

On Target

October 2019



Aotearoa College of Diabetes Nurses Committee:

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

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Report from the New Zealand Nurses Organisation Conference 2019

Leaving No One Behind – Health for All

Museum of New Zealand Te Papa Tongarewa, Wellington

I attended this conference as a representative of the ACDN. The first afternoon was dedicated to the Special General Meeting. It was not a great way to be introduced to NZNO governance. I was really saddened and disappointed with regards to the lack of professionalism, respect and conduct from nurses relating to content leading up to and included in the SGM. There is much to be learned from this and there will be challenges ahead for the NZNO board. As members I encourage you to read your emails (I know there has been many), read Kai Tiaki Nursing journal, do attend regional and college meetings - as a fee paying member you have a vested interest in who is operating and running this organisation you belong to and where your membership fees are going.

Speaking of fees there was a motion put forward at the AGM for a fee increase but the majority voted against this. This does however put constraints on updating NZNO's IT system and its ability to meet the needs of members. Membership numbers, despite rumours that these have been dropping, currently sit at just over 52,000.

Only 8% of us voted for the NZNO board election. The new board members were introduced at the AGM and some had the opportunity to present themselves and their vision. I wish the new board members the best and acknowledge and thank those staying on and those that have departed knowing that they have

and will be working through many issues. I hope that the 'we are all one' approach is taken by the board and that they all work together with respect, dignity and integrity and kindness.



Q &A with the Hon Dr David Clark, Minister of Health

The Minister answered five questions from the group and one of the questions was from ACDN:

“What is the Minister doing to address the issue of poor access to funded new diabetes medications?” His answer was that Pharmac is assessing new applications and Hon Peni Henare has been appointed as associate health minister to cover diabetes health which will allow a more focused approach. He also mentioned that Labour are investing in preventative strategies at primary school level focusing on healthy eating and exercise to try to curb the diabetes epidemic. So not a direct answer but at least our question was given attention.

One of the most positive experiences from the conference for me was the beautiful cultural diversity and representation and how this was shared and expressed by all of those attending. It was humbling to hear about the wonderful work nurses do across the country and it would be great to see more presentations about the positive impact of nursing.

*Helen Ashton
Clinical Nurse Specialist – Diabetes*

Nurse Prescribing News

Two excellent Diabetes & Related Conditions RN & NP prescribing study days were organised by Dr Helen Snell in Wellington in August. It became obvious during a presentation from Nursing Council that designated RN prescribers in diabetes health were uncertain how they fitted into the changed RN prescribing legislation. As a result Nursing Council has updated their website to make the position of RN prescribers in diabetes health clear. See the Nursing Council website for more information. Nursing Council also confirmed verbally that designated RN prescribers in diabetes health would not be left behind in future updates of the medications list. Work on updating the list will begin next year and requires widespread consultation.

Diabetes CNS prescribers reported at the study days that a fifth DHB is now paying a modest additional remuneration to diabetes CNS prescribers. This sparked interest in prescribers in other DHBs.

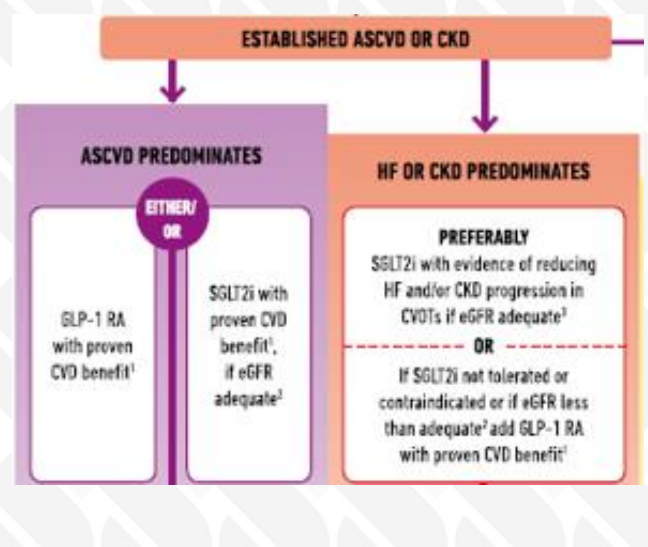
Dr Paul Drury and Dr Jeremy Krebs both reviewed parts of the EASD and ADA consensus statement 2018 for management of T2DM. It is no small feat getting a consensus between these two organisations apparently. The consensus is very different from the previous one in that it is quite directive. The evidence base is now so strong that newer types of diabetes treatments are being specifically recommended as second line treatment after metformin for many patients.

