

Diabetes Nursing Interest Group Newsletter February 2006

Message from the Chairs...

We are hoping that many of you are planning to attend the Diabetes Nursing Interest Group Conference on *June 2, 2006 at the Ottawa Congress Centre*. The program will be coming out in the next two weeks and we are very excited about it.

You still have time to submit an abstract for a poster presentation – the deadline has been extended to March 17, 2006. To download the abstract form, go to.....

http://www.rnao.org/centre/abstracts_diabetes_2006.asp

The Many Faces of Diabetes: Implementing Best Practices Across Populations and Settings

Call for Abstracts

The Diabetes Nursing Conference will provide participants with the most current, relevant and evidence-based information on diabetes nursing practice across populations and settings. The objective of this conference is to feature relevant, evidence-based practice-oriented approaches to diabetes care and prevention, and management of diabetes with application to individuals, families, communities and public health policy.

Original Abstract Submissions are invited for poster sessions. Submissions need to address innovation and leadership in diabetes nursing practice with a clinical, research, education, or administration focus.

Suggested topics include (but are not limited to):

- Innovations in care and service delivery based on diabetes best practice guidelines
- Health promotion and chronic disease / diabetes prevention strategies that work
- Development and innovation in community-based diabetes programs to provide continuity of care
- Educational programs and resources to promote culturally sensitive, quality of diabetes care
- Implementing and sustaining policy changes to benefit persons with diabetes, their families and communities
- Team work and partnerships in diabetes care
- The expanded role of the nurse in diabetes care
- Diabetes care for special populations e.g. Aboriginal, children, pregnant women, homeless, persons with renal disease, the visually impaired.

We are still looking for some bright ideas about how to combine the RNAO and DNIG logos on letterhead and web banner!

The two best suggestions will receive complimentary tickets to the DNIG conference on June 2, 2006 in Ottawa!

Ask Nancy: What is it like to be a Diabetes Nurse Educator?

A Day in the Life of.....a Diabetes Nurse Educator Contributed by Nancy Benn RN BN CDE

We receive many e-mails asking about being a Diabetes Nurse Educator, so thought I would tell you about the typical experience for patients attending our Diabetes Education Centre.

Patients with Type 1 or Type 2 diabetes, are referred to the Centre by a physician or they can self refer. A registered nurse (RN) or registered dietitian (RD) triages the referral and schedules the patient into group education classes or arranges an individual appointment, depending on needs. Clearly it makes more sense to meet one-on-one with a person who has impaired hearing or vision, or who is unable to sit through group sessions.

Many different health professionals contribute to the group education sessions, including the RN, RD, Pharmacist and Social Worker. A representative from the Canadian Diabetes Association also provides information. Three classes each lasting three and one half hours comprise the session. At our centre, the classes run from 8:30 to noon. These classes introduce the patient to the basics of diabetes management and can be taken whenever the patient wishes to do so. Components of the three-day session include: glucose meter use, hypoglycemia, hyperglycemia, sick day management, foot care, diet, and the role of exercise in diabetes management. Subsequent classes address the complications of diabetes and provide more detailed dietary instruction, such as how to use the Glycemic Index and read labels.

After the introductory classes the patient will meet with a dietitian and with a Diabetes Nurse Educator for individual counseling and support. The DNE will monitor blood pressure, perform foot screening, and provide assistance with glucose pattern management. This includes examination of all aspects of the patient's health status and diabetes management to determine if there are areas for improvement. This includes scrutinizing glucose records and lab results (lipid profile, albumin-to-creatinine ratio [ACR] and glycosylated hemoglobin [A1C]). If necessary, the DNE will recommend changes in lifestyle—physical activity and diet—taking into account individual circumstances and preferences.

It may be necessary to call in other health professionals. For instance, the Social Worker is there to help in managing financial issues or stressful home and life situations. Or we might arrange home health support through the in-hospital Community Care Access Manager. However, we find that most persons do not require home help when starting on insulin if they can phone us a few times a week to obtain direction in adjusting insulin dosages. Medical Directives in our hospital guide us in this process.

Maintaining the link with the family physician is important. After the individual interview, the DNE will mail suggestions to the family physician, or may phone the same day if there is a need for quicker action

In our centre, DNEs rotate through a variety of clinical settings, including clinics for women with gestational diabetes, the Pediatric Education program—most children have Type 1 diabetes, although more and more we are seeing an increased number of children with Type 2 diabetes—and the Insulin Pump therapy program. We also speak to community groups. This means that ongoing education is a big part of our lives. We have to be familiar with best practices and are constantly reading books, recent research articles, manuals, emails (how could I forget those !), and attend seminars and conferences to keep abreast of the many changes and discoveries in this field.

Diabetes Education is a great place to work. I find direct patient care is very satisfying. Every patient is different. Some people are at the right stage for immediate change and others are not. Relationships are paramount. It is a challenge to build rapport in a one-hour appointment in order to help the patient begin to manage this disease. The goal of our Centre is that patients will have confidence in their abilities to take over management of their condition. We will meet with them as often as necessary until this happens. When I see a person with diabetes take charge and put this disease in its place, I know that I have done a good job and contributed to a longer, healthier life.

