

On Target

March 2019



Aotearoa College of Diabetes Nurses Committee:

Chair:	Tricha Ball
Secretary:	Anne Waterman
Treasurer:	Kerrie Skeggs
Accreditation Portfolio:	Bryan Gibbison
Newsletter:	Andrea Rooderkerk
NZSSD Liaison:	Bobbie Milne
Seconded:	Amanda de Hoop Nana Tweneboah - Mensah

Annual General Meeting

Annual General Meeting of Aotearoa College of Diabetes Nurses (ACDN) will be held on:

Wednesday 8th May 2019
8am-10am
Napier Conference Centre, 48
Marine Parade, Napier

For AGM papers and reports, please click [here](#): and login.

NB: In January this year, some changes were made to the log-in process on NZNO's website. The main change is that your surname in caps is no longer your default password, so you will need to select a new one. Most members are having no problems with this process. However, if it doesn't work for you, please phone 0800 28 38 48

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The most important persuasion tool you have in your entire arsenal is integrity.

Zig Ziglar,
writer and motivational speaker

Key Contacts:

Tricha Ball - Chair	Auckland	trichab@adhb.govt.nz
Anne Waterman – Secretary/ Website/Communications	Waikato	acd.secretary@gmail.com
Kerrie Skeggs - Treasurer	Mid-Central	acd.treasurer@gmail.com
Bryan Gibbison - Accreditation Coordinator	Waikato	bryan.gibbison@waikatodhb.health.nz
Newsletter		acdnewsletter@gmail.com
Membership		acd.membership@gmail.com

National Committee News

At the 2019 AGM, four of the National Committee will have completed their term on the National Committee. If you are thinking about expanding your horizons or looking for a challenge, please consider joining the National Committee of ACDN. The National Committee meet face to face four times a year with regular telephone conferences at other times. Travel costs to meetings are covered, but members are asked to seek support from Managers to attend weekday meetings if appropriate. If you are a team player who strives for excellence and would like to join our friendly team, please contact one of the National Committee. Nominations before the AGM have closed but if there are not enough nominations to fill positions vacant, there will be a call for nominations from the floor of the AGM.

“Joining our committee offers an excellent opportunity to be mentored by experienced committee members, to learn about the work of ACDN in promoting and supporting excellence in diabetes nursing in New Zealand.”
- Tricha Ball; Chairperson

Tricha Ball is one of the four stepping off the committee next month. Tricha has been chair of the College for six years and would be the first to say she’s not the type of person to lead from the front. It’s a credit to her passion for Diabetes Nursing that over those six years, she has put herself outside her comfort zone time and time again all to benefit the College. Thank you Tricha for the effort and hard work you have put in to steering a straight course for the College.

Also stepping away are:

Kerrie Skeggs – Kerrie didn’t have a clue about what being a treasurer entailed so the past three years have been a personal growth experience for her. A key achievement for Kerrie has been the transition of committee finances to electronic banking. This is a momentous feat and those of you who have held the Treasurer position before either in ACDN or in other organisations, will understand what an achievement this is. Thank you Kerrie.

Bryan Gibbison – Bryan has been involved with accreditation for 7 years and has been leading the process for the last 4 years, initially as Chair of the now disestablished Accreditation Board and then as programme coordinator for the last 3 years with the National Committee. As the coordinator, Bryan has been instrumental in ensuring the ongoing good health of the process. Thank you Bryan.

Andrea Rooderkerk – Andrea has looked after membership and the newsletter during her 3 year term. One of the highlights for her has been working alongside the editors of Kai Tiaki to produce the October 2016 edition of Kai Tiaki with a focus on Diabetes Nursing.

Accreditation News

Accreditation is a peer review process specifically for diabetes nursing where assessment is objective and against a set of nationally agreed criteria. Members of the ACDN, in primary, secondary and tertiary care sectors are encouraged to submit an application for accreditation at either Specialty or Specialist level. Accreditation is valid for 3 years. With the growing numbers of people living with diabetes, it's important that we, as a College, can assure our patients that they are receiving the very best education and support from nationally recognised accredited nurses.

There are two application rounds each year, with closing dates for applications in March and August each year. Further details are available at the ACDN webpages on the NZNO website. Click

on the following link: [ACDN Accreditation](#)

May 2019 Accreditation Round

Seven applications have been received in March for the May round and applicants will be notified of the outcome by the end of May at the latest.

Funding Support

ACDN has a scholarship/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. Click on the following link: [ACDN Grant](#)

News Flash:

A new process for accreditation is coming – watch out for the new documents in the next month or so.

