

Diabetes Care in Nova Scotia

a newsletter of the Diabetes Care Program of Nova Scotia

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State of the Art

PRODUCING AND USING OUR OWN EVIDENCE

This State of the Art feature article is often devoted to new findings from the literature—information that introduces a new topic, highlights significant study results, addresses emerging themes, or frames a new Diabetes Care Program of Nova Scotia (DCPNS) initiative. As evidence now guides all decision-making and helps to drive our program planning and delivery models, we felt it would be valuable to introduce the DCPNS Registry as a means to improve the short and long-term outcomes of diabetes.

In a recent issue of this newsletter, we introduced the Chronic Care Model by Wagner.¹ This model, with its 6 key elements, identifies the structures and supports required to manage chronic illness—from the patient, provider, and health system perspective. These elements include: community resources and policies, healthcare organization, self-management support, delivery system design, decision support, and clinical information systems. Ensuring all 6 elements are in place is ideal; however, moving to enhance or develop even one element will have an impact on how chronic disease is managed.

This article is intended to provide an overview of the present and potential contributions of the clinical information system (one of the key elements) available to Nova Scotia Diabetes Centres (DCs) through the DCPNS Registry system. In this system, data is provided by the DCs as part of a provincial registry to support targeted

programming interventions locally, regionally, and provincially. Data can be used to direct program change, improve individual patient outcomes, support specific resource allocation, identify necessary partnerships, pursue research funds, and promote the sharing of best and better practices across districts and possibly provinces. This system also provides reminders to help providers meet recommended practice as well as standard reports to physicians, other care providers, and decision-makers to best address individual and population-based care.

At the recent CDA conference in Quebec, the DCPNS presented two different poster abstracts specific to the Registry—historical development and enhancements through the on-site application.^{2,3} From a historical point of view, the Registry was implemented centrally in 1994, allowing for the capture and recording of demographic and visit data by individual DC. This data was comprised of all new referrals to NS's DCs. In 1999, the indicators of care (IOC) component (based on the standard flow sheet) was pilot tested and became part of the System for use centrally (audit purposes) and for eventual DC on-site application. Collected information includes date of birth, gender, date of diagnosis, type of diabetes, treatment, and type of visit (newly diagnosed, follow-up, etc.). The IOC component collects clinical parameters (wt., BP, A1C, kidney function, lipid profile) and related diabetes, blood pressure, and lipid medications as well as self-care practices (self-monitoring of BG [frequency of testing and use of results]; date of last eye examination, flu vaccine, etc.). The on-site Registry now generates a number of reports that save the manual collection of this data for DCs that are using the Registry on-site. These include Monthly Statistics, Physician Report, Family Physician-Patient List, Summary of Visits, and Flow Sheet.

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Newsletter Publication Dates:

The first week of January, April, July, and October. Questions or contributions should be submitted at least 3 to 4 weeks prior to the publication date.

Since 2001, 16 DCs from 7 of 9 NS District Health Authorities have implemented the on-site Registry. This on-site application of the DCPNS Registry has improved data quality and increased the number of true prevalent cases. See Table 1 for a comparison of the data quality from the centralized data entry in fiscal 1998/99 to the on-site data entry from 3 specific DCs in 2002/03. Note the marked reduction in missing data.

TABLE 1:

	Central Entry 1998/99 - NR* (n=539) (% Missing)	DC On-site Entry 2002/03 - NR* & FUV** (n=2247) (% Missing)
Valid Health Card #	2.0%	0%
Gender	3.2%	0.6%
Date of Birth	2.8%	0.2%
Date of Diagnosis	19.3%	6.0%
Type of Visit	19.2%	0.2%
Type of Diabetes	3.5%	0.3%
Type of Treatment	9.2%	0.6%

During this same period of time, the on-site use of the Registry in these 3 sites resulted in an additional 408 prevalent cases. This reflects individuals attending the DCs prior to Registry implementation in 1994.

As of November 1, 2004, the DCPNS Registry contained a total of 49,714 cases (excluding out of province cases). This reflects referrals for both diabetes and the newer "prediabetes" categories. Currently in the Registry, 6.5% of the cases have type 1 diabetes; 79.8% have type 2 diabetes; and 6.6% have a prediabetes classification. The remaining numbers reflect the pregnant population (preexisting and gestational) as well as "other" and "missing" cases by type.

