



**SUMMER
2017**

Diabetes Nursing Interest Group Newsletter

Report from the Chair

By: Lisa Herlehy, DNIG Chair



Greetings to nurses across Ontario,

We are pleased to present our summer DNIG newsletter which includes project summaries of our bursary recipients as well as updates on diabetes at Queen’s park and beyond.

Since the last newsletter, the executive has been busy collaborating with the International Nursing Interest Group (INIG) with plans for a fall symposium as well as attending the AGM and meeting bimonthly via teleconference. There is always lots of interesting and stimulating conversation at these meetings. In the fall, we plan to have a face to face meeting in Toronto, Ottawa or somewhere in between where we will continue to focus on current issues and opportunities to promote networking with members.

DNIG is lucky to have a number of student members and invites them to join the executive. This is a great opportunity for students to attend RAO events with financial support from DNIG, as well as to learn from mentors throughout the year. Recently we welcomed Sharon Rouatt to the executive. Sharon, along with Margaret Little and Alwyn Moyer, are true leaders in nursing care in Ontario and I want to take these few words to acknowledge all they have done for people living with diabetes.

Contact me at any time if you would like to know more about opportunities to develop important networking and policy making skills through participation in the DNIG executive. Learn more about leadership firsthand.

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Upcoming Conferences/Educational Events

Diabetes Canada Conference 2017

20th Diabetes Canada/CSEM Professional Conference will be held November 1-4, 2017 at the Shaw Convention Centre in Edmonton, Alberta. The scientific sessions offer researchers and health-care professionals a unique opportunity to share ideas and learn about significant advances in diabetes research, treatment and care. Visit the website for more information:

<http://www.diabetes.ca/clinical-practice-education/professional-conference-annual-meetings>

Wounds Canada Conference 2017

Wounds Canada's fall conference is a four-day continuing education event designed to support health-care professionals who work with patients with wounds or who are at risk for developing wounds. This year's conference is being held at The International Centre, 6900 Airport Road, Mississauga, ON from November 16 – 19, 2017. Visit the website for more information:

<https://www.woundscanada.ca/health-care-professional/education-health-care-professional/fall-conference>

Ontario Indigenous Cultural Safety Program

This is an interactive and facilitated online training program for professionals working in the Ontario health system. It addresses the need for increased Indigenous cultural safety within the system by bringing to light service provider biases and the legacies of colonization that continue to affect service accessibility and health outcomes for Indigenous people. For more information please visit: <http://soahac.on.ca/ICS-training/>

Offloading Devices for Diabetic Foot Ulcers

By: Sandhya Goge, Communications Co-chair



Foot complications including infections, ulcerations and amputations are a major cause of morbidity and mortality in people living with diabetes ⁽¹⁾. It has been long known that diabetic foot ulcers (DFU) are the leading cause of amputations below the knee in Canadian adults, with non-healing foot ulcers responsible for up to 85% of all lower leg amputations ⁽²⁾. There is reliable evidence that more than 15% of people with diabetes in Ontario may have a DFU which results in about 2000 lower limb amputations each year ⁽³⁾. It is alarming to hear that every four hours in Ontario someone has a lower limb amputated because of DFU ⁽⁴⁾. To a large extent, these amputations are preventable.

Healing foot ulcers requires adequate blood supply, infection control, wound care and pressure redistribution ⁽⁵⁾. One of the most important interventions to manage a person's diabetic foot ulcers is through the use of offloading devices. Offloading devices help to redistribute pressure from the ulcer to minimize the trauma to affected area. These offloading devices come in different forms such as fixed or removable casts or specialized shoes that relieve pressure on foot ulcers to promote healing and reduce the risk of amputation.

An offloading device can cost anywhere between \$100 to \$2000 based on the type of device needed. In addition to the direct cost of offloading devices, there are other indirect costs such as physician visits, hospital days, long term care/home care and disability. Total contact casts (TCC), custom braces and ankle and foot orthotic devices significantly improve patient outcomes but their use is limited due to affordability ⁽¹⁾.



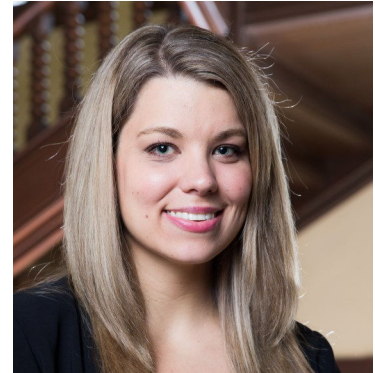
Currently, Ontarians are forced to pay out of pocket and there is limited funding available for these offloading devices ⁽⁶⁾. At the RNAO AGM, in April 2017, Dr Hoskins announced his intention to fund offloading devices based on a recommendation from Health Quality Ontario. Draft quality standards are being developed to support the funding ⁽⁷⁾. This important step by the Ontario Government will lead to better patient outcomes and less risk of amputation and human suffering.

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2017 Margaret Myers Diabetes Clinical Practice Award Recipient Sanja Visekruna, Policy and Political Action ENO

Patient Engagement and Healthcare Policy



Patient engagement is imperative to help influence healthcare policy. Patient engagement involves the collaboration of patients, families and the healthcare team, to promote optimal healthcare delivery and health outcomes (Health Quality Ontario, 2017a). The chronic and multidisciplinary nature of diabetes/diabetes care accentuates the importance of patient engagement to better understand the day-to-day challenges individuals and their families are faced with.