*If you have a diabetes question for Nancy, please send an email to: nanmaggie@yahoo.com
Your query may be featured in an upcoming newsletter !!!*

Diabetes Education

You will find information on becoming a diabetes nurse educator on our website at www.dnig.org

DNIG has had several enquiries from Registered Nurses and students about where to get general foot care certificate programs or education on foot care for persons with diabetes.

One suggestion is to check with the community college in your area. For instance, Algonquin College, Ottawa offers basic and advanced nursing skills for foot care courses, a practicum and a workshop on use of a dremel sander, twice a year. The advanced foot care course teaches the theory of advanced foot care skills such as padding, strapping, ram's horn nail and nail packing and reviews special care issues for geriatric, diabetic and vascular patients.

You can find the information at: <http://xweb.algonquincollege.com/program.aspx?query=6566&>

Next year's calendar will be available by the end of March.

Does anyone have other suggestions or advice to pass on?

Student update on Bill 15....

Submitted by Spring Numan, Student, Trent University

Just wanted to give you an update on our political actions with regard to Bill 15 (formerly Bill 55). In the fall, our group did some educating and advocating at our local mall, farmer's market and within the university. As a result, we were able to obtain about 1350 signatures for our petition. On November 4th a group of us met with our local MPP, Jeff Leal, to present the petitions. Good news, the meeting went quite well. Mr. Leal was excited about receiving our petitions. He agreed with everything we had to say and expressed his support and gratitude for what we've accomplished. We asked if it would be possible for our group to attend the 2nd reading on December 1st, which he immediately confirmed would be no problem.

In closing, we were very pleased with the outcome and are really hoping that this time Bill 15 will be passed, in order to afford all people living with diabetes equal and optimal treatment options, in order to enhance their quality of life.

The bill was given Second Reading and referred to the Standing Committee on Social Policy on December 1, 2005.

Roblin, N., M. Little, and H. McGuire, *Diabetes self-efficacy questionnaire: Outcome measurement for diabetes education*. *Diabetes Communicator*, 2006(Jan/Feb): p. 13-14.

The authors of this article were recipients of the Margaret Myers Clinical Practice Bursary in 2003

Diabetes Report 2005: The Serious Face of Diabetes in Canada

Released December 7th, the CDA Diabetes Report 2005 demonstrates conclusively that the greatest challenge for Canadians living with diabetes remains affordability and access to the diabetes medications, devices and supplies they need to manage the disease and reduce the risk of costly health complications.

Dr. Karen Philp, national director of public policy for the Canadian Diabetes Association. says: 'All Canadians living with diabetes, regardless of where they live or their socioeconomic status, should have access to the best and most appropriate treatment options. We want to show the scientific evidence at our disposal to governments so they understand all the available treatment options and the individual needs of people with diabetes.'

The report is available online at: <http://www.diabetes.ca/files/diabetesreport2005/CDA-diabetesreport-2005-en.pdf>

For information about the cost of managing diabetes in Ontario, see the *Ontario Backgrounder* <http://www.diabetes.ca/files/diabetesreport2005/backgrounders/Ontario%20backgrounder%20-%20FINAL.pdf>

Following the story on Insulin Glargine!

Celia Milne (2005), writing for the Medical post, says the public, and nurses, are more likely than pharmacists, doctors and health care managers to agree that all effective drugs should be covered by public formularies. Milne uses insulin glargine to illustrate the tension between managing escalating drug costs and providing effective treatment. Here is some background to the story.

Last October, the Canadian Diabetes Association expressed its serious concerns about the federal Common Drug Review (CDR) decision to recommend that insulin glargine not be listed for reimbursement on public formularies in Canada. Drawing attention to the Diabetes Clinical Practice Guidelines, the CDA argues this decision goes against the best scientific advice available. The guidelines say that insulin glargine should be considered for use as the basal insulin in well-controlled patients who have problems controlling their FPG levels or to reduce overnight hypoglycemia [*Grade B, Level 2 evidence*].

The Common Drug Review process includes a systematic review of available clinical evidence and review of pharmaco-economic data by the [Canadian Expert Drug Advisory Committee](#) (CEDAC). The expert committee felt that the reported differences in clinically important outcomes did not justify the increased cost of insulin glargine over NPH insulin and recommended that the drug not be listed on the public formularies in Canada.

Although the drug was cleared for use in Canada by Health Canada in 2002, not being listed on the public formularies restricts access to those who can afford to pay for it. Where you live makes a difference. Quebec does not participate in the CDR and has placed insulin glargine on the public formulary in that province.

In Ontario, the manufacturers petitioned the Drug Quality and Therapeutics Committee (DQTC) to have insulin glargine considered for reimbursement through the Ontario Drug Benefit: Section 8- Special coverage of a non-listed drug product mechanism. This mechanism requires the doctor to submit a letter seeking reimbursement approval on an individual patient basis. Generally, only patients who would be eligible for ODB are considered for Section 8 approval. That is, persons over the age of 65, those living in long term care facilities or receiving professional services under Home Care and recipients of social assistance.