The most recent use of the Registry has allowed the DCPNS to provide real time data to the districts that are using the on-site application. For example, in District 6 (Pictou County District Health Authority) we were able to provide clinical measures for the follow-up population (n = 1113) attending the DC for the period October 1, 2003 to March 31, 2004.⁴ This population was 50.4% males; mean age 63.4 years; mean BMI 30.6; mean duration of diabetes 8.6 years; treatment by diet only 29%, oral agents 49.3%, insulin 17.5%, and combination of insulin and oral agents 3.9%. In a sample of 953 cases, 53% recorded their last A1C < 7% (this figure was 79.9% in the diet controlled and 24.6% in the insulin controlled categories); and 31% had BP < 130/80 mmHg. In a smaller sample of ~ 460 (due to limited data as lipid profiles are only ordered annually), 36.8% had an LDL-C < 2.5 mmol/L. It is not the actual numbers that are important in this demonstration, but how DHA 6 plans to use the data. This quality data should become central to continuous quality improvement initiatives for the DC as well as provide a platform for meaningful discussion between DC staff, referring and specialist physicians, and community agencies/organizations. These discussions should lead to the formation of concrete plans that are multi-pronged in approach and cross the community, patient, provider, and health system. The DCPNS will learn from this district and others what interventions have been

implemented and to what effect. As a provincial program, being able to share across districts will reduce duplication of effort and lead to intentional, planned, and more timely change that will result in improved short and long-term outcomes for the person with diabetes.

The DCPNS looks forward to this next phase of Registry use—more sites adopting the on-site application, district review and ownership of the data, and development of targeted interventions. We will continue to provide support and focus future efforts on continued enhancements of the Registry to best meet the needs of DC staff and their referring physicians. We will pursue linkage with the province's health information system to reduce double entry and continue to enhance the quality and completeness of the data collected. We will use supporting data, where possible, to influence policy.▲

Peggy Dunbar, MEd PdC CDE
Coordinator, DCPNS

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News from the Care Program

Happy New Year! We hope this newsletter finds you rested, relaxed, and refocused. This may be a lot to ask after what is usually known as the “festive season.” A season where we socialize more, stay up later, and partake (even a little) in that “forbidden” food and drink. Whatever the case, we hope you had a chance to do and think about things other than work and that your time was filled with family and friends.



This first issue of our newsletter for 2005 is a little slimmer than usual making it easier for people to digest in a single seating. This means the messages are more manageable and easier to decipher. With this in mind, we hope that we have stimulated your thoughts related to the Registry and the potential of data. This is data that can help to guide your program directions and serve to foster new and renewed collaborative partnerships.

The "Pregnancy Focus" (page 5) highlights a case study that addresses progressive retinopathy during pregnancy. This says more with a few descriptive words than we could ever hope to impart through repetitive preaching of the preconception message. Thanks to the Pregnancy and Diabetes Program team at the IWK for helping to ground the importance of this message.

Board of Directors

In keeping with the Department of Health (DoH) Model for Provincial Programs, the Diabetes Care Program of Nova Scotia (DCPNS) will be filling the previous position of DCPNS Medical Director, as held by Dr. Sonia Salisbury, with a group of up to four Medical Advisors. These positions, with their individual strengths and expertise, will better reflect the broad interest areas of this provincial program. The DCPNS is presently seeking representatives from the Pediatric and Adult Divisions of Endocrinology as well as an Internal Medicine specialist and Primary Care physician to better reflect the diverse district needs.

Subcommittee Reports

DCPNS Best Practice Subcommittee

Guidelines for Blood Pressure Monitoring and Education through Nova Scotia Diabetes Centres as discussed and approved by the DCPNS Board of Directors have been submitted to the DoH for information purposes. This guideline document is expected to be released to the

Districts and the DCs in the very near future.

To accompany the guideline document, the blood pressure patient education module focused on lifestyle change and self-care is now complete (*Managing Hypertension*). Copies of the slides have been provided as transparencies and on CD ROM along with accompanying materials (in a binder format). This module has been distributed to DCs that previously expressed an interest. Other DCs are encouraged to contact the DCPNS directly when ready to plan for the implementation of the module. This resource will not be provided outside of Nova Scotia for at least a year. Other health professionals wishing to view the module are encouraged to do so with local DC staff as a means of fostering partnerships and complementing delivery of services/information. DC staffs are encouraged to develop community partnerships as they role out this module to ensure its potential reach beyond that of persons with diabetes and hypertension.