In 2016, the Ontario Government announced plans to establish a “Patient and Family Advisory Council” composed of caregivers, patients and families (Government of Ontario, 2016). The recruitment process for the council membership is complete (Ontario Ministry of Health and Long-term Care, 2017). Reflecting the perspectives of people living with diabetes in healthcare conversations enables decision-makers to better identify and respond to healthcare priorities, which can promote efficiency in healthcare delivery (Government of Ontario, 2016).

Health Quality Ontario (2017b) has a “Patient Engagement Framework” comprised of an overarching goal, guiding principles, framework domains, patient engagement approaches and how these can be achieved in a meaningful way. To learn more about this framework, visit: <http://www.hqontario.ca/Portals/0/documents/pe/ontario-patient-engagement-framework-en.pdf>

Several patient engagement tools and resources are available for patients. These include models of patient engagement, how to participate in quality improvement, how to create a council, and templates to guide action (i.e., community outreach E-mails, council meeting minutes) (Health Quality Ontario, 2017a). In the context of diabetes care, there are opportunities for nurses to take leadership in this area, specific to the delivery of “self-management education and support” to individuals living with pre-diabetes and diabetes (Haas et al., 2012, p. 2393). Health Quality Ontario (2017a) has patient engagement resources for healthcare professionals as well. These include understanding what patient engagement is, communication strategies and how to measure the impact of patient engagement activities. For more information, visit: <http://www.hqontario.ca/Engaging-Patients/What-is-Patient-Engagement>

There are many facets of diabetes care that could benefit from patient engagement, from disease prevention to management. For example, the Ontario government’s commitment to fund offloading devices for individuals living with diabetes (RNAO, 2017) is a significant announcement, and could influence future health policy decisions. Consider how you could support patient engagement in the context of your own nursing practice.

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2017 DNIG Research Award Recipient

Angela Koipuram, RN, BScN, BSc, MSc Student, McMaster University



“While my interest in nursing stems from a desire to help others, it is my nursing experiences and academics that have sculpted me into the nurse I am today and continue to direct the course of my career. I applied to the Diabetes Nursing Interest Group (DNIG) Research Award to help support my graduate thesis. I felt that my research on diabetes was meaningful in improving the quality of patient care. Receiving this award has allowed me to further explore my interest in managing diabetes amongst high-risk populations.

My graduate education has provided me with the opportunity to fuse my academics, leadership skills, and passion to help vulnerable populations. Completing my thesis has allowed me to delve into the world of research focusing on Type 2 Diabetes Mellitus (T2DM) amongst the immigrant South Asian population (SAP). I hope to make a difference on a larger scale by using my research to help develop interventions tailored to this population in an effort to promote upstream diabetes prevention programs.

While working on my research I was able to collaborate with an interdisciplinary team of professors, nurse educators, and nurse practitioners. This experience has inspired me to further delve into the world of research and one day pursue a PhD in diabetes research. I’m so grateful and humbled to have received the DNIG Research Award.”

2017 DNIG Mary Ann Murphy Memorial Diabetes Award Recipient

Melissa Northwood, RN, PhD Student, McMaster University



“I was very pleased to be awarded the DNIG Mary Ann Murphy Memorial Diabetes Award, administered through the Registered Nurses’ Foundation of Ontario (RNFOO). I will use the award will to off-set the costs of conducting my research project, such as transcription and participant honorariums.

I am conducting a mixed methods research project to explore the complexity of living with type 2 diabetes mellitus (T2DM) and the complication of urinary incontinence (UI) for older adults receiving home care services. My preliminary analysis of home care assessments done with older adults in Ontario revealed that 64% of those with T2DM also have UI. Even though UI is such a common problem for older adults with T2DM in this sector, we do not have research evidence about the correlates of incontinence, care needs of older adults, and optimal nursing care to manage both conditions. In addition to quantitative analysis of the home care assessment data, I will be interviewing older adults receiving home care services and the nurses who care for them to better understand the barriers and challenges and optimal strategies in managing T2DM and UI in the home care setting. Thank you to DNIG for having awards as a benefit of membership. I look forward to being able to share with DNIG members the results of my research project in order to better inform care for older adults with diabetes.”

DNIG 2017 Conference Funding Application

We are pleased to report that we have funding to support **three members** to attend a diabetes relevant conference in 2017. The funding will cover costs of travel, accommodation, and meals, up **to a maximum of \$1000 per member.** Please send us completed, scanned application to dnig.info@gmail.com

Applications will be reviewed and granted by Thursday, August 31st, 2017 (or until 3 successful applicants are announced).

Name: _____

Address: _____

Email: _____

Phone: _____

RNAO membership # _____

DNIG Membership duration _____

Employment status: FT PT

Employer _____

Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation. _____

*NOTE: For reimbursement of the agreed amount, successful applicants must submit an expense report with original receipts, together with a one page report of their learning, no later than one month following the conference. The report will be shared with DNIG members in an upcoming newsletter.

Please attach a 1-page document (maximum 500 words) outlining why you qualify for this funding.

Be sure to:

- Describe your professional objectives for attending the conference.
- Describe your involvement (past/present) in your professional association/DNIG
- Describe your employment status, location, role in diabetes nursing
- Describe how you will share what you have learned with your nursing colleagues

Please provide one professional reference.

Name: _____ Phone number: _____

I certify that all information contained in this application is true and accurate.