As you will be aware, the National Committee has been working on a new process for accreditation for the last 18 months or so. A draft guideline was presented at the Nurses Day and AGM in 2018 and the feedback from that has been incorporated into the document.

We now have a new process document ready to go. This will be presented to the assessors and to the membership at the ACDN Study Day next month in Napier and again at the AGM on 8th May. It is anticipated that we will run a dual process for the October 2019 round, where applicants can choose to use either the current or new process and then move to the new process only as from the May 2020 round.

Assessor training for the new process is likely to be held in early August. This is exciting news and we hope the new process will be robust, fair and equitable.

ACDN Professional Development Grant

The Aotearoa College of Diabetes Nurses (ACDN) has established a fund to assist nurses to attend or participate in events related to diabetes nursing that will further their knowledge base in their current field of work i.e. workshops, conferences, study days, seminars, post graduate study. This professional development grant can also be used to cover part of the cost of the Aotearoa College of Diabetes Nurses accreditation application.

ACDN gratefully acknowledges the contribution from **Mediray** towards diabetes nurse education, via the ACDN Professional Development Grant. Applications are considered twice a year and the **next closing date is 31st July 2019**.

Please note, all grant applications must be submitted electronically on the NZNO Aotearoa College of Diabetes Nurses Professional Development Grant Application Form which can be accessed on the College webpage at NZNO website. Click on the following link:

[ACDN Grant](#)

NZNO has a significant number of scholarships that members may also be eligible for. The NZNO website has all the relevant information about these, including criteria and the process for application. Here's the link:

[NZNO Scholarships and Grants](#)

Upcoming Events

ACDN Annual Study Day 2019: Medications and Management

Date: 7 May 2019

Venue: Napier Convention Centre

Register:

www.ivvy.com.au/event/akB119/sig-study-days.html

The programme can be found [here](#).



NZSSD 2019

The 2019 ASM will be held at the Napier Convention Centre; 8-10 May 2019, with SIG satellite programmes on 7 May 2019.

Registration and other information can be found at: [NZSSD ASM 2019](#)

Key dates:

Registrations close: 23 Apr, 2019



Pharmac Seminars

[Women's health 2019 – reproductive endocrinology](#) – Friday 17 May, Wellington

Presented by Drs Stella Milsom and Megan Ogilvie, this seminar will cover premenopausal reproductive endocrinology, menopause and will also include new management guidelines for PCOS.

[Health and wellbeing for health professionals](#) – Monday 17 June, Ko Awatea, Auckland
Back by popular demand, Dr Fiona Moir will cover useful techniques for stress management and burn-out prevention.

Member requests your help

At CMDHB we are reviewing our in-patient management guidelines for hyperglycaemia. We would appreciate if any members of the ACDN group could share their in-patient hyperglycaemia guidelines with us. Please send any correspondence to Imelda.Milich@middlemore.co.nz

Special Interest Groups (SIGs)

In addition to the SIGs below, there's been some interest in forming a SIG for:

1. Pregnancy
2. Nurse Managers

Please email your interest about either group to acd.membership@gmail.com

Indigenous Diabetes Nurse SIG as part of ACDN

The aim of this group, which falls under the umbrella of the Aotearoa College of Diabetes Nurses (ACDN), is to offer indigenous nurses the opportunity to meet, share information and discuss cultural activities that may assist with improving engagement, delivery and management for people living with diabetes. ACDN encourages its members to get involved and inform other

indigenous nurses working in diabetes to consider how they might be able to link into this SIG. To learn more about this special interest group, or to get involved please contact:
Gina Berghan (MN, DNS);
Nurse Specialist-Diabetes
T: 09-3074949
E: gina@adhb.govt.nz

Paediatrics - as part of the Paediatric Society of NZ – National Diabetes Clinical Network for Child & Youth

The Clinical Network for Children and Young People with Diabetes (Paediatric Group) will hold a study day prior to the ASM of NZSSD in May 2019.

Click [here](#) for details re programme and registration.

Gilli Lewis is the facilitator for the Paediatric Clinical Network and has provided the following report of the Network's key areas of focus and activities:

To undertake an annual survey with key stakeholders:

Ruby McGill (the consumer representative member of the CRG) has recently taken on the position of Diabetes NZ Director of Youth. Ruby has joined the Clinical Network, following the stepping down of Jacqui van Blerk.

The survey that the CN agreed to carry out this year, will look at resources for schools and other organisations planning overnight trips, education outside the classroom or camps.

