injections.

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the city of \_\_\_\_\_, Province of Alberta.**

**Participant signature:** \_\_\_\_\_

**Printed name of participant:** \_\_\_\_\_

**Alternate Decision Maker signature:** \_\_\_\_\_

**Printed name of Alternate Decision Maker:** \_\_\_\_\_ **Relationship to participant:** \_\_\_\_\_

**Signature of witness:** \_\_\_\_\_

**Printed name of witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

NOTE: If it is recommended to discontinue the insulin and pump and manage your diabetes with injections, your diabetes team will offer education and support to help improve your diabetes self-management skills. By improving diabetes routines, knowledge and motivation it is possible to re-start the insulin pump under the Provincial Insulin Pump Therapy Program.

**CC: Participant (original), Physician (copy), IPTP Clinic (copy)**