

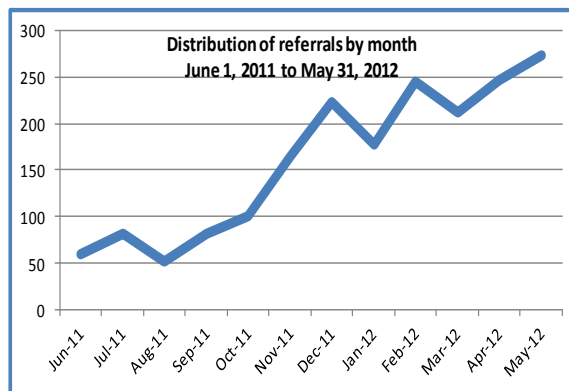
Moving Forward with Central Intake

Special points of interest:

- **Coming Soon! Diabetes Directory of Services**
- **8 NEW CDEs**
- **New Self-management Website**
- **Insert—Take Charge Fall Workshops**
- **Working Effectively with Spoken Language Interpreters**
- **Follow me on twitter @SarahChristilaw**

The Ministry of Health and Long Term Care (MOHLTC) accepted our proposal for additional resources to support the Central Intake (CI) Project. We are excited to now be able to expand CI throughout Waterloo-Wellington LHIN region.

The data collected from incoming referrals has already assisted with program planning and decreased wait times for access to diabetes education.

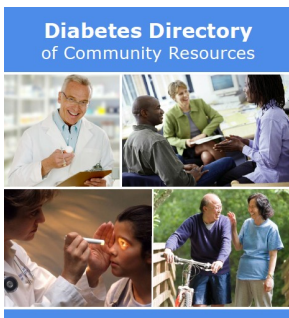


We would like to welcome Nicole Kells, our new Central Intake Administrative Assistant at the DRCC. Nicole will be assisting with Central Intake, data entry and related projects. We have also posted a position for a full-time Patient Navigator to triage all incoming diabetes referrals and a position for an additional part-time Outreach Coordinator to assist with diabetes service coordination and delivery.

Inside this issue:

- Moving Forward with Central Intake **1**
- Directory of Services **1**
- Collaboration essential in diabetes programming **2**
- Diabetes Testing Report **2**
- Educating Patients with Limited English Proficiency **3**
- Insulin adjustments and scope of practice **3**
- Wall of Recognition **4**
- Upcoming Events **4**

Diabetes Directory of Community Resources for the Waterloo-Wellington Region



This directory was created in partnership by the Waterloo-Wellington Diabetes Regional Coordination Centre and the Central West Ontario leadership centre of the Canadian Diabetes Association. It is meant to be used as a community resource for healthcare providers and people affected by diabetes who are living in the Waterloo-Wellington region.

Copies will be available to order in late October 2012. Contact the WWDRCC at kimb@langs.org or call 519-653-1470 ext. 255 if you are interested in ordering copies.





Collaboration essential in diabetes programming

There are a variety of diabetes management programs within our WWLHIN that offer education, management and support. These programs meet a growing need for diabetes management as the prevalence of diabetes increases.

Diabetes programs focus on providing services that meet the needs of the population and also identify the factors, or social determinants of health, that people with diabetes experience.

Identifying the social determinants of health for those with diabetes is essential to better understand their experience and this knowledge can support

diabetes staff to address these factors and work towards preventing diabetes.

Dr. Dennis Raphael and a team of researchers at York University studied the social determinants of health in relation to type 2 diabetes. They found a strong relationship between having type 2 diabetes and

poverty. Many may think that this relationship may be due to those individuals being overweight or exercising less. This research group found that when controlling for these lifestyle factors, poverty continued to be closely related to having diabetes. (Raphael et al, 2007)

Living in poverty is also closely linked with lower literacy, unemployment and other social determinants of health.

The Diabetes Outreach Planning Day provided an opportunity for participants to consider the social determinants of health through looking at some local data and reviewing case scenarios.

The Planning Day also encouraged participants to consider the experience of those with diabetes and how organizations can work together in new ways to address gaps in services or to take a new approach.

Organizations can work together with varying levels of collaboration from information sharing to fully integrating services.

All levels of collaboration are essential in diabetes program delivery as well as diabetes prevention programs. The outcomes of collaboration are: increased capacity, efficiency, responsiveness, and impact.

A comment provided to researchers from the Collaborating for Community Impact Project was "When we're collaborating and sharing, maybe we can better ourselves or find a better way to operate. We can learn from other organizations. We can be more efficient and create synergies" (Collaborating for Community Impact, 2011).