Care of the Elderly with Diabetes Residing in Long-Term Care Facilities

A meeting was held in November during which working groups presented revised nutrition and clinical guidelines as well as foot care recommendations to the larger committee. Working groups will continue to refine these recommendations and address further topics for the next meeting to take place in February, 2005.

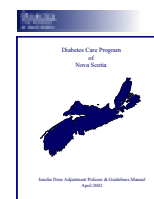
Pregnancy and Diabetes Subcommittee

The two pregnancy resources (pamphlet—*I Have Diabetes...and I can have a healthy baby!*; booklet—*Questions and Answers about Diabetes and Pregnancy*) were officially launched with the release of the DCPNS newsletter (November 4th). These resources have been distributed to all DCs, libraries, etc., and are also available on the DCPNS web site for downloading purposes. Work will soon begin on a resource for women with gestational diabetes. The content will be determined with the help of a focus group.

Delegated Medical Function (DMF) (Insulin Dose Adjustment)

Several diabetes educators are currently moving through the insulin dose adjustment certification process—writing basic, advanced, and specialty exams.

Work will begin shortly to update some sections of the *DCPNS Insulin*



Dose Adjustment Policies & Guidelines Manual. Please contact Sharon Hepburn at 473-3208 if you have suggestions for changes or additional information, resources, or references that may be useful to include. Your input is welcome and encouraged!

Triage Criteria for Initial and Follow-up Appointments

The DCPNS is awaiting feedback on the draft criteria from the Districts through the impact assessment tool. This feedback is required before final presentation can be made to the DoH. The tool was left with the Districts where DCPNS meetings/ presentations have been held and forwarded to all other districts by mail/fax. Response is requested before the end of January, 2005.

Diabetes Foot Care Round Table

In follow up to the foot care roundtable, a foot care working group has been formed to write a discussion paper outlining the major issues impacting the prevention, screening, and treatment of diabetic foot care in NS. This paper will be presented to the DoH. Representatives from Vascular Surgery, Vascular Clinic Nursing, Pedorthics, Community Foot Care, Diabetes Case Management, Dermatology, Podiatry, VON, and DCPNS are involved in writing/ reviewing this report.

District Presentations

District presentations have continued into the New Year. The feedback from the earlier district presentations provided valuable input into the future directions of the DCPNS. This input has been reflected in the business plan for 2005/06.

TeleHealth Sessions

The two Telehealth sessions offered in November were very well received. Both "Managing Dyslipidemia" with guest speaker Wanda Firth and "Managing Diabetic Nephropathy" with Dr. Steven Soroka, Nephrologist, received rave reviews. We will continue to work with both speakers to refine information that is useful to your practice. If you missed either of these sessions, tapes are available for loan purposes from the DCPNS office.

Our first foray into webcasting with Dr. Soroka's session provided lots of learning opportunities (technical and other) for all that were involved. That being said, the effort was well worth the positive praise that came from the 8 individuals that were able to

access the session in this way. Hats off to Zlatko Karlovic for creating the opportunity and providing such a personal touch. Webcasting will present many possibilities for the DCPNS in the future as we continue to provide access to current information and specialty speakers for diabetes educators and other healthcare providers from across Nova Scotia.

DCPNS Spring 2005 Workshop (Partnering with CDA)

In partnership with the Nova Scotia Region of the Canadian Diabetes Association (CDA), the DCPNS will be hosting a one-day workshop for diabetes educators on May 13, 2005 at the Ramada Inn, Dartmouth. This will precede the CDA Nova Scotia Division Annual Meeting and Public Forum on May 14, 2005. It is hoped that diabetes educators will participate in the program on both days to benefit from the sessions being offered to the public on the 14th by such well known speakers as Drs. Ehud Ur and Michael Vallis as well as Ginger Kanzer-Lewis (a former AADE president).

The DCPNS program for educators on the 13th will include a special 2-hour session delivered by Ginger Kanzer-Lewis titled "Creative Teaching Techniques." The DCPNS will be conducting a brief needs assessment to determine topics of special interest for the remainder of the day. Possible topics include effective counselling around physical activity/ exercise (for more on PACE, see pages 6-7), innovations in program delivery (NS DCs sharing new and exciting approaches), etc.

