

On Target

June 2021



Aotearoa College of Diabetes Nurses Committee:

Chair:	Bobbie Milne
Secretary:	Vicki McKay
Treasurer:	Nana Tweneboah-Mensah
Accreditation Coordinator:	Amanda de Hoop
Committee Member:	Sue Talbot
Committee Member:	Anne Waterman
Committee Member:	Belinda Gordge
Volunteers outside committee:	
Newsletter final:	Pip Cresswell
Newsletter next time:	Melanie Lubeck

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Committee Update

Thanks very much to the terrific people who zoomed in on the day to make up the quorum and support the ACDN committee at the AGM.

We are very grateful to have Vicki McKay take over the helm as secretary – she says hi below. Her appointment gives Awesome Anne Waterman a well-deserved rest after four years. All she has to do now is be a committee member! Thanks Anne 😊

Kia ora katou I'm Vicki, a Long Term Conditions nurse at Think Hauora (PHO) in Palmerston North. I grew up in Wellington, headed off on an extended OE for 13 years where I completed my nursing training at Kings College London. Having completed my MN and RN Prescribing, I now have free time to enjoy hanging out with my dogs, vegetarian eating (not so much the cooking), DIY (fave job: anything with a power tool; least fave job: gib stopping) and rock painting. And learning Te Reo – which will complement my passion for providing equitable care for Maori.

Do you know your you're from your your???

Calling all budding nurse/editors or nurse/copywriters...a fantastic voluntary opportunity has arisen... How would you like to lead the production of a nationwide newsletter? Ideally you'd join the ACDN committee, however this is negotiable. Please contact acd.secretary@gmail.com for more information. Melanie Lubeck has kindly volunteered to write the next newsletter but it would be great to have someone take over from the busy new mum.

NZSSD Annual Scientific Meeting

Sue Talbot reports the NZSSD ASM in May was an excellent opportunity for education

and networking, including exploring the role of other local diabetes teams. The opening speaker was Martin de Bock, whose presentation title was 'Future technology in diabetes'. Luddites are "people opposed to new technology or ways of working" and he noted that some of us working in the sector are Luddites. He provided insight into currently available and future insulin pump and CGM technology and the benefits to glycaemic control and quality of life. Recent studies have highlighted benefits of automated CGM/insulin pump therapy, including a common theme of improvement in time-in-range (TIR) (3.9 – 10 mmol/L), with people who have historically struggled with glycaemic control benefiting the most. Tandem Control IQ, Medtronic 670, 770 and 780G, Open Source, Omnipod Horizon and COMAPS FX (not yet available here) were all discussed.

Insulin pump/CGM automated therapy currently available in New Zealand have conservative bolus functions, only providing about 50% of needed bolus. However, these technologies still achieve a 12% improvement in TIR. The goal TIR is 70% or higher, which is easier to achieve in adults than paed, mostly due to the algorithm which is weight-based (the higher the weight, the more accurately it calculates doses). People living with T1DM will have more choices for insulin therapy including fully automated CGM/pump therapy in the future.

Other presentations explored experiences with the Freestyle Libre™ monitor. Shelley Rose presented 'Use of CGM in Youth with High Risk T1DM. This was part of her PhD. Participants, aged between 13-20 years, all had an HbA1c of >75. There were two groups, one was given a CGM for 12 months and the other group was given the CGM for the second 6 months of the 12 month period.

CGM was acceptable to youth (as less finger-pricking is needed!) but there were no statistical differences between groups at

12 months. BGL testing increased initially but did not continue. This shows that lack of self-blood glucose monitoring and high HbA1c is a multi-factorial problem, beyond just not wishing to test their blood glucose. Another study was of the use of Libre™ blood glucose monitoring in the Maori population. There were only 8 participants in this study, 4 male and 4 female, age between 24 and 59. They found the Libre™ monitor more convenient, discrete and quick to use. There was a lot of sharing of data between friends and whanau and it helped the participants to see the impact of food and medication on their glycaemic control.

Ryan Paul compared the efficacy of reducing insulin versus extra carbohydrates on glycaemic control and performance in patients with T1DM during aerobic exercise. One group of research participants reduced insulin to avoid hypoglycaemia, where the others increased their carbohydrate intake. Hypos were more common in the reduced insulin group. Despite this, participants preferred to reduce insulin rather than increase carbohydrate intake due to the risk of weight gain.

Hannah Wright presented a randomised-control trial of additional bolus insulin using an insulin-to-protein compared with insulin-to-carbohydrate ratio alone in people with T1DM following a carbohydrate restricted diet. There was no significant difference between the two groups which supports the use of individualised plans.