Two examples of collaborative initiatives that were presented at the Planning Day were: the Woolwich CHC Low German Literacy and Skill Development Collaborative and the Literacy Diabetes Project led by Project Read.

For more information about community collaboration go to Collaborating for Community Impact at: www.worktogether.ca/ci

Lynda Kohler,
Woolwich Community Health Centre



To address the Social Determinants of Health partnerships need to be established that are 25% health-care and 75 % from other social determinants

Diabetes Testing Report

The Ministry of Health and Long-Term Care's Ontario Diabetes Strategy's Baseline Diabetes Dataset Initiative (BDDI) will be sending an updated Diabetes Testing Report (DTR) to participating primary health providers across the province in Summer/Fall 2012. Since its inception in May 2010, over 6,300 primary care providers have joined the initiative and received DTR listing testing dates for three key diabetes tests (blood glucose, cholesterol, retinal eye exam) for over 619,500 adult Ontarians with diabetes.

Measurable Indicators of the Ontario Diabetes Strategy: A Closer look at the Waterloo-Wellington Region

- 7.9% of adults are living with diabetes with a highest prevalence rate in the Rural-South Grey and North Wellington areas (10.1%)
- Between 2008 and 2010, there was a 7.8% increase in acute care discharges within Hospital Corporation with a slight decrease in average length of stay from 9.7 to 9.1 days
- The age-adjusted rate for renal replacement therapy has been decreasing since 2009/10 from 1,432 to 837 per 100,000 among residents with diabetes (age18+)
- Hospitalization rates for common, skin/soft tissue infection or amputations have increased (from 2,674 in 2009/10 to 3,016 in 2010/11 per 100,000)
- In 2010/11, there were 408 emergency visits for hyper or hypoglycemia, which accounted for 30% of all visits for diabetes. The age-adjusted rate of emergency visits continues to show improvements (from 1,011 in 2009/10 to 900 in 2010/11 per 100,000)
- Adult males with diabetes had nearly twice the number of emergency visits compared with females with diabetes (821 vs. 539)

Educating Patients with Limited English Proficiency

The number of people who speak a language other than English in their household is on the rise. Data from the 2006 Census shows that 12% of the Canadian population report speaking a language other than English or French at home.

Research shows that patients with Limited English Proficiency (LEP) are more likely to experience preventable adverse health events and longer hospital stays than English-speaking patients. For patients with LEP, simple tasks such as scheduling appointments are difficult, leading patients to skip preventive care and delay seeking treatment until health problems become severe. In the healthcare setting, medical terms and unfamiliar procedures or instructions further increase risk for ineffective communication¹.

Here are some ways to reduce or even eliminate barriers due to language differences¹:

- Identify preferred language of patients when discussing healthcare issues
- Develop easy-to-understand ways to find systems for non- English speaking patients
- Encourage patient interaction and participation
- Increase availability of qualified interpreters providing healthcare education materials in the preferred language to the patient
- Use different approaches to explain concepts that include illustrations and visual/practical demonstration
- Ensure an understanding by asking patients to summarize information/instructions that you just provided (teach-back technique)

¹Gonzalez A. et. al Educating Patients with Limited English Proficiency. *AADE in practice*. Spring 2012.

Guideline for Working Effectively with Spoken Language Interpreters:

- Allow enough time for the interview... it may take twice as long
- Arrange seating so that you have eye contact with your client
- Allow time for introductions and learning the correct pronunciation of the non English speaker's name
- Briefly explain your role and the purpose of the interview
- Speak directly to your client. Use first and second person speech ("I" and "You")
- Speak in short sentences and pause frequently to allow the interpreter to interpret
- Encourage the interpreter to intervene if he/she senses that some misunderstanding is affecting the communicating process

Expectations of Interpreters:

- Introduce themselves to both the Service Provider (SP) and the Limited English Speaking Person (LESP)
- Interpret everything that is said
- Keep everything they hear or see confidential
- Take notes in order to assist with accuracy
- Deliver the messages communicated between the SP and LESP as faithfully as possible
- Maintain impartiality
- Interrupt for clarification
- Do not impose own values and assumptions
- Be respectful of all parties involved in the interpretation

For a free in-service orientation to help your staff adjust to using interpreters visit the KW Multicultural Centre at www.kwmc.on.ca or call 519-745-2593

Insulin Adjustments and Scope of Practice

The use of medical directives and order sets for insulin dose adjustment by diabetes educators is common practice to support the individual with diabetes.

