

# On Target

## June 2019



### Aotearoa College of Diabetes Nurses Committee:

<b>Chair:</b>	Bobbie Milne
<b>Secretary:</b>	Anne Waterman
<b>Treasurer:</b>	Nana Tweneboah-Mensah
<b>Accreditation Coordinator:</b>	Amanda De Hoop
<b>Committee Member:</b>	Helen Ashton
<b>Committee Member:</b>	Pip Cresswell
<b>Committee Member:</b>	Belinda Gordge
<b>Committee Member:</b>	Sue Talbot

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- ♥ Sponsors



*ACND AGM 2019*

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## National Committee News

At the 2019 AGM, we had a number of people nominated for the four vacancies on the National Committee and as a result, the committee has reached its full quota of 8 members. The National Committee meets face to face four times a year with regular telephone conferences at other times. We welcome the following members to the National Committee:

### Helen Ashton – Waikato



I am currently employed at the Waikato Regional Diabetes Service in Hamilton as a Diabetes Clinical Nurse Specialist (CNS). I have been in this role for seven years and over this time have obtained Designated Diabetes Nurse prescribing rights and two years ago moved onto obtain RN Prescribing in Primary Health and Speciality Teams to extend my prescribing

scope. In my current role I manage a case load of patients with Type 1 and Type 2 and facilitate and teach on a Level 700 Diabetes Paper at Wintec. Prior to moving into secondary care I worked in primary health care as a Practice Nurse for sixteen years. It was during my time as a Practice Nurse that I developed an interest in diabetes care and management. This led me on a postgraduate journey to a clinical Masters in Nursing Health Care. I am looking forward to joining the Aotearoa College of Diabetes Nurses and hope that as a committee member I can help drive some national level guidelines and consensus statements to promote consistency of diabetes care across Aotearoa.

### Sue Talbot – South Canterbury



I am employed by SCDHB as a Diabetes CNS and member of a 'Multi-condition Hub'. My past history

includes rest home and palliative care nursing and a 15 year history of working in a primary care practice as a practice nurse before commencing my diabetes role in 2011. Initially I was employed as a community diabetes CNS, then I progressed to working in the hospital setting. We are a small DHB and have no endocrinologist. I work with two other part time CNS and we now cover paediatric, primary, secondary and maternity services. I have completed my Masters and am in the process of working towards NP registration (long term conditions and diabetes). I live with my husband, on a farm, but we are in the process of selling and setting up a rural business on a lifestyle block. We have two adult children. We also own a travel agency, which our daughter manages. I am looking forward to working as part of the committee and hope my varied role as a CNS will prove useful. I am looking forward to working with other nurses, who share my passion for diabetes.

### **Pip Cresswell – Wellington**

Kia ora tātou. Ko Pip Cresswell tōku ingoa. I'm an inpatient diabetes CNS working at Wellington Regional Hospital. I have been working in diabetes since 2002, firstly as a research nurse on clinical research trials. I was so grateful that there was life-saving medication available for one of my kids when they needed it that I felt a big loyalty to drug research. About half the trials we had were designed both by the staff working in our department and the others were medication trials. Many of our patients were able to access DPP-4 inhibitors, SGLT-2 inhibitors, GLP-1 agonists that they couldn't get any way other than through taking part in trials. The most interesting recent trial looked at an

insulin to protein ratio for people with T1DM on low carb diets.

I've now changed my focus and love doing the inpatient CNS prescriber role. My biggest achievement this year after protracted efforts is getting paid a little bit extra for doing prescribing – more about that elsewhere in the newsletter.

I'm keen to advocate for adding new medications to the lists for diabetes nurse prescribers and for paid prescribing while on the ACDN and I'm going to work on the newsletter. Please send in your issues and successes. Ma te wa.

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### **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

Congratulations to the following people for achieving or maintaining accreditation:

Kathleen McNamara, Imelda Milich, Claire O'Brien, Harpreet Kaur, Hazel Phillips, Harriet Puaga and Bobbie Milne.

