Education, Accreditation & Practice of the nurse specialising in diabetes in New Zealand

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New Zealand









Overview

- Diabetes nursing in NZ
- Aotearoa College of Diabetes Nurses (ACDN) NZNO
- Education standards & options
- National Diabetes Nursing Knowledge & Skills Framework (NDNKSF)
- ACDN (NZNO Accreditation process
- Registered nurse prescribing in diabetes care

Diabetes nursing in NZ

- Has evolved over past 30 years
- Initially focus on diabetes education
- Understanding of multi-factorial nature of diabetes has changed practice
- Role expanded to encompass proactive clinical management
 - non pharmacological
 - pharmacological
- Clinical leadership both locally & nationally

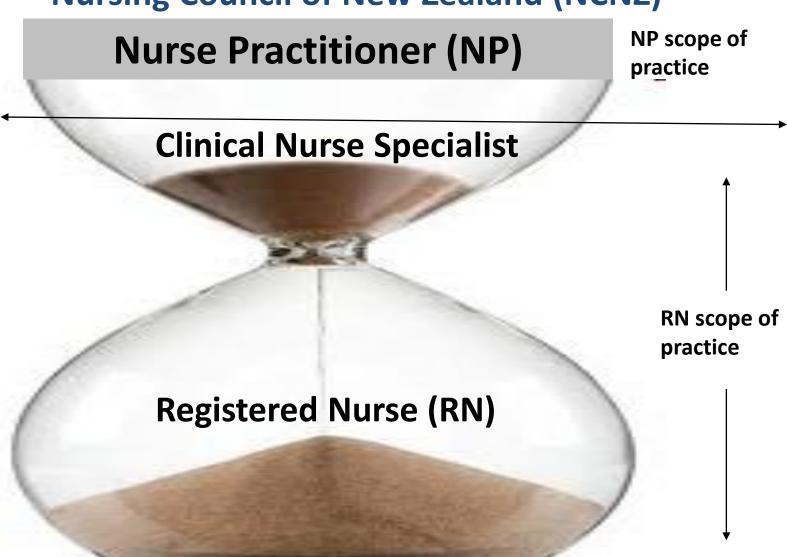


Role development

- Standards of Care published 1996
- Formal credentialing process 1997 provided delineation of roles:
 - Diabetes nurse
 - Diabetes nurse educator
 - Diabetes nurse specialist
- National Diabetes Nursing Knowledge & Skills Framework 2009 – updated 2017
- Since 2000s:
 - Proliferation of community based roles
 - Clinical nurse specialists
 - Nurse practitioners



Regulated scopes of practice in NZ by the Nursing Council of New Zealand (NCNZ)



Educational requirements

Clinical Nurse Specialist

- Determined by employer and/or specialty
- Relevant postgraduate diploma e.g. Postgraduate diploma in Nursing
- Working towards Master of Nursing degree

Nurse Practitioner

- Regulatory requirement:
 - Master of Nursing (Clinical)
 with prescribing



The Aotearoa College of Diabetes Nurses (ACDN) Aotearoa College of Diabetes Nurses (Nurses Nurses) Name of Diabetes Nurses Name of Diabetes Name of Diabe

- The ACDN is a specialty college of the New Zealand Nurses Organisation (NZNO)
- The ACDN is dedicated to:
 - the provision of excellent standards of care & education for people in New Zealand living with diabetes
 - supporting all nurses caring for people with diabetes across the age span in New Zealand
- Aim is to promote excellence in diabetes nursing in NZ through the development of clinical practice frameworks, policy, education & research