Subsequently, the DQTC recommended that the drug be approved under Section 8, according to the following clinical criteria:

For individuals with insulin-requiring diabetes receiving at least 2 insulin injections per day who are attempting to maintain tight control of blood glucose but:

Experience 1 or more episodes of nocturnal hypoglycemia (BS < 3) per week; or

Have experienced at least 2 episodes of severe symptomatic hypoglycemia (BS < 3) requiring third party assistance within the previous 12 months.

The duration of approval under Section 8 mechanism is one year. An extended approval for one additional year is possible with documented reduction of A1c and/or hypoglycemic episodes.

Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*. 2003;27(suppl 2): 37-41. Available online at:
<http://www.diabetes.ca/cpg2003/downloads/pharmacologic.pdf>

Milne, C. (2005) 2005 Health Care in Canada Survey. HCIC: Dreaming of drug coverage. Medical Post. http://www.medicalpost.com/mpcontent/article.jsp?content=20051120_123228_8768

Ontario Drug Benefit, Drug Quality and Therapeutics Committee
<http://www.health.gov.on.ca/english/public/pub/drugs/dqtc.html>

DNIG Executive

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Call for nominations for the following positions to be elected for terms beginning in June 2006

Chair

Provide leadership of the DNIG
Act as a link between the DNIG and RNAO
 Attend Assembly meetings
 Attend the Interest Group Chairs meeting
Facilitate formation of the DNIG Executive

Secretary

Keep a record of all meetings of DNIG and the Executive Committee
Send a copy of the minutes to RNAO office
Ensure notice of meetings and agenda are sent to members for the Annual Meeting
Address correspondence

Policy and Political Action Officer

Seek opportunities for DNIG to be politically active in issues relevant to the objectives of the organization
Address issues arising pertaining to policy and/or political action relevant to the DNIG

Communications and Public Relations Officer

Maintain communication with DNIG members:
 Ensure the DNIG newsletter is published three times per year.
 Ensure display materials are available for the purpose of promoting DNIG.
 Ensure DNIG website is kept up-to-date
Address issues pertaining to communications and public relations related to the DNIG.
Facilitate links with DES.

Membership and Education Officer

Maintain an up-to-date list of the DNIG membership
Lead DNIG recruitment and retention initiatives, including welcoming new members
Ensure DNIG brochures are displayed at relevant conferences
Provide information to members about educational opportunities, including the DNIG bursaries
Provide leadership for educational initiatives:
 Provincial diabetes nursing conference every 2 to 3 years alternating with education sessions across the province
 Advocate for diabetes certification and education
Address membership and education issues arising in DNIG

Finance Officer

Prepare the annual budget
Submit a financial statement for every general meeting
Report the state of the finances, at the request of the Chair
Maintain the DNIG accounts
 Issue and sign cheques for payment of authorized expenditures

Keep a record of all moneys received and expended
Send a financial statement to RNAO office at the end of the year
Submit bookkeeping records to RNAO office for audit when requested
Address issues arising that pertain to DNIG finances

Student Representative

Promote diabetes nursing among students

DNIG Bursaries

The deadline is fast approaching for the three DNIG bursaries administered through the Registered Nurses Foundation of Ontario (RNFOO). Applications must be received by Tuesday, February 28, at 4:30 p.m. EST

The Mary Ann Murphy Memorial Diabetes Education Award \$1000
Sponsored by the Murphy/Myers family

The Margaret Myers Diabetes Clinical Practice Award \$1000
Sponsored by the Murphy/Myers family

The Ernie "Aieh" Jacobs Diabetes Memorial Award \$2000
Sponsored by Smith and Nephew

Visit the website for more information and for the application forms: www.rnfoo.org

Conference Corner

The 7th Annual Options for Diabetes Conference: Building Your Diabetes Knowledge

Date: Friday, April 7th, & Saturday, April 8th 2006

Location: Holiday Inn, Kingston

Overview: The target audience is health care professionals who want to increase their knowledge about diabetes, nurses looking for a career change, as well as those who interact with and/or teach people who live with diabetes.

Dr. Anne Sclater will speak about diabetes and the older adult; Dr. Michael Vallis will speak about diabetes and depression. Other topics will include: obesity, Aboriginal & pediatric issues, new nutrition guidelines, pump therapy, gastroparesis, wound care and others not yet finalised.

Send us your email address!

Thanks to everyone who sent an email after the last newsletter!

Communicating by email allows us to keep down the mailing costs and lets us get in touch quickly when opportunities like free tickets for the Rolling Stones concert in Toronto come up at the last minute. With help from RNAO Membership Services, we update lists at the end of October and before each newsletter. Even so, several emails are undeliverable. If you are receiving this newsletter by snail mail it means we do not have your email address or the one you provided does not work. Please take a minute to update your contact information. You can do this by sending an email to alwyn.moyer@sympatico.ca