## August 2019 Accreditation Round

Applications for the August 2019 round of accreditation are now open and portfolios are due to NZNO Head Office in Wellington by **12 mid-day on 9 August 2019.**

## Funding Support

ACDN offers a professional development grant that may be used to help cover some of the costs of accreditation or for assessor training. More details and how to apply are on the ACDN website. Click on the following link: [ACDN Grant](#)

## As always - a reminder regarding confidentiality

A consistent feature coming back from assessors is around confidentiality. There are frequent minor breaches of both patient and colleague confidentiality in evidence supplied. This is not acceptable. Any breach in confidentiality will result in the portfolio not being assessed and it being returned to the applicant.

I appreciate that this seems severe, but we can no longer accept this practice. Maintaining confidentiality for the people you work with and your patient/client is paramount. NZNO have updated their practice guideline titled **Privacy, Confidentiality and Consent in the Use of Exemplars of Practice, Case Studies and Journaling, 2016.** This can be accessed from the NZNO website in

Publications at the following link. [http://www.nzno.org.nz/resource/s/nzno\\_publications](http://www.nzno.org.nz/resource/s/nzno_publications) and can be found under the section titled 'Practice'

## Moderation:

Following an expression of interest process, the committee has elected Kate Smallman as the new moderator for the next two year term. We look forward to working with Kate, and value the wealth of experience that she will bring to the role. The purpose of the accreditation external moderation process is to review the assessment process against criteria stipulated in the Accreditation Handbook and associated tools. This is an integral part of the quality assurance of the programme.

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 Specialty (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](mailto: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](mailto:amanda.dehoop@midcentraldhb.govt.nz)

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## ACDN Professional Development Grant

The Aotearoa College of Diabetes Nurses (ACDN) has funds 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. These funds are distributed in the form of professional development grants which 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](#) and [Pharmaco](#) towards these funds used for professional development of ACDN members. Applications are considered twice a year and the **next closing date is 31<sup>st</sup> 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](#)

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**Lisa Smith** received an ACDN Professional Development Grant to attend the ACDN Study Day in Napier in May 2019. She reports:

I attended the ACDN study day and the opening plenary speaker, Professor Leonie Callaway, presented to us the importance of "Compassionate Care and Mindfulness in Health Care." She had first-hand knowledge of this having experienced her own issues and

journey of wellbeing. She asked the audience to undertake a questionnaire: <https://self-compassion.org/test-how-self-compassionate-you-are/> and to score ourselves. She outlined the benefits of practicing self-compassion through meditation and mindfulness to keep ourselves well and also our colleagues and patients.

Other highlights on the day were: Rachael Walker NP with a presentation on Maori patients experiences with CKD. Patients narratives included lack of power in decision making, effects of poor health literacy on understanding of kidney disease, feelings of disempowerment, regret and self-blame. It is essential for nurses to develop a mutual trusting relationship, using best practice, early detection, education and resources that are informative.

Bryan Gibbison discussed the accreditation process which is much more streamlined for nurses now.

Dr David Tipene-Leach, opening speaker for the ASM discussed inequity and cultural competency. He gave a good summary of the factors that lead to inequity for Maori, specifically social determinants of health and the historical trauma that has an effect on the epigenetics of Maori with diabetes.

Professor Leonie Callaway also presented on the effects of childhood trauma, socio-economic disadvantage, depression and gestational diabetes. This presentation gave me an insight into some of the women who come to my clinic and why they may not be engaging in care of themselves.

The oral poster presentations were valuable. In particular, Nurse Prescribing in Diabetes Care in New

Zealand: practices and barriers; by Claire Budge and Dr Helen Snell. This outlined the progression of diabetes nurse prescribing in NZ and will be useful to share with my colleagues in the Tairāwhiti region.

I am grateful for the opportunity to attend conference in Napier at such a lovely conference centre and the spectacular view of the ocean.

Lisa Smith - Diabetes CNS Prescriber



*Professor Leonie Callaway*

## **Member requests your help**

Hi there – I am wondering what patient information has been developed (and when resource was developed) around the country regarding Metformin in Pregnancy, Preconception Planning, Insulin Pump

Use in pregnancy (& anything else pregnancy related which works well for you and your pregnant women) please. Would love to see what is being provided to women if you are happy to share.