Forms Revision

Staff are presently making minor revisions to the re-referral form, IFG/IGT initial assessment (mailed and other), and education checklists. Most changes will reflect the improvements made to the adult form as released in the spring of 2004. We are presently looking for reviewers of these forms and welcome suggestions for continued improvement.

Website

The DCPNS 2003/04 Annual Report, provincial statistics, CDA abstracts, and revised pregnancy and diabetes resources can now be found on the website. We will be using this vehicle more often to display and update DCPNS initiatives. Don't forget to use the "Discussion Forum" to pose questions and review responses from other diabetes educators.

We would welcome suggestions on the web site for future planning.

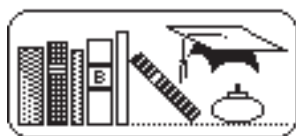
Registry Update and Services

As a result of district presentations, additional DCs have expressed interest in adopting the DCPNS Registry. Further discussion and eventual training will be planned over the next few months.

Standard reports for DCs using the on-site Registry are being prepared as part of the district presentations. These reports can be run for specified periods of time and provide demographic, utilization, and outcomes data. In the future, these reports will be run at least annually and more frequently where required.▲

Peggy Dunbar, MEd PDt CDE
Coordinator, DCPNS

New Resources



These resources are available from the DCPNS for loan across Nova Scotia. Please call (902) 473-3219 for borrowing information.

MULTIMEDIA

- The following CDs were purchased at the CDA National Conference in Quebec City, October 2004:
 - Advanced Pumping.
 - Therapeutic Options for Menopausal Women with Diabetes.
 - Treating Obesity: The Good, the Bad, and the Future.▲

Practice Points

Nothing available for this edition of the newsletter.

“Laughter is the shortest distance between two people.”
Victor Borge



Pregnancy Focus

RETINOPATHY IN PRECONCEPTION CARE

In the last issue of this newsletter, the DCPNS Pregnancy and Diabetes Subcommittee officially launched two newly revised pregnancy resources aimed at women with preexisting diabetes. Both resources promote the need for pre-conception counselling leading to a planned, safe pregnancy. This planned pregnancy will lead to improved outcomes for both mother and baby. As we continue to promote the need for counseling around planned pregnancy as part of the routine care provided by all health care providers, we felt it would be appropriate to share the following case study. This case demonstrates the profound impact of an unplanned pregnancy.



Case Study

- 35-year old woman with type 2 diabetes x 10 years.
- Presents to clinic with positive pregnancy test (confirmed 6 weeks gestation).
- One previous pregnancy 11 years ago complicated by GDM.
- BMI is 40.
- Smoker.
- Takes Monopril for a history of proteinuria.
- No history of hypertension.
- Tests blood sugars once every 3 weeks, if feeling unwell. Result is usually 11 to 19 mmol/L.
- Takes Metformin 1000 mg bid and 70/30 insulin 45 units bid.
- Folic Acid has just been started.
- Does not follow a meal plan or exercise.
- Current eye exam normal.

Management

Sally is started on an appropriate meal and exercise plan. She receives counseling to help her quit smoking and is able to reduce to 4 cigarettes a day. Metformin and Monopril are discontinued and the 70/30 insulin is changed to MDI. She agrees to test her blood sugars 4 to 7 times a day. Glycemic control improves to pregnancy target levels within 4.5 weeks.

Second Trimester

At 22-weeks gestation, Sally complains of photophobia, but no blurring of vision. A repeat eye

exam shows significant retinopathy. She is admitted to hospital for 3 days to assess her blood pressure which proves to be normal. Hypertension is ruled out as a cause of her retinopathy; so it is concluded to be caused by poor glycemic control followed by rapid blood glucose improvement.

She receives laser treatment and delivers at 36 weeks gestation to allow for more aggressive treatment of her retinopathy.

What happened?