What are Orders and Medical Directives?

An order can be a **direct order** or a **medical directive**. Both are prescriptions for a procedure, treatment, drug or intervention.

Direct orders apply to an individual client. **Medical directives** apply to more than one individual and are given in advance by physicians/Nurse Practitioners (NPs) to enable the implementers to perform the ordered procedures based on their knowledge, skill and judgment.

For initial insulin injection, a **direct order** is required as it is a specific order for an individual patient upon assessment by a physician or NP. For subsequent insulin adjustments, direct orders or medical directives may be used.

Direct orders specifying the 5 Rs" (right medication, right dosage, right time, right route and right patient) may be used for insulin adjustments, but may be limiting when striving to achieve tight glycemic control in the patient.

Medical directives allow the educator to adjust insulin based on their knowledge, skill judgement, allowing for more flexibility in adjusting insulin.

A medical directive, regardless of how generic its contents, is an order for which the physician/NP has ultimate responsibility. They must be reviewed and signed off every year by the prescribing physicians/NPs.

Depending on the diabetes team, it may be challenging to engage in a review and approval process with a large number of potential physician/authorizers. A pre-printed order for insulin initiation and dose titration may be useful in these cases.

Can dietitians adjust insulin? A dietitian, with the appropriate competence, is acting within his or her scope of practice when teaching a client how to adjust his/her insulin for changes in activity, food intake and in response to self-blood glucose monitoring. The distinction in working with people who have diabetes is differentiating between **specifying the dose** versus **teaching self-management**.

South East DRCC website, Medical Directives; www.sedrcc.ca
College of Nurse of Ontario Practice guideline: Directives June 2009 Federation of Health Regulatory Colleges of Ontario, An inter-professional guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario 2007. Your Professional Practice Questions, Fall 2002, College of Dietitians of Ontario.

Stand up to Diabetes

Waterloo– Wellington Diabetes Regional Coordination Centre

887 Langs Drive, Unit #11
Cambridge, Ontario
N3H 5K4

Phone: 519-653-1470 x255
Fax: 519-650-3114
E-mail: kimb@langs.org

RCC site hosted by:



Jayne Giroux (Self-Management Coordinator)
with
Shiona Mackenzie-Morrison
PKD Foundation of Canada
1-877-410-1741 www.endpkd.ca

Waterloo–Wellington DRCC Wall of Recognition

A Huge Accomplishment! Way to go Diabetes Care Guelph

The Canadian Diabetes Association Standards Recognition Program Committee has awarded Diabetes Care Guelph Team the status of a CDA recognized Diabetes Education Centre that successfully meets the standards for diabetes education in Canada. The review findings indicate that Diabetes Care Guelph delivers superior diabetes education services for people in Guelph.

A Special Thanks to:

- Nancy Raymond for her assistance with CCAC continuing education sessions
- Nathalie Leduc for presenting at the House of Friendship community event
- PKD foundation of Canada for the opportunity to display the Take Charge programs!



Congratulations to Our New Certified Diabetes Educators



- Marni Balog, RN (Woolwich Community DEP)
- Teresa Byrne, RN (Langs Community DEP)
- Cristina Fernandes, RD (Langs Community DEP)
- Mike Libbey, RD (WHCA – DEC)
- Jocelyn Lille, RN (WHCA - DEC)
- Jennifer DeGrandis-Graham (WHCA - DEC)
- Melissa Murray, RD (Langs Community DEP)
- Laura Shantz, RD (KDCHC Community DEP)
- Jackie Smith, RN (Two-Rivers Community DEP)

Certification as a diabetes educator recognizes experience and excellence in diabetes education and verifies that an individual possesses the knowledge, skill and abilities to practice effectively and safely within their professions' scope of practice and according to the Canadian Standards for Diabetes Education.

Waterloo-Wellington has **63** Certified Diabetes Educators in the region!

Are there more CDE's out there? Please let us know if you have recently passed your CDE exam.



New Website Available! Get the latest information on “FREE” Self-Management workshops that will help individuals set goals and manage their symptoms.

www.wwselfmanagement.ca

Upcoming Events:

Diabetes Expo for Patients and Caregivers
(in partnership with the Canadian Diabetes Association)

Saturday, November 17th, 2012
Location: St. Mary's High School, Kitchener

Michael Vallis, Ph.D. “Moving Towards Change” Self-Management Support Training for Health Care Providers—Registration fee \$75.00

Thursday, Nov. 29th and Friday, Nov. 30th
Location: Fairview Mennonite Home, Cambridge