Thanks in advance – please email to:  
[Cate.wilson@southerndhb.govt.nz](mailto:Cate.wilson@southerndhb.govt.nz)  
Cate Wilson, Clinical Nurse Specialist-Diabetes; Southern DHB

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## Special Interest Groups (SIGs)

### 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](mailto:gina@adhb.govt.nz)

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### Diabetes In Pregnancy SIG

A number of people have indicated their interest in the establishment of this particular SIG and arrangements are being finalised for the first meeting of this SIG by teleconference in July 2019. If you would like to be included, please

email Anne Waterman – Secretary for ACDN at [acd.secretary@gmail.com](mailto:acd.secretary@gmail.com)



*The genesis of the DiPSIG*

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

Gilli Lewis is the facilitator for the Paediatric Clinical Network. 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 please do contact Gilli at [Gilli.Lewis@ccdhb.org.nz](mailto:Gilli.Lewis@ccdhb.org.nz)

All resources are reviewed bi-annually in response to feedback received by the Network.

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

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](mailto:diabetesyoungpeople@googlegroups.com)

## For your interest

Some key snippets from the ADA Meeting in San Francisco earlier this month:

The *CREDESCENCE* trial (Canagliflozin and Renal Events in Diabetes with Established Nephropathy Clinical Evaluation) was designed to assess progression of kidney disease and cardiovascular outcomes.

The trial was a double-blind RCT with 4400 participants, which was ended early due to interim analysis showing that Canagliflozin has a renal and cardiovascular protective effect in reducing the progression of renal impairment.

The *CARMELINA* trial (Cardiovascular and Renal Microvascular outcome study with Linagliptin in patients with type 2 diabetes) primarily assessed cardiovascular outcomes and secondarily progression of kidney disease.

This trial ran over 3 years (2013-2016) with almost 7000 participants in 27 countries and demonstrated that Linagliptin was safe to use in patients with type 2 diabetes at high risk for CVD or renal disease. There was also significant risk reduction in progression of albuminuria.

The longest running study of type 2 diabetes in young people, Longitudinal Outcomes in Youth with Type 2 Diabetes—The TODAY2 Study, is winding down. Results to date show that youth-onset type 2 diabetes is more aggressive than adult-onset disease.

The *TODAY* Study of youth-onset type 2 diabetes ran from 2004 to 2011.

TODAY2 added five years of continuing treatment and follow-up through 2014. TODAY2 Phase 2, an observation-only follow-up, continues through January 2020.

Complications in youth-onset type 2 diabetes come earlier than in adult-onset type 2 diabetes.

The 12-year cumulative incidence of low-density lipoprotein dyslipidemia was 26 percent, and 55 percent for hypertension.

The event rate for all adjudicated heart, vascular, and cerebrovascular events was 6.41 per 1,000 patient-years. That's triple the cardiovascular event rate seen in the Diabetes Control and Complications Trial, which studied an older population with a longer duration of diabetes.

Diabetic kidney disease outcomes are similarly accelerated in youth-onset type 2 diabetes. Half of the TODAY participants had diabetic kidney disease markers, 40 percent with microalbuminuria and 11 percent macroalbuminuria. Both were associated with A1C levels of 8 percent and higher.

Fundus photography showed that nearly half of TODAY participants had some degree of diabetic retinopathy. Loss of glycemic control, which was defined in the study as A1C of 8 percent or higher, carries a 19-fold risk for retinopathy, and every percent of A1C increase doubles the risk of progression.

Neuropathy is even more common, with 73 percent of participants testing positive. Loss of glycemic control is again the primary risk factor.



Pregnancy outcomes in patients with youth-onset type 2 diabetes are grim. Of the 236 pregnancies with known outcomes in the study, 12 percent ended in miscarriage, 3.8 percent in stillbirths, and 9.7 percent in unknown losses. Of the live births, 23.7 percent were pre-term, more than double the expected pre-term rate. The average birth weight was 2,138 grams, well below the typical 3,389 grams. Macrosomia was seen in 18.9 percent and very low birth weight in 15.9 percent, double reference study levels.