For patients with atherosclerotic CVD second line treatment should now be either a GLP-1 receptor agonist (GLP1 RA) or an SGLT2 inhibitor (SGLT2i) (if eGFR adequate) with proven CV benefit. The GLP-1 RAs with proven benefit are firstly liraglutide with semaglutide

second and exenatide extended release third. The SGLT-2 inhibitors with proven benefit are empagliflozin, canagliflozin and now dapagliflozin with slightly more benefit from empagliflozin.

For patients with heart failure and CKD, the 2018 consensus clearly recommends SGLT2is with evidence of reducing heart failure and CKD progression (empagliflozin, canagliflozin and now dapagliflozin again) as second line therapy. Data for canagliflozin published in the New England Journal of Medicine in June this year showed that GFR progression slowed significantly in the canagliflozin group vs placebo group (-1.85 ± 0.13 vs. -4.59 ± 0.14 ml per minute per 1.73 m^2 per year).

As these medications are not funded in New Zealand patients with T2DM are not getting the most effective medications they could be. Our job as clinicians is to give patients this information. Those that can self-fund may choose to do so. Unfortunately, this could lead to increases in inequity in New Zealand but the information should be shared. Please review the consensus statement for more detail.



Accreditation News

Accreditation is a peer reviewed process through which diabetes nurses can be assessed as having diabetes specific knowledge and skills, against a set of nationally agreed criteria. ACDN members are encouraged to submit an application for accreditation at either Specialty or Specialist level. Accreditation is valid for 3 years. The process is moderated externally as part of its quality assurance programme. 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.

October 2019 Accreditation Round

Eight applications for accreditation were received for this round - 2 new, 5 maintenance accreditation, and 1 nurse practitioner application. Assessment is on-going at the time of publication of the newsletter so outcomes will be in the next edition.

New Accreditation Process

Unfortunately, the new accreditation process discussed at NZSSD was not ready for the August 2019 round. I endeavour to have all of the updated documents available on the website by the end of the year, so that applicants for the March 2020 round are able to choose between the current and the new process. An announcement will be made when this is completed.

Reminder regarding Confidentiality

Any breach in confidentiality will result in the portfolio not being assessed and being returned to the applicant. Maintaining confidentiality for your patient/client is paramount.
Amanda de Hoop

Coordinator - ACDN (NZNO)
Accreditation Programme
Email:
amanda.dehoop@midcentraldhb.govt.nz

ACDN Professional Development Grant

Twice a year ACDN makes grants to assist nurses to attend events related to diabetes nursing which will further their knowledge i.e. workshops, conferences, study days, seminars and post graduate study. Grants can also be used to cover part of the cost of the ACDN accreditation application.

ACDN gratefully acknowledges the contribution from [Mediray](#) and [Pharmaco](#) towards these funds used for professional development of ACDN members. The **next closing date is 28 February 2020**. Applications for funding to attend NZSSD 2020 in Wellington should be received by then as grants are not made retrospectively.

Grant applications must be submitted electronically on the NZNO ACDN Professional Development Grant Application Form which can be accessed on the ACDN webpage on the NZNO website. Click on the following link:
[ACDN Grant](#)

NZNO also has a number of scholarships that members may also be eligible for. The NZNO website has all the relevant information about these. Here's the link:
[NZNO Scholarships and Grants](#)

Member requests your help

At Taranaki Base we are in the process of improving how we screen our patients with diabetes for psychological and social problems.

We are interested to know who does the screening, where and when screening may occur. Primary care? Secondary care? Every contact?

How is this documentation captured? What tools are used? What resources are used/available to support patients you screen and have distress/anxiety?

If screened and found to have anxiety/distress – who does the next step - assessment – and where do they get referred to for ongoing support?

Many thanks for your assistance.

Sue Williamson
Sue.Williamson@tdhb.org.nz

Special Interest Groups (SIGs)

Indigenous Diabetes Nurse SIG as part of ACDN

This group offers 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. To get involved please contact:

Gina Berghan (MN, DNS)
Nurse Specialist-Diabetes
T: 09-3074949
E: gina@adhb.govt.nz

Diabetes In Pregnancy SIG

In September the group decided to approach NZSSD about forming a national MDT DIPSIG. For those interested the next teleconference is Thursday 7 November 1-2 pm. Please contact

Elizabeth.Lewis-Hills@waikatodhb.health.nz
or
Bridget.Lydon@huttvalleydhd.org.nz

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 would like changes to any of the Network resources, has feedback or ideas about resources needed for paediatric populations please do contact Gilli at Gilli.Lewis@ccdhd.org.nz.

Resources are reviewed bi-annually in response to feedback.

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

If you work with this age group and would like to join the group, please contact Vickie via the following email address:

diabetesyoungpeople@googlegroups.com

For your interest

NZ Glucose Monitoring Systems

The National Clinical Network for Children and Young People with Diabetes presented a resource on current glucose monitoring systems for the NZ context at the NZSSD Study Day this year. This makes the information available all in one place rather than having to search a range of

websites/resources. Jo McLintock, clinical psychologist from Waikato DHB, shared the link and hopes it will be useful to you as the information is appropriate for all ages. It is now available via the Clinical Network page: <https://www.starship.org.nz/health-professionals/glucose-monitoring-systems>

Knowing Your Patient with T1DM – transition to self-management

The awesome Andrea Rooderkerk passed on the details of this good read from BPAC for those of us who may not have seen it: <https://bpac.org.nz/2019/docs/diabetes-self-management.pdf>

NZNO 2nd Special General Meeting

You will have recently received an email from Memo Musa about this being moved to December. The one member one vote system is not being used so please tell the committee how you want us to vote by emailing acd.secretary@gmail.com.

Victoria University Short Course

Managing Medicines by Deprescribing: Tools and Strategies to Use in Clinical Practice

When: Thursday 14 November 2019
Time: 9.15am - 4.15pm.
Cost: \$75 + GST, includes coffee, tea and lunch.

Places are limited and registrations close 10 November 2019.

<https://ce.victoria.ac.nz/courses/698-managing-medicines-by-deprescribing-tools-and-strategies-to-use-in-clinical-practice>



Thank you for supporting the Aotearoa College of Diabetes Nurses, we hope you've enjoyed reading the newsletter. For feedback or if you would like to contribute any articles, please email us on acdnewsletter@gmail.com

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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.



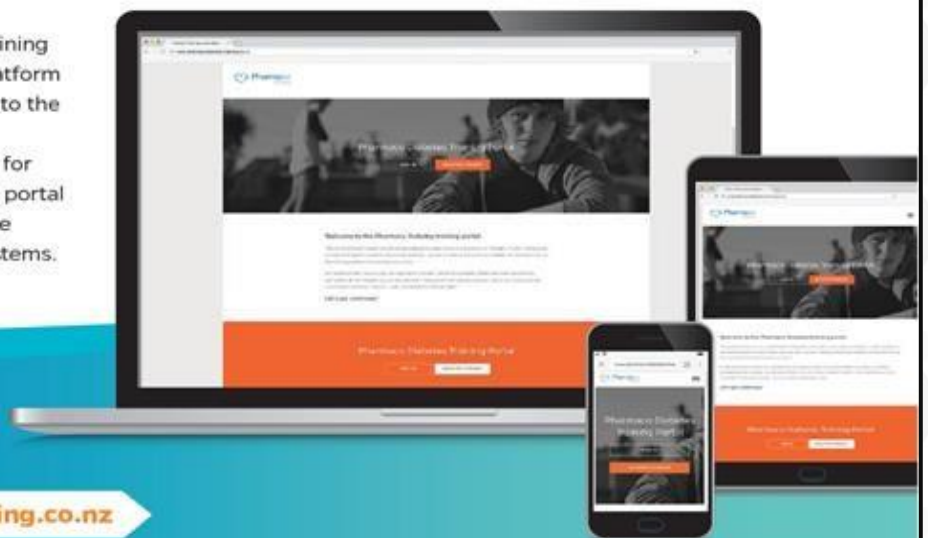
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