Rural Support Service (RSS) Diabetes Service Nurse Practitioner

The Diabetes Service Nurse Practitioner clinical service is offered for you and your clients with diabetes who reside in any regional local Health Network (LHN).

The clinical service encourages a person-centred approach and uses a range of specialised knowledge, skills and self-management strategies.

The clinical service aims to assist your clients to improve health and wellbeing and reduce the risk of illness and/or diabetes related complications.

The clinical service is offered in-person in regional LHN hospitals, community health services and residential aged care facilities or via telehealth. There is no fee.

A diagnosis of diabetes can be challenging.

For many people, learning about their diabetes is the first step to feeling better and living a longer, healthier life.

Nurse Practitioner

A **Nurse Practitioner** is a Registered Nurse educated and authorised to function in an advanced and extended clinical role.

The Nurse Practitioner Standards of Practice identifies four key domains of clinical care, education, research and leadership.

The Diabetes Service Nurse Practitioner is also a **Australian Diabetes Educators Association Credentialled Diabetes Educator™**.

The Role and Scope of Practice for Credentialled Diabetes Educators identifies five key domains of clinical care, training, counselling, research and leadership.

Clinical priorities

Guided by best practice guidelines, research and policy, clinical care and training is available for:

- children, young people and adults with newly diagnosed type 1 diabetes
- children and young people with newly diagnosed type 2 diabetes
- women with gestational diabetes
- women with pre-existing diabetes who are considering pregnancy or who are pregnant
- people who have pre-existing diabetes and require an update due to;
  - changes in therapy
  - diagnosis of a complication
  - diagnosis of another health condition
  - risk of low and high glucose levels
- carers of people with diabetes including children's services.

Self-management services

The seven key areas that are essential for successful and effective diabetes self-management are:

- healthy eating
- being active
- monitoring (e.g. glucose and ketone testing)
- taking medication (e.g. oral and/or injectable)
- problem solving
- health coping
- and reducing risks.

Self-management education is both a therapeutic and educational intervention. The overarching goal is the optimal health and wellbeing of people living with diabetes.

Clinical service

The clinical service may include:

- diagnostic investigations
- invasive/non-invasive interventions
- quality use of oral and/or injectable medicines
- registration with the National Diabetes Service Scheme and access to subsidised products
- access to continuous glucose monitoring systems
- access to continuous subcutaneous insulin infusions (insulin pump therapy)
- individualised action plans
  - low blood glucose (hypoglycaemia)
  - high blood glucose (hyperglycaemia)
  - starting insulin
  - insulin pump failure.

Collaboration

The Diabetes Service Nurse Practitioner collaborates as an independent member of the multidisciplinary health care team.

With consent, assessment findings and self-care goals will with be communicated with you and other health care team members.

Referrals can be initiated to any diabetes health care team member not currently used and/or to other health services, disability services, maternity services, aged-care providers and community agencies if required.

In some circumstances, the Diabetes Service Nurse Practitioner may communicate with staff at the client's workplace, university, school or early learning centre to achieve their health care goals.

Scope of Practice

The Australian College of Nurse Practitioners Scope Of Practice Position Statement and the SA Health Nurse Practitioner Guide describe the integration of clinical, education, research, leadership, knowledge and experience required.

Evolving Role

The role of the Diabetes Service Nurse Practitioner was developed to increase the capacity of the regional LHNs workforce and clinical care provision. The role will continue to evolve with the changing health environment, including:

- diabetes prevalence and recognition of its direct health care costs and loss of productivity
- research, development and technological change
- impact of changing social environments and community development on lifestyle
- increased focus on and need for prevention and early intervention in diabetes and other chronic conditions
- impact of increasing demands for management on the person with a chronic medical condition and the health system
- an increasing focus by governments on aged, ambulatory and primary care
- increased acknowledgement of the importance of, and funding for, multidisciplinary team care
- changes in the Australian health workforce and recommendations for health workforce reform
- changes in state and territory drugs and poisons legislation and in jurisdiction policies related to role and function of allied health professionals.

Referrals

As a health care professional, you are welcome to refer your clients to the Diabetes Service Nurse Practitioner.

Please complete the Community Health Service Referral form available on the SA Health website: www.sahealth.sa.gov.au/countryreferralunit

Telephone: 1800 003 307
Facsimile: 1800 771 211
Email: Health.CHSACountryReferralUnit@health.sa.gov.au

For more information contact:

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For information in languages other than English, call the Interpreting and Translating Centre on (08) 8226 1990. Ask them to call The Department of Health and Ageing.

This service is available at no cost to you.

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SA Health

Diabetes Service Nurse Practitioner

Information for healthcare professionals