Neonatal hypoglycemia was reported in 28.7 percent of newborns, respiratory distress in 14 percent, shoulder dystocia in 3.1 percent, cardiac anomaly in 8.5 percent, and other complications in 12.2 percent. These rates are two to 19 times reference study levels.

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### **CVD tool now includes kiwi data**

The online Absolute CVD Risk/Benefit Calculator tool<sup>1</sup> helps estimate a patient's risk of cardiovascular disease (CVD) as smiley/sad face icons and enables the clinician to show the patient estimates of the benefits and harms for single interventions (e.g. diet, activity, statins, blood pressure medications).

It now has the PREDICT data from New Zealand which takes into account the fact that coronary heart disease has reduced 90% since the 1950s when the original Framingham equation was created. There are some caveats, e.g. cannot use for over 80-year-olds.

The tool is best used for demonstrating the impact that statins, blood pressure lowering, diet, aspirin and exercise have on CVD risk. It is not useful when discussing taking insulin, as there is an

absence of evidence for insulin and CVD.

A 65-year-old man with a 12% CVD risk on the old tables has a 6% risk on the new ones.

Reference: *The Absolute CVD Risk/Benefit Calculator* [\*\*Click here\*\*](#)

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### **Diabetes Auckland have relocated:**

Diabetes Auckland  
Lighthouse Building  
55 Hugo Johnston Drive  
Penrose  
Auckland

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### **Congratulations:**

George Bongiovanni, Executive Director for Mediray has recently reached a significant milestone. This year marks his 50<sup>th</sup> anniversary within the medical technology industry. George started as a trainee technician at Royal Women's Hospital, Melbourne, Australia in 1969 before moving into medical and laboratory sales and eventually on to starting his own business. Throughout his career, George has been committed to improving patient care and outcomes in New Zealand through enabling access to medical technologies.

Congratulations George on this amazing achievement from ACDN and thank you for your long-standing support of Diabetes Nursing.

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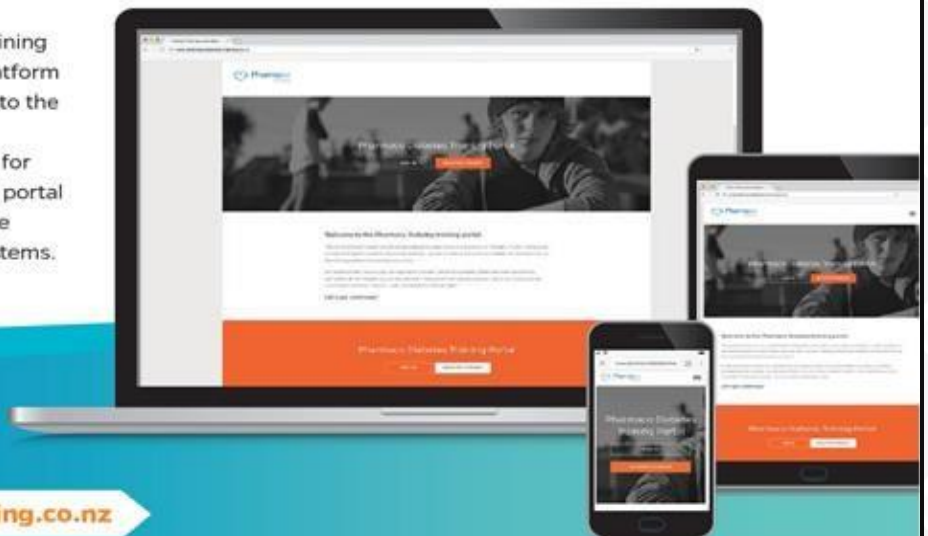
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†The indication for children (age 4 - 17) is limited to those who are supervised by a caregiver who is at least 18 years of age.

## Learn about the new CareSens meters when it suits you!

Introducing the Pharmaco Diabetes Training Portal – a convenient online training platform for healthcare professionals. Simply go to the portal, register your interest and start learning at a time and place that works for you. Full of information and videos, the portal will help you become expert in using the CareSens blood glucose monitoring systems.



To register your interest  
and start learning go to

[www.pharmacodiabetes-training.co.nz](http://www.pharmacodiabetes-training.co.nz)

Pharmaco (NZ) Ltd, Auckland.  
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