The risk of retinopathy during pregnancy is increased with poor glycemic control and may continue to progress for up to one year following delivery.^{1,2} Furthermore, the risk of progression is exacerbated if retinopathy is severe prior to pregnancy or in the presence of hypertension.¹ However, the number of previous pregnancies has not been shown to increase the risk of developing diabetic retinopathy.³

During the preconception period, there is an opportunity to reduce the progression of retinopathy during the coming pregnancy through *gradual* improvement in glucose control as well as treatment with laser, if indicated. Conversely, missing the opportunity to improve glycemic control preconceptually may increase the risk of retinopathy progressing. Optimal glycemic control in the first trimester of pregnancy is related to lower fetal malformations and incidence of miscarriage.⁴ Rapid improvement of poor glucose control is, therefore, necessary but has been shown to accelerate the rate of progression of retinopathy.^{2,5}

In conclusion, preconception counseling for women with preexisting diabetes to assess diabetic retinopathy is important to protect eyesight. Established retinopathy should be treated with laser, if indicated, and the risk of development or progression of retinopathy reduced by *gradual* improvement of glycemic control prior to conception. The 2003 CDA guidelines recommend an ophthalmologic assessment prior to pregnancy, in the first trimester, later in pregnancy if needed, and again within the first year after delivery.¹

Sally could possibly have protected her eyesight had she realized the reality of the risks and delayed pregnancy until her diabetes was in optimal control prior to conception. For now, she will continue to get treatments.▲

Lois Ferguson, RN CDE
IWK Pregnancy and Diabetes Program

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Research to Practice

PHYSICAL ACTIVITY COUNSELING BY HEALTH PROFESSIONALS - PACE



We all know the benefits of physical activity in optimizing health and preventing chronic disease. Health Canada recommends that people participate in 30-60 minutes of activity most days (depending on age group and intensity level) that can consist of shorter bouts of as little as 10 minutes accumulated throughout the day. However, with the technological advances and conveniences available today, sedentary lifestyles are becoming much more commonplace. A recent study examining the impact of sedentary lifestyle on mortality by cardiovascular disease (CVD) risk group found that a sedentary lifestyle is associated with a higher risk of death in pre-retirement-aged adults and that individuals with high CVD risk get the largest benefit from physical activity.¹ Physical inactivity in Nova Scotia (NS) has declined significantly since the early 1990's, going from 68% in 1994 to 58% in 2000/2001.² Although this is an improvement, there is still a ways to go to catch the best provinces, British Columbia and Alberta, where inactivity rates are 46% and 52% respectively.² Of Nova Scotians who are not active, 76% cite lack of time as their reason, 68% cite lack of energy, 57% say they lack interest or motivation, and 34% feel they lack skill to participate in physical activity.² It is important for health professionals to respond to this by motivating and empowering people to become more

active. But, where should one start and what approach should be taken? A recent NS study clearly indicated that there is a need for health professionals to be educated about physical activity and be able to provide consistent messages to people.³ This is where the Physician-Based Assessment and Counseling for Exercise (PACE) program comes in.

What is PACE?

PACE Canada is a comprehensive guide for counseling adults to safely increase their physical activity levels. PACE Canada was developed by the Canadian Fitness and Lifestyle Research Institute in collaboration with the US Project PACE team and the Active Living Coalition for Older Adults. Financial support was provided by Health Canada. PACE started as a Physician Counseling Model but has widened its application to include all primary care providers, with an emphasis on the office-based primary health care team. The PACE approach is based on the Transtheoretical Model of Behavioral Change (TTM),⁴ mainly focusing on the pre-contemplation, contemplation, and action stages. The basic steps involved in PACE are: 1) select and inform patients, 2) administer assessment (risk factor identification, physical activity level, and readiness to change), 3) advise patients, and 4) follow-up. Counseling techniques are identified in the accompanying tool kit and information offered is consistent with Health Canada physical activity guides. This intervention takes only 2-5 minutes of a provider's time to administer. The counseling emphasis is on low cost, convenient, flexible activities that are lifestyle changing and confidence building.

Research studies have found that this program is considered to be an effective intervention method to address barriers and offer brief, stage-specific counseling around physical activity. The PACE intervention was shown to be effective in significantly increasing physical activity on self-report and objective measures in healthy sedentary adults compared with a control group.⁵ In this study, the intervention group increased their physical activity by 34 minutes/day. Using the TTM was also found to be an effective method to assist sedentary young adults to progress through the stages of change with physical activity.⁶ Additional research is currently underway to assess the longer term impact and efficacy of PACE Canada.

What is happening in NS?

