

On Target

June 2020



Aotearoa College of Diabetes Nurses Committee:

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Committee Update

Good on us! Since the last newsletter we have flattened Covid-19 which is wonderful but unfortunately comes at enormous cost for many people. Nurses continued to be awesome adapting to the circumstances and helping patients stay safe.

In this edition we reflect on some of the different ways of working and changes that are here to stay. One diabetes nurse working with teens and young adults reported she pretty much needed a recorded message for everyone who rang her – “your blood sugars have gone up because you’re eating more and moving less in lockdown” and repeat. Hopefully that one is not here to stay...

Given the extraordinary circumstances and workload everyone has been dealing with, it has been decided to postpone the ACDN AGM until May next year. Reports from office holders for this year will be available on the website.

Thanks to all the nurses below who have shared their stories of Covid work – keep it up – we love to hear what everyone is doing out there!

Working through Covid

Primary Health Care



Here is the lovely Rebecca Shaw, a diabetes nurse specialist working in primary health care in a South Auckland medical and urgent care clinic. She has been doing double duty in the covid swabbing clinic next door.

She writes “I have often seen my diabetes patients there. I take the opportunity while triaging them for testing, to check on their blood sugar levels, diet and wellbeing briefly.

During the lockdown I have mainly been working remotely from home phoning diabetes patients for their regular check-ups, generating e prescriptions and checking on their wellbeing during this challenging period. Many patients have regular email contact with me and some prefer to text, but either way this is also a great way to communicate for things such as requesting patients’ diaries so I can titrate insulin doses. Since level 3 I have been working closely with our dietitian from Auckland University who usually does clinics at our practice monthly with students. They have set up telehealth consults to enable new referrals or follow

ups with our diabetes patients while in lockdown.

The feedback about the changes in the way we have been working has been mainly positive and patients really appreciate the contact.”

Virtual paediatric clinics at Nelson Hospital

Pauline Tout, Diabetes CNS at NMDHB

The paediatric outpatient department had been gearing up to pilot virtual health consultations prior to the pandemic being declared. So they were well placed to take their diabetes clinic appointments online when social distancing and lockdown occurred. The results were a resounding success for both patient and clinical staff.

The virtual clinic replaced the usual onsite multidisciplinary clinic. It took place via Zoom with multiple participants including Paediatrician, diabetes nurse specialist, dietitian and patients with their family, all at different locations. The hospital team were thrilled with the process and the outcome.

“The clinic exceeded my expectation” reported Dr Peter McIlroy, “one family in particular were in a rural location but the connection was not an issue and the conversation was seamless”.

Screen sharing seemed to enable better information sharing than in the face to face meetings. “The ability to share screens to view the patient’s results was great, as it allowed us to view and discuss the information at the same time and formulate a plan” said Helen Norrish Paediatric dietitian. “The patient’s parents were also able to show their results to the

team, which I think helped them to feel connected and involved in their child’s treatment”.

According to Pauline it took more time preparing for the consultation, gaining permission and gathering data, but was worth it because everyone involved had the information at hand and could focus for the meeting. “Credit goes to both the nurse and admin staff who took this new technology in their stride, setting up the meetings and ensured everyone was prepared”.

All the staff involved were surprised by how well it went and the value and efficiency the session provided for both the patient and for themselves. The team consider virtual clinics the future of our healthcare system.

Waikato

Helen Ashton from Waikato Regional Diabetes Service shares her personal reflections through rahui level 4, 3 and 2.

It started with red tape on the floor and cordoning off reception staff from visitors. Day by day more tape, re arranging of seats in the waiting room, in offices, in the staff room. Hand sanitizer and tuffy wipes became more visible at times, at others sadly disappearing. The conversion of one of our labs into an isolation room, the arrival of PPE gear and mandated compulsory training on it made the situation become real and serious.