Helen Heenan talked about sharing electronic wound images between people with diabetes and their specialist diabetes podiatrist and the powerful impact images can have to help people understand their wound care and healing process. Showing images helped collaboration in wound care between the person and their podiatrist. Bobbi Milne analysed patients with diabetes undergoing amputations over an 8 year period at Middlemore Hospital. Sadly, the mortality rate was 50% with Maori and

Pacific Islanders are over represented. Smaller amputations were increasing and larger limb amputations were not decreasing.

Michelle Garrett encouraged us all to access the competency framework for diabetes lower limb care in Aotearoa New Zealand. This is available via PDF on the NZSSD website. The aim of this document is to support reducing the burden of diabetes foot complications.

Ryan Paul discussed the T2DM guidance accessible through the NZSD website which is a live document. There are now printable PDF documents with expiry dates to ensure people are using current recommendations. A new recommendation regarding diagnosis of diabetes is to do a second HbA1c as soon as possible and not to wait 3 months. This is to avoid inertia and emphasise the importance of good glycaemic control to avoid complications.

Saturday morning's opening presentation highlighted the serious challenges the Cook Islands face in managing Diabetes. Barriers to care included unhealthy food and tobacco advertising and obesity. In 2017 31% of children were either overweight or obese. This rate rose, in 2019 to 46%. The burden of diabetes will be financially unsustainable and needs to be addressed. Health promotion, literacy and community empowerment is needed to improve health.

Dr Martin de Bock 'Tech and young adults' – Bobbie Milne

Martin is a senior lecturer and paediatric endocrinologist whose research interests are in the emerging diabetes technology. He also did the closing plenary entitled "Larrikins". A Larrikin is "a boisterous, often badly behaved young man" which he likened to himself when he started coming to NZSSD conference and now here he was as a keynote speaker! This talk was about

changing ourselves to keep up with technology.

In other countries like Scandinavia, glucose sensors are used 85-100%. Control IQ data can even be used by Luddites. We need to start the learning journey from day one, all singing from the same hymn sheet – say the same things and repeat. Make no assumptions about what someone will do and keep the messages simple – aim for blood glucose of 4 - 8. Factors that affect outcome are human factors – someone's understanding, expectations, their personality and the relationships they have with the health professional and within the family. Health professionals have their own biases – do not assume that poor control means that they will be unable to use a pump.

Foundations for success are understanding, as a health professional be able to be upskilled by people with diabetes, from industry partners from conducting trials – of which Martin has been involved in many. Can follow people on Twitter to find out what they have published. Help set appropriate expectations. Look at websites that give information and resources about pumps. It is particularly important to let the pump technology especially the latest work without interference. Bolus in pumping is King. Need to rethink low treatment particularly with the pumps that predict lows – no need to treat if not actually low. There is a decrease in treatments needed for hypos with an automated system.

Conclusion – technology particularly automation can improve glycaemic control and reduce barriers. We need to prepare through collective learning and establish systems to ensure the best possible outcomes and collect data that demonstrates the outcomes. You are never too old to learn.

Special Interest Group (SIG) study days now Webinars

The SIG study days have been replaced by virtual webinars on the first Wednesday of the month. The first two have been held and proved popular. The slides are available on the NZSSD website under your log-in. The first speaker at the first webinar was Helen Snell. Happily she reported that the former Health Mentor online has been revamped as Health Learning Online and is now available on the NZSSD website. There are 14 hours' worth of continuing education.

Ryan Paul gave a comprehensive overview of the new T2DM guidelines. Amongst many points he explained why we should start metformin at diagnosis – partly due to clinical inertia and there is no guarantee when you will see the patient again. It also helps people not feel that T2DM is their own fault as just being told to change their lifestyle might.

RN Prescribing

We have had confirmation from Jill Wilkinson, Clinical Chief Advisor, Nursing at the Ministry of Health that RN prescribers will shortly be able to apply for Special Authorities. Thanks to Jill for her work on making this happen and we look forward to the announcement shortly.

Fear of Needles

Do you have patients who have a history of not having blood tests when requested or say they do not like injections and don't want to use insulin or monitor their own blood sugars? Or are declining vaccinations? When asked, they may say they do not like needles, but how serious is their aversion? Many parts of the country do not have

access to psychological support for people with a fear of needles. This does not just affect people being asked to test their own blood sugars or start insulin therapy, but also impacts on willingness to have blood tests and vaccinations (including Covid-19 vaccination). Embarrassment may prevent people admitting just how deep their dislike for needles goes. You may find this UK website useful especially in areas where there is no professional psychological support for this issue. Check it out and see what you think.

<https://www.guysandstthomas.nhs.uk/resources/patient-information/all-patients/overcoming-your-fear-of-needles.pdf> . You will need to delete the UK contact details!