Several NS agencies involved in sponsoring PACE initiatives are the Heart and Stroke Foundation, Cancer

Care, and the Sport and Recreation Division of the Office of Health Promotion, all guided by the Alliance for Healthy Eating and Physical Activity. They funded two PACE training sessions held in Halifax in December, 2004, for health professionals interested in promoting lifestyle behavior changes and incorporating PACE into their practice. Twelve of 28 participants were diabetes educators from across NS. They found it to be very applicable and easy to incorporate due to their expertise in counseling using a staged change approach. Health professionals participating in PACE workshops receive training and PACE materials, including a manual and forms to assess activity level, readiness to change, and risk for unsupervised activity participation. "Train the Trainer" sessions will take place in 2005 and more diabetes educators and other health care professionals will have opportunities to attend PACE workshops. Increasing the consistency of messages being provided to the public about physical activity and counseling them using the TTM model will hopefully increase the number of active Nova Scotians and accordingly decrease their CVD risk.

For more information, visit the PACE website: <http://www.pace-canada.org/>.▲

Sharon Hepburn, RN BSN CDE
Diabetes Consultant, DCPNS

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News From Outside the Province



Nothing to report for this edition of the newsletter.▲

Educator Sharing

YARMOUTH DIABETES CENTRE 2004 INSULIN REUNION PARTY



On October 20, 2004, the Yarmouth Regional Hospital DC held an "Insulin Reunion Party" for all DC attendees that started on insulin between January 1 and October 19, 2004. A total of 17

"insulin starters" and 8 friends or family members attended. It was a wonderful sharing experience.

The idea for the "Reunion" came about during the snowy winter months of 2004 as we listened to comments made by the individuals we started on insulin. Many people expressed a desire to know how others were doing, a need for ongoing support, and an interest in sharing stories and comparing notes. As many of these individuals had been instructed in groups of two, they also wanted to once again see and be in contact with the other person who had started insulin.

This party seemed to be a wonderful opportunity for the DC to pose four focus group questions:

- 1) What helped you prepare for the day you were to start taking insulin?
- 2) What did you learn that would help others?
- 3) What ideas do you have that would make starting insulin easier?
- 4) What other services or people were helpful when you started taking insulin?

This expert panel of insulin starters agreed to openly share their thoughts and opinions about their experiences. Valuable information was gathered from the group, but one particular message stood out and was echoed throughout the room - the importance and value of emotional support and encouragement from the DC staff. As well, the follow-up phone calls from DC staff were high on their priority list for services to be continued.

From a DC nurse perspective, I would like to say that this event truly recharged my energy and

compassion levels. It was one of my favorite parties, and I felt very fortunate to be a part of it. I hope the Yarmouth DC can offer an "Insulin Reunion" to those starting insulin in 2005 and encourage other DCs to consider its value. There were many magical enlightening moments that I would have missed had this not occurred.

I would like to extend a thank you to Steven Shears, Novo Nordisk Canada, for supporting this event.▲

Shonda Jeffery, RN
Yarmouth Regional Hospital DC

INSULIN PUMPERS CANADA



Insulin Pumpers Canada is now a registered charitable organization; a HUGE accomplishment. We've been busy!

This fall Insulin Pumpers Canada provided me the opportunity to attend the CDA Professional Conference in Quebec City. What a terrific educational experience it was for me. A personal highlight was meeting John Walsh and his wife, Ruth Roberts, co-authors of *Pumping Insulin*. It was reading their book in 1997 that led to our daughter becoming a pumper in 1999, and Insulin Pumpers Canada was born in 2001.

During my chat with John and Ruth, I discussed the possibility of them coming to Nova Scotia to give a presentation to health care professionals and people with diabetes. I'm not sure if or when this may happen; so until then, I urge you to check out the following web sites:

- Advanced Pump Therapy – For up-to-date information on advanced pump therapy for the patient and the health care professional. http://www.diabetesnet.com/diabetes_technology/insulin-pumps-advanced.html
- Super Bolusing – This new concept, compliments of John Walsh, can be particularly helpful to people who usually see elevated blood glucose after meals or for correcting high blood sugars. It is well worth the look! I have been talking to a few people who are using it very successfully. http://www.diabetesnet.com/diabetes_presentations/super-bolus.html