Ruby has taken on the survey work that Jacqui began, working with Diabetes

NZ to prepare the survey. Once the survey is ready for distribution, we will invite families with children and young people with diabetes across New Zealand to participate in the survey.

To develop, update, and/or share clinical protocols and information relevant to the NZ paediatric, adolescent and young adult diabetes population:

The DKA clinical protocol produced in 2014 and available on the Starship website is currently being revised by the CRG medical clinicians to align with the new Starship IV fluids guidelines but provide options for fluid alternatives for small regional centres where accessibility to certain fluid types is limited. Awaiting final review.

The CRG has endorsed the recently released International Society for Paediatric and Adolescent Diabetes (ISPAD) 2018 updated Type 2 Diabetes (T2D) in Youth guidelines and will investigate further whether a web-link to this via the network website is going to be possible.

A protocol for management of young people with diabetes during surgery is currently being benchmarked against International Society for Paediatric and Adolescent Diabetes (ISPAD) standards. Not yet ready for release.

To develop and maintain a national collection of data relevant to children and adolescents with diabetes, to facilitate collaborative benchmarking, audit and research projects:

At a recent physicians meeting most clinicians found the Virtual Diabetes Register (VDR) less useful (as it is a point prevalence register) and very time consuming. The CRG feel that a

national database of clinical data that can be used to benchmark against international paediatric and adolescent standards of care would be more useful.

The CRG agreed that it would be useful to get funding for data entry into local databases, which could then be collated into one national database. The CRG are currently investigating funding opportunities, which may be appropriate.

Develop workforce capacity and education; Develop a system so that regular updates on workforce capacity and capability is compiled and shared across DHBs:

A workforce survey has been undertaken by the Australasian Paediatric Endocrine Group (APEG). The results have recently been published (July, 2018) in the Journal of Paediatrics and Child Health: Children and adolescents with type 1 diabetes in Australasia: An online survey of model of care, workforce and outcomes, (by Martin de Bock, Timothy Jones, Jan Fairchild, Fran Mouat and Craig Jefferies). This survey suggests that New Zealand is under-resourced in most areas. Plan to undertake a further survey in 2019 for reporting in 2020. Currently, such surveys represent the only mechanism for updating workforce capacity and capability.

Progress the development of annual national workforce development days. A paediatric focussed meeting aligned with the NZSSD annual scientific meeting in May 2019 is currently being planned.

Paediatric diabetes nursing and allied health professional group - exploring innovation and initiatives that can be shared

nationally; Initiative and resources developed with the nursing network are shared through established communication links:

This year's project is to produce a resource for families regarding the use of continuous glucose monitoring (CGM) and/or flash glucose monitoring (FGM). The working group are looking at a couple of key resources with a view to developing a new resource with a New Zealand perspective. The Plan is to launch the newly developed CGM/FGM resource at the NZSSD conference in May.

Develop a research focused work stream; Explore options to focus on research and collaborations:

Three NZ paediatric diabetes centres are currently involved in a study investigating the potential benefit of using flash glucose monitoring in adolescents. In Dunedin there is now also an add-on study looking at Blu-con use with the libre. In Christchurch Martin De Bock has funding for some closed loop research.

Bicultural focus and stakeholder engagement:

Ruby McGill (Director for Youth at Diabetes New Zealand) is a member of the Clinical Reference Group and is leading the consumer survey project.

Developments to support transition to adult services:

Guidelines and documents to support transition from paediatric to adult services are freely available via the Starship diabetes webpage. The processes for individual transition from paediatric to adult services remain unique to each DHB.

Developments to support transition to business as usual:

Provision of high quality, current clinical guidelines and family/ whanau resources is the first step in supporting equitable care for children throughout NZ. Socialising these resources and continued benchmarking will support clinicians and families to deliver best quality care regionally.

Issues/concerns:

There has been a change in the consumer role and more recently the chair, which has temporarily slowed progress, but the changes will ultimately benefit the group.

If anybody has any feedback or would like to propose changes to any of the Network resources or have ideas about areas in which resources are needed for Paediatric populations in 2018 please do contact Gilli at Gilli.Lewis@ccdhb.org.nz All resources are reviewed bi-annually in response to feedback received by the Network.

The secret of joy in work is contained in one word -- excellence. To know how to do something well is to enjoy it.

Pearl S. Buck,
writer

Diabetes Young People SIG (15-25 yrs) as part of NZSSD

In Napier on Wednesday 8th May at 10am following the ACDN AGM and prior to the opening of the NZSSD ASM there will be the **Diabetes Young People SIG** meeting for 90 minutes. Please register for this at the same time you register for the study day.