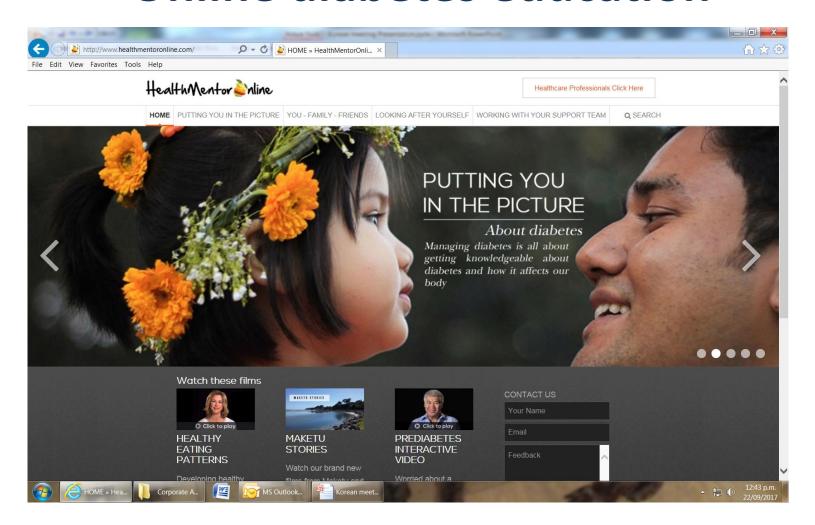


Standards of diabetes nursing education in NZ

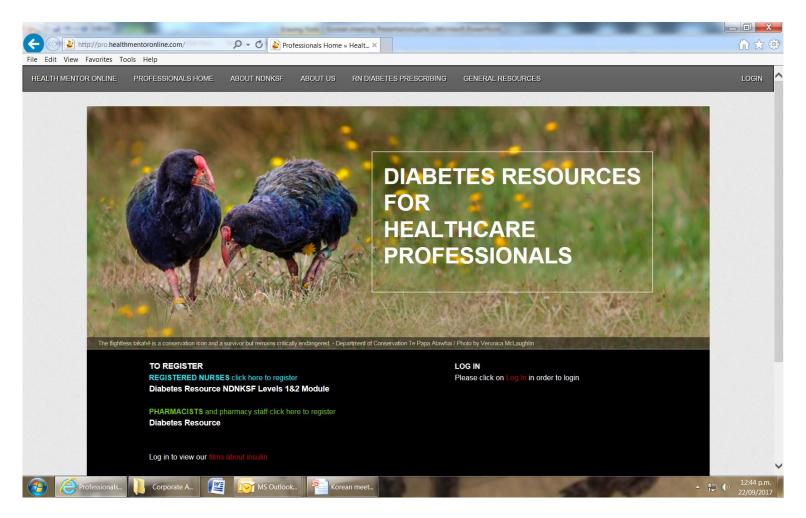
- Standard 1
 - Diabetes nursing education should be delivered & managed by appropriate staff
- Standard 2
 - Diabetes nursing education should be nationally consistent
 & aligned to appropriate standards of practice
- Standard 3
 - Diabetes nursing education should foster a multidisciplinary team approach



Online diabetes education



Online diabetes education



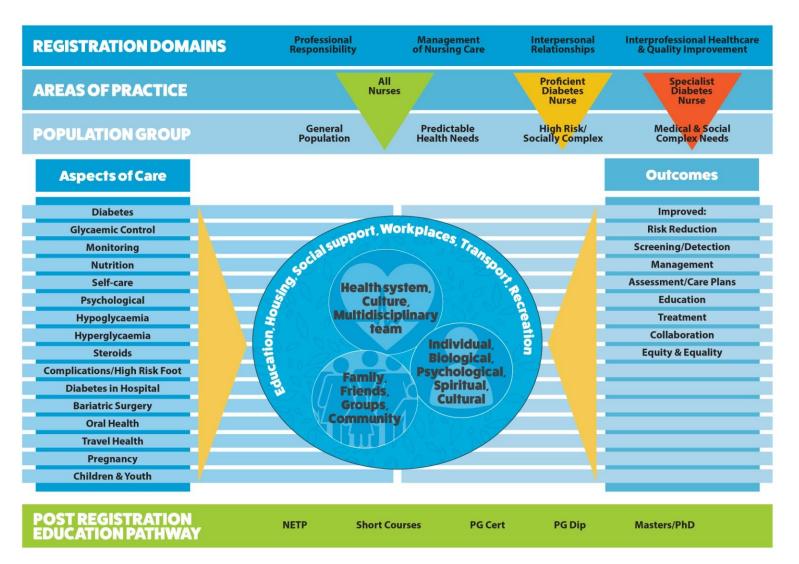
NZ Tertiary based diabetes education for nurses

- Entering the specialty:
 - Post registration undergraduate
 - Certificate in diabetes care & management
 - Waikato Institute of Technology (WINTEC) & Manukau Institute of Technology (MIT)
- Developing advanced practice:
 - Postgraduate
 - Advanced diabetes nursing practice
 - WINTEC, Eastern Institute of Technology (EIT), University of Auckland
- All informed by the NZ National Diabetes Nursing Knowledge
 & Skills Framework