Sue Talbot, NP Intern

ACDN (NZNO) Professional Development Grant

We currently have funding to support people maintain their professional development. While financially able, we are continuing with this Grant process. Instructions on eligibility and applying for the grant are available via the following link https://www.nzno.org.nz/support/scholarships_and_grants . There are two closing dates for application, 28 February and 31 July. You need to have applied for funding before attending the particular event you want financial support for, even if this event occurs before the closing date for funding (i.e. if you apply for financial support to attend a conference in June, before the conference, your application will be considered at the end of July. If you apply after the conference, your application will not be valid and will be declined). You will also need to supply receipts that cover the amount awarded before any grant money can be paid out. Regards Sue Talbot, Committee Member (and one woman newsletter contributor!).

Accreditation News

May 2021 Accreditation Round

Congratulations are offered to the following nurses who were awarded accreditation in the May 2021 round:

Specialist RNs:
Gillian Aspin
Imelda Chua
Lesley Manning
Stephanie Zhang

Proficient RN:
Katrin Peck

We now have 55 accredited nurses - 43 Specialist RNs, 7 Specialist NPs, and 5 Proficient RNs.

October 2021 Round

The next accreditation round opens 4 July, and closes midday on 6 August 2021.

Thirteen specialist RNs, one proficient RN, and three specialist NPs are due for renewal in the October 2021 round, and have been reminded via email.

Funding Support

ACDN has a grants fund that may be used to help cover some of the costs of accreditation or for assessor training. Details of the fund and how to apply are on the ACDN website.

Assessors

Rosalie Hornung, Val Crawford, and Karen Zhang have ended within this role, and the ACDN committee would like to thank them for their work within the accreditation process.

We are always eager for expressions of interest for more assessors

Are you...

**An accredited diabetes nurse?
Looking for a new challenge?
Wanting to develop new skills?
Looking to help 'grow' diabetes nursing in
NZ?**

Perhaps you are already a PDRP assessor?

Then we want to hear from you.....
The College is seeking to grow the pool of approved assessors to assist with assessing accreditation portfolios.

The College would like to hear from anyone with the following skills:

- ❖ accredited as either a Proficient (level 3) of Specialist (level 4) Diabetes Nurse
- ❖ an approved PDRP assessor, or
- ❖ have completed the NZQA assessment module 4098 or other approved assessment programme, or willing to undertake relevant training (funding support available), and
- ❖ interested and willing to be an assessor.

Assessment of portfolios occurs twice a year. The time it takes to complete an assessment varies but in general you should

allow at least 2 hours. Assessors are paid an honorarium for each portfolio assessed.

This is a wonderful opportunity to develop new skills that contribute to your own professional development, to network nationally with other members of the College, and to contribute to the professional development of your colleagues.

Expressions of interest can be directed at any time to Amanda de Hoop, Coordinator for the Accreditation Programme, by email – amanda.dehoop@midcentraldhb.govt.nz

Please include:

- ❖ your level of accreditation,
- ❖ whether you are willing to undertake the appropriate training, or,

if you are already an approved assessor, evidence of completion of a relevant course (a copy of your 4098 certificate or other approved course).

Amanda de Hoop
Coordinator - ACDN (NZNO) Accreditation Programme

Email: amanda.dehoop@midcentraldhb.govt.nz

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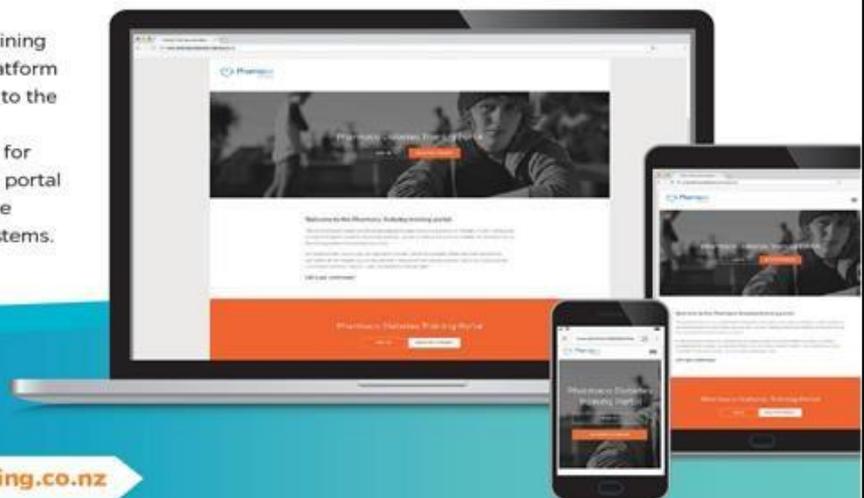
†The indication for children (age 4 - 17) is limited to those who are supervised by a caregiver who is at least 18 years of age.



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