In 2005, we hope to accomplish many things including more workshops and presentations (Expo 2005) and a revamp of our web site and literature. With help from a graphic designer, we are developing a new look and hope to have new patient info packets available to DCs in the not too distant future. If you have any questions, comments, or suggestions, contact me at

(902) 223-7867 or at barbchafe@ns.sympatico.ca. Your input is valuable to us!▲

Barbara Chafe
President, Insulin Pumpers Canada



New Faces

Welcome to:

- Jan Smith, RN.** Jan has joined the staff of the IWK Health Centre Children with Diabetes Program.
- Shan MacLeod, RN.** Shan joins the staff of the Aberdeen Hospital DC.
- Susan Taylor, PDt.** Susan returns to the Diabetes Centre at New Waterford Consolidated Memorial Hospital.
- Joan Fownes, PDt** Joan returns to the Victoria County Hospital DC after an 8 month leave.

Our thanks and best wishes to **Janice Knapp, RN CDE**, for her years of work in diabetes and the many volunteer hours she devoted to the DCPNS. Janice and her family have relocated to the Valley.

Certified Diabetes Educator

The 2005 exam books are now available (www.cdec.ca). Applications for writing the exam must be received by February 1, 2005. Best of luck to those of you certifying for the first time or re-certifying.

CDA Nova Scotia Division News

Grand Opening Week:

The CDA is celebrating the relocation of their regional office and Diabetes Supply Centre to the Bayer's Lake Business Park by having a week of activities at their new office. For more information or to register for any of these free sessions, phone 1-800-326-7712 or (902) 453-4232. The following is a list of scheduled events:

- Monday, February 21/05 *All Day*
Drop in for a tour of our Resource Centre and a personal tour of our web site.
- Tuesday, February 22/05
Coffee with the Experts 10:00 to 11:00 a.m.
A pharmacist will discuss new and emerging diabetes medications and answer individual questions about medications and alternative therapies.

Pfizer Heart Health Night 6:30 to 8:00 p.m.

There will be free cholesterol testing and an informative session on heart health.

• Wednesday, February 23/05

Foot Care 9:00 a.m. to 4:00 p.m.

WE CARE Nurses will be available to answer questions and demonstrate proper foot care.

Panel /Children's Puppet Show 6:30 to 8:00 p.m.

Pumper's Support Group members will discuss personal experiences with using insulin pumps and pump companies will be available to answer product specific questions. Parents are welcome to bring their children along for a puppet show while the panel discussion is taking place.

• Thursday, February 24/05

Coffee with the Experts 10:00 to 11:00 a.m.

A diabetes educator will discuss the importance of self-management and answer individual questions.

Health Professionals Required for Summer Camps:

The CDA still needs health professionals for our summer camps. This is a great "hands on" learning experience, as well as an opportunity to help children with diabetes have a special week at camp. If you would like more information, please contact Marie Brown at (902) 454-4232 or toll free at 1-800 326-7712, Ext. 226.

Family Sleigh Ride:

The CDA in partnership with the Diabetes Information Group is pleased to announce a free winter sleigh ride for families of children 14 and under with diabetes. The sleigh ride will be held on Saturday, February 19 at 12:15 p.m. at Hatfield Farms, 15 minutes outside of Halifax. For more information regarding this event, call (902) 453-4232.

Other Dates to Mark on Your Calendar:

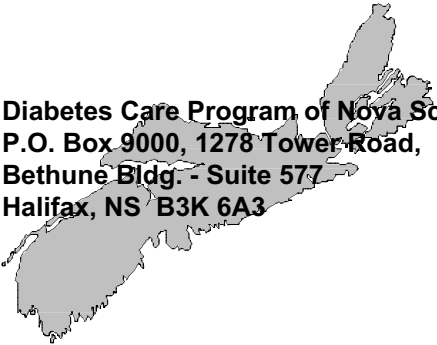
- CDA Annual General Meeting *May 14/05*
Ramada Inn, Dartmouth
- Family Weekend Retreat *May 27 to 29/05*
Tatamagouche Centre

New Programs and Approaches

The Cumberland Regional Hlth Care Centre DC has recently relocated to space within the Atlantic Superstore (130 South Albion St., Amherst, NS B4H 2X3). For more information on this program move, contact Esther Gould or Darlene Durant at (902) 667-2850.▲



Nothing submitted for this edition of the newsletter.▲



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