National Diabetes Nursing Knowledge & Skills Framework





- The goal of the Accreditation Programme is to provide a framework by which nurses working within the area of diabetes can be recognised for having:
 - attained knowledge & skills, as defined by the NDNKSF (2009) within their area of practice
 - demonstrated continued maintenance & development of knowledge & skills through a systematic & regular review process





- The accreditation process is open to registered nurses specialising in diabetes education, clinical management & research
- To apply for accreditation the nurse must be working in the field of diabetes
- Two levels:
 - Diabetes Specialty Nurse
 - Diabetes Nurse Specialist
- Initial Accreditation & then Maintenance Accreditation every three years



Prescribing in diabetes care

- Prescribing of medicines has resided in domain of medical practitioners
- Diabetes nurse specialists titrated glycaemic agents under standing orders (delegated authority)
- Fraught with risks



RN prescribing in diabetes care: Rationale

- Maximise contribution of future workforce
 - Nurses are largest diabetes health workforce in NZ
- Improve patient safety
- Reduce risk to medical practitioners
- Reduce risk to employers



RN prescribing in diabetes care

 In 2011 a new regulation was formed under the NZ Medicines Act (1985)

 Enabled appropriately trained RNs practising as DNSs to prescribe a limited range of diabetesrelated medicines under the supervision of an authorised prescriber



Prescribing schedule

Medicines:

- Sulphonylureas
- Metformin
- Insulins
- ACEi/ARB
- Thiazide diuretic
- CCBs
- Statins
- Asprin
- Glucagon

Products & devices:

- Blood glucose test strips
- Urine & blood ketone strips
- Blood glucose meters
- Pump consumables



RN prescribing in diabetes care

- The New Zealand Society for the Study of Diabetes (NZSSD) tested safety & effectiveness of 12 DNS's prescribing in four secondary care demonstration sites
- Findings from an external evaluation showed that DNS prescribing was safe, of high quality & appropriate
- In 2013 the NZSSD was again commissioned by Health Workforce NZ to lead a national managed roll out with a further 15 DNSs from primary & secondary/specialist care settings



New Zealand Managed Roll Out of Diabetes Nurse Specialist Prescribing

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On behalf of the New Zealand Society for the Study of Diabetes (NZSSD)





Methods

- The NZSSD sought expressions of interest from nurses & their employers to participate in the managed roll out
- Fifteen nurses from six sites with the required academic preparation undertook a prescribing practicum & were consequently authorised to prescribe by NCNZ
- Clinical data (weight, blood pressure, HbA1c, ACR, creatinine, eGFR & cholesterol) was collected over 6 months
- Data analysis was performed using SPSS v19
- Nurses, supervisors & patients were also surveyed



Objectives

- Provide safety monitoring & outcome measurement
 - Quality improvement, safety & clinical improvement indicators
- Describe critical success factors, enablers & barriers to embedding the DNS prescribing role into practice as business as usual
- Identify recommendations about any changes required to enable the model to be implemented & extended



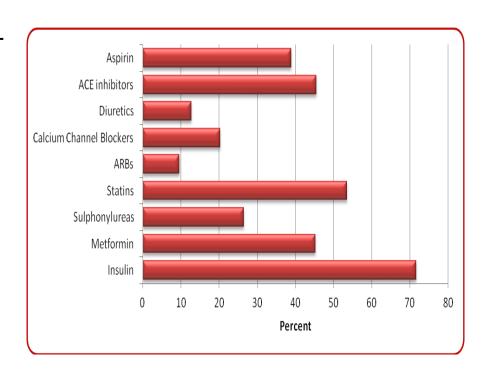
Results - Demographics

- 1392 patients received care involving prescribing by a DNS during the roll out, of these 52% were male
- Age range 3–93 yrs (*M*=50 yrs), NZE 50%, Maori 14%, Pacific Island 20%, Indian 9%, Chinese 2%, Other 5%
- Type 1 diabetes 31%, Type 2 65%, Gestational diabetes 2%
 & Other 2%
- Average duration of diabetes 12 years (range 1-65 years)