If you work with young people aged 15-25 years with diabetes and you would like to join the DiabetesYoungPeople

SIG, please contact Vickie via the following email address: diabetesyoungpeople@googlegroups.com

For your interest

Iron supplements on alternative days may be as effective as daily with fewer adverse effects

Many patients find it difficult to take oral forms of iron due to GI adverse effects. This study gave single doses of 60 mg iron on consecutive days versus the same dose on alternate days.¹ The participants were described as women who were iron depleted and were followed for 14 days.

The outcomes measured in fractional iron absorptions were 16.3% (9.3, 28.8) in the consecutive-day group versus 21.8% (13.7, 34.6) in the alternate-day group ($p=0.0013$). Eight (38%) of 21 patients in the consecutive-day group and five (26%) of 19 in the alternate-day group reported gastrointestinal adverse events (all were grades 1–2; grade 4 is the most severe), and that number would probably have increased if constipation had also been recorded.

Unanswered questions are: will this apply to people with more severe anaemia and will alternate day dosing lead to significantly decreased adherence.

Reference:

Iron absorption from oral iron supplements given on consecutive versus alternate days and as single morning doses versus twice-daily split dosing in iron-depleted women: two

open-label, randomised controlled trials. *Lancet Haematology* 2017 [Click here](#)

Joyce Roberts and Iris Blowers received ACDN grants to support their attendance at the AUSMED meeting in Perth in December 2018. Here is their report:

Having the opportunity to attend the AUSMED Medicines: Improve Your Knowledge conference in Perth in December was a premier chance to refresh and update our knowledge regarding medications. Topics covered included an overview of the role of medications within the healthcare system, pharmacokinetics and dynamics, a review of the major classifications of medicines as well as measures to maintain safe practice. The importance of evidence based practice, interprofessional responsibility and health literacy were highlighted throughout the conference.

As RN prescribers, the session addressing the topic of maintaining medication safety was of particular interest. The New Zealand statistics would be comparable to those of Australia where roughly 50% of admissions having an incomplete medicines list, 10% of all adverse events experienced in hospitals were caused by medicines and 12% of patients had an error in their discharge prescription. The responsibility for medication management is incumbent on all members of the medical team as well as the patient.

As prescribers, it was thought provoking to reflect on the responsibility for the decision to

prescribe, providing a review of medications, monitoring the response, ensuring the transfer of information to other members of the health care team as well as encouraging active patient participation in the process. All of this is very demanding and challenging highlighting the importance and significance of the prescriber role in ensuring medication safety.

Day 2 of the conference included a lecture on accessing credible, evidence based information regarding medications. The workshop used a case study approach and the use of "PICO" questioning:

P = description of the patient, population or problem.

I = intervention, prognostic factor or exposure.

C = comparison or alternative to compare with the intervention if appropriate.

O = outcome or what you wish to accomplish, measure or improve.

By following a structured way of looking at a situation assists one in keeping the solutions patient focussed and helps narrow the questions enabling one to find solutions more efficiently.

This workshop also covered how to search for reputable sources of information and how to interpret research findings. The lecturer reminded us that when we are interpreting findings it is imperative to ask whether or not these results can apply to this particular patient and were all clinically important outcomes considered. Another important question to ask when considering treatment options is whether or not the treatment (ie medication) benefits are worth the potential harm and costs.

The key outcomes to remember from this session were the importance of an integrated patient focussed approach and the use of a systematic grid to process the information. This approach involves:

- Asking answerable questions
- Searching for an answer
- Evaluating/appraising information
- Applying information to patient care

This workshop was highly challenging and we are motivated to use "PICO" questioning format in our interactions with patients.

The importance of assessing the level of our patients' health literacy was highlighted throughout the conference. Undersanding this will help ensure that the information given is tailored to the individual and that the message intended is the message received.

Studies show that most patients will only remember three points. The importance of using a "teach back" approach to confirm what was learned, was emphasised. For example, using a statement such as "Just to check that I have explained everything clearly, can you show/tell me how you will use this information when you get home?"

This approach allows the health professional the opportunity to fill in any gaps in the patient's understanding and clarify any misunderstandings. Rather than asking if the patient has any questions, asking "What questions do you have for me?" promotes an environment that is less threatening and more conducive to patient involvement. This approach is particularly applicable to the outpatient clinic setting.

We would like to thank Aotearoa College of Diabetes Nurses for their generous contribution which enabled us to attend this conference. Your financial support of professional development encourages our ongoing learning.

Joyce Roberts & Iris Blowers.

Questions can't change the truth. But they give it motion.

Giannina Braschi,
writer

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