One moment we were talking about “what ifs” and next we were packing our bags and desks to work from home. Clinics were reduced and changed to phone consults before we hit rahui level 3. Staff on site was reduced below 50% during level 4 and only urgent cases such as podiatry and retinal screening came in. We rotated in ‘pods’ so that others would still be available if anyone went into isolation or become unwell. There

were a few scares with staff being stood down due to potential exposure.

Planning and directing was clearly communicated by our management team. We were encouraged to check in daily with our Charge Nurse Manager. This was really important to help remain connected with the service. We had daily then weekly meetings to check in and share resources and our experiences of working differently. We found Zoom the best platform for both sound and visual quality.

The screening process at the clinic intensified to include temperature checking. I have much admiration for nurses working in acute areas where PPE needs to be worn for long periods. On my first day I was hot, sweaty, anxious, struggling to regulate my breathing and stop my glasses fogging up as I assessed an essential podiatry patient who arrived with a cough.

Support to our primary health care colleagues increased and access to our 0800 CNS Diabetes on call service opened up to provide sick day management for T2DM patients. Telephone consults were the norm during rahui level 4 and 3. Patients were mainly very receptive to telephone consults. They were pleased to have someone to talk to. There were less excuses about not having time to check glucose levels but trying to explain to them how to get previous results from their meter was challenging and time consuming. How great it would be to have every patient able to download their glucose meter, their Libre, their insulin pump... and while on the ideal for patients on antihypertensives to have a home blood pressure monitor, oh and scales for weight measurement.

The majority of contacts for our on call nurse service were about prescriptions and working but would end up being a full consult. In addition to checking there wasn't serious hypo or hyperglycaemia most calls involved checking on patients' mental health, ensuring they had enough insulin and adequate sick day management knowledge. After two

weeks in rahui level 4 more staff had to come back to provide day time cover as the workload increased.

Working from home has forced us to accelerate become 'paper light' but generating prescriptions and getting them to pharmacies was problematic. Over time our IT department managed to sort emailing prescriptions. Working from home has also forced us to look at resources and teaching tools for patients and how these can be uploaded electronically. A zoom meeting with our local insulin rep led to release of electronic format resources. Ongoing virtual consults will become more of the 'norm' which will ease issues we have with clinic and office and parking space.

I assist with teaching and facilitating a Level 700 Diabetes Course in partnership with Wintec. We had completed two days of the semester one course but the third day fell during rahui level 4. It had to quickly be adapted to fully on line instead of face to face. I also help facilitate a breakfast diabetes educational forum for nurses and this changed to zoom. Attendance was really good and it has been requested to continue being held via zoom. Diabetes registrar teaching sessions have changed to zoom permanently.

I missed the most real life connection with my work colleagues. I cannot wait to get together with them all to celebrate getting through what is hopefully the worst of Covid-19, to reconnect, to share our experiences and to change the way we work and support our patients with diabetes and support our communities.

[Lessons learnt from creative thinking during Covid - Elham Hajje Counties-Manukau](#)

Kia Ora

As we all know, COVID-19 pandemic has impacted every field throughout the world. Many businesses and

industries restructured ways of working. We as health care professionals have also trialled new ways of working during this pandemic. Being a DNS, it was very important to continue to support patients with diabetes.

During Covid-19 lock down - alert level 4, our Whitiora Diabetes Team did phone consultations with clinic patients on their clinic dates. Prescribing was done by fax or email, which enabled patients to continue to have supply of their medicines. I am very appreciative for the hard work of Whitiora Diabetes team members, who worked creatively and supported the patients to keep them safe and out of hospital (as much as possible).

I would like to share my experience of utilizing Zoom as a mode of communication with Mrs A. She is 47 years. T2DM on oral hypoglycaemic agents. Due to recent exacerbation of COPD, Mrs A was started on steroids. Mrs A's BGLs were mostly in double figures due to steroid induced hyperglycaemia. Decision was made to start Protaphane with her consent.

Due to COVID-19, we were not seeing patients face to face. Teaching insulin was a challenge over the phone. Mrs A had some previous knowledge of insulin administration technique as her mother used to take insulin. She accepted to use Zoom meeting for me to facilitate insulin teach. I first sent the prescription to pharmacy for Mrs A to get insulin, pen and needles from the pharmacy. I made a zoom call to show the technique of self-insulin administration. Mrs A was able to follow all the steps well and re-

demonstrated the steps accurately. Next morning, she self-administered her first dose of Protaphane, which went really well under my zoom supervision. We kept in touch and titrated insulin dose according to her BGLs. I was very happy to see her BGLs below 10mmol/L. Mrs A also shared her gratitude towards this approach.

I believe in face to face consults as they allow comprehensive assessment and holistic management but know that I can conduct zoom meeting consults for some patients, who have difficulty due to mobility, transport, and weather. The above experience of communication enabled me to feel the job satisfaction of helping others in my best capacity within available resources while following COVID related precautions to prevent the spread of disease.

Speaking of nurses being awesome...

It's time to say goodbye to Pauline Tout and to wish her a well-deserved retirement. Pauline's very inspiring nursing career spans 48 years during which she worked for the Nelson DHB in various areas such a surgical, intensive care and nursing tutor at the Nelson Polytechnic. The best part of the last three decades of Pauline's career were spent in diabetes. She was one of the early Specialist Diabetes Nurses in New Zealand. Pauline has studied extensively over the years, completing many postgraduate papers. She finished her Masters in Nursing then went on to becoming a Nurse Prescriber in Diabetes as soon as the opportunity presented itself. She enjoyed the added string to her bow and felt this complemented her nursing practice.

A strong advocate for diabetes, Pauline was an active committee member of ACDN over many years and also contributed as a portfolio assessor. She has a great passion for sharing her knowledge of diabetes with patients and colleagues alike. Pauline enjoyed working with people across the lifespan in various settings and aspired to give individuals the tools to be independent. She has been a well-respected and well-liked team member, hospital nurse and care provider to her patients.

Thank you Pauline for all your contribution to diabetes nursing and the service. The Nelson Diabetes Nursing Team wishes Pauline the very best for the future with her family and her passion exploring NZ and other countries “on foot”.



T1DM Tips

Are you recommending a carb counting app to your patients? Several of our patients have reported finding Carbs & Cals (\$8 one off cost from Play Store or App Store) useful. It helps them estimate carbs based on the portion size on their plate.

They have to be quite specific with the item such as “Basmati rice” and then they can tap on the picture that looks most similar to how much they have on

their plate. It also estimates carbs for food from places like McDonalds and KFC if your patient might be attending there on the odd occasion...

We had a couple of people teach themselves basic carb counting in lockdown. They used the <https://www.bertieonline.org.uk/> and found it made a difference to their BGLs and confidence. Could also be a useful refresher for people who have forgotten how to carb count.

Thanks to Tess Clarke, CCDHB for these tips

Member Help

Portable HbA1c machines

Kim at Hauora Tairāwhiti is looking for information about using a portable HbA1c analysers. Do you have any experience and feedback to share? Please email Kim at w.b.cameron@xtra.co.nz.

Hypoglycaemia Risk Assessment Tool

Do any members working in the inpatient setting use a hypoglycaemia risk assessment tool or know of one being used? I am interested to know how it works, if it helps prevent hypos and where and who conducts it (i.e. is it part of trend care, electronic admission process or do nurses use it on the wards?)

Background

An audit has been conducted on hypoglycaemia on the wards and management and prevention has been discussed. An idea that hypoglycaemia risk could be calculated and if nurses were to undertake that assessment for people with diabetes on glucose lowering medications that this could alert them and educate them

on what to do to prevent hypos (just like the way the Braden assessment is calculated and that gives nurses direction on what to put into place depending on the score. i.e. order a mattress etc).

If anyone that has any information could you please contact me on

Emma.ball@midcentraldhb.govt.nz
Or 06 3508114 Ext 7445

Thanks
Emma Ball
CNS diabetes

Editor's note: Looking forward to hearing more about this Emma

School Diabetes Action and Management Plans

The National Child and Youth Clinical Diabetes Network (NCYCN) are now reviewing the plans in preparation for **2021**.

The plans provide a guide for safe, evidence based, and consistent care for children and young people with diabetes in schools and early childcare. If you are a diabetes nurse working with Children and Adolescents, and are using these plans or plans of your own, we want to hear from you!

We are hoping, if we get funding, to re-design the plans to give them a more distinctive New Zealand appearance and make them easier to edit regularly.

All feedback will be very welcome. Please send any feedback, suggestions or changes you would like to see to Gilli.Lewis@ccdhb.org.nz. The current plans can be found at: <https://www.starship.org.nz/health-professionals/diabetes-in-schools/>.

FEEDBACK IS DUE BY: 15th August 2020

Please share this email with anyone in your team looking after Children and Adolescents if they have not received an email from me.

Ngā mihi nui

Gilli

Accreditation Update

May 2020 Accreditation Round

Congratulations to the following nurses that were awarded accreditation in the May 2020 round: Vicki McKay, Karen Zhang, Andrea Rooderkerk, and Lois Nikolajenko.

We now have 53 accredited nurses - 43 Specialist RNs, 6 Specialist NPs, and 4 Proficient RNs.

August 2020 Accreditation Round

Applications for the August 2020 round open on June 29th and portfolios are due to NZNO Head Office in Wellington by **midday on 7th August 2020**. Reminder emails have been sent out to those ten nurses due for renewal in this round.

New Accreditation Process

The new accreditation process became available for applicants in late 2019, and was used by two of the applicants in the latest round. The older version documents have now been removed from the website, and the new process should be used from now on. The changes include removal of requiring a PDRP, improved layout of application forms, and the addition of the assessors' tool to the accreditation handbook. The changes have also led to reduced application fees.

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.

Confidentiality

Be careful not to breach patient or colleague confidentiality in your evidence such as using unconsented photos or only partially blocking patient identifiers.

Keeping confidentiality is a legal requirement and a breach means the portfolio won't be assessed. It will be returned to you. You can seek guidance on confidentiality in exemplars from the NZNO website under Publications.

Amanda de Hoop
Coordinator - ACDN (NZNO) Accreditation
Programme

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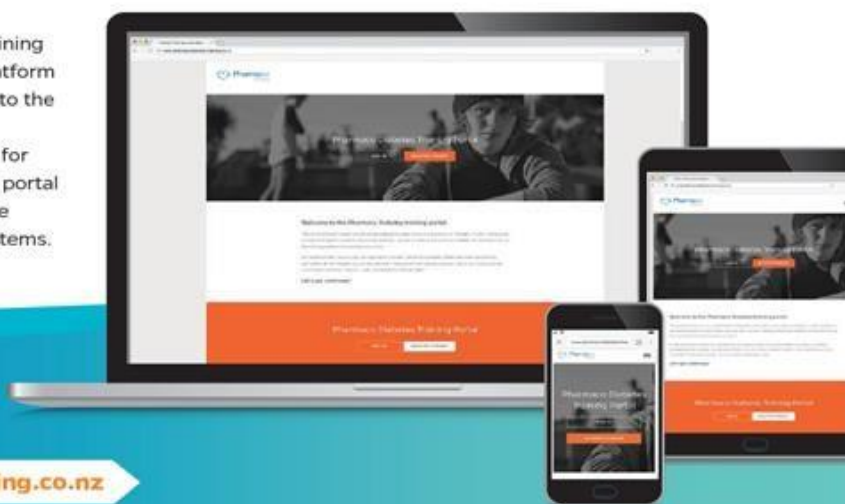
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