Results - Baseline health

Number of patient co-morbidities by category

Condition	n	Percent	
Hypertension	813	59	
Dyslipidaemia	830	60	
Cerebrovascular	81	6	
disease			
Ischaemic heart	221	16	
disease			
Foot problems	122	9	
Diabetic renal	365	27	
disease			
Diabetic eye disease	360	26	
Asthma/COPD	122	9	
Obesity	324	23	
Other	658	48	



Percentage of patients prescribed specific types of drug at baseline

Results - Clinical Outcome Data

Baseline and				
Measures	Baseline		Follow up	Target
	n	Mean	Mean	
Weight (kg)	241	92.4	92.6	
BP systolic (mmHg)	226	130.4	129.7	<130
BP diastolic (mmHg)	226	74.2	74.3	<80
HbA1c (mmol/mol)	425	78.7	70.2	50-55
eGFR/GFR* (ml/min)	328	65.4	67.3	>60
Total cholesterol (mmol/l)	281	4.5	4.3	< 4
HDL (mmol/l)	281	1.2	1.2	≥1
LDL (mmol/l)	249	2.3	2.2	<2
	n	Median (range)	Median (range)	
ACR (mg/mmol): - Male - Female	119 91	3.8(0.9 - 456) 3.8 (0.9 - 672)	4.8 (0.9 – 580.5) 3.2 (0.9 – 775.2	<2.5 <3.5
Creatinine (µmol/l)	350	87.0 (39-1110)	87.5 (42-946)	77-119

- Measures predominantly remained stable over the 6 month prescribing project period
- Exceptions were a slight improvement in total cholesterol & a larger improvement in HbA1c

^{*} Where eGFR/GFR was recorded as >60 or >90, 91 or 91 was used, respectively # Where ACR was recorded as <1 or negative, 0.9 or 0.1 was used, respectively

Results – Case studies

- Despite what is traditionally seen as part of the medical role, nurses are approaching their prescribing practice as nurses
- All nurses feel like they now have more to offer in consultations with respect to:
 - patient assessment, patient education & medication review
 - sharing their knowledge with other nurses & primary care practitioners
- The nurses came up against very few barriers to prescribing, with nearly all GPs, pharmacists, medical specialists, nurse colleagues & patients supportive of the role extension

Benefits to employers & advantages of diabetes nurse specialist prescribing

- Maximising the capability of the workforce & enabling DNSs to work to their potential within their scope of practice
- Enabling doctors & nurse practitioners to focus on the more medically complex patient, thus creating efficiencies in service delivery
- By having more clinicians able to provide diabetes related prescriptions, access points for patients for care & scripts is increased

Benefits to employers & advantages of diabetes nurse specialist prescribing

- Improved team functioning, with quality activities such as case review, becoming routine
- The immediacy of the DNS being able to provide scripts as part of the consultation provides clinical benefits
- Education is able to be provided at the time of prescribing, thereby improving understanding of medications & potentially encouraging adherence



Conclusions & Recommendations

- DNS prescribing is both safe & effective with clinical parameters remaining stable or improved
- DNS prescribing was shown to bring important benefits to the effectiveness & efficiency of specialist diabetes services, to be acceptable to patients, & supported by the wider health care team
- Adequate clinical & academic preparation for the prescribing role is essential
- Mentorship from prescribing peers was highly valued
- Communication to stakeholders reduced barriers



Registered Nurse Prescribing in Primary Health & Specialty Teams

- Includes general practice, outpatient clinics, family planning, sexual health, public health, district & home care, & rural & remote areas
- The team setting is important so the nurse can consult a doctor or nurse practitioner when they need advice on diagnosis or treatment, if the patient's health concerns are more complex than they can manage
- The specific common & long-term conditions nurses can prescribe for include:
 - diabetes & related conditions, hypertension, respiratory diseases including asthma & COPD, anxiety, depression, heart failure, gout, palliative care, contraception, vaccines, common skin conditions & infections
- They prescribe from a restricted list of medicines

Qualifications for RN prescribing

- A minimum of 3 years full-time practice in the area they intend to prescribe in
- The completion of a Council-approved postgraduate diploma in registered nurse prescribing for long term & common conditions or equivalent as assessed by the NCNZ
- A practicum with an authorised prescriber, which demonstrates knowledge to safely prescribe specified prescription medicines & knowledge of the regulatory framework for prescribing
- Satisfactory assessment of the competencies for nurse prescribers completed by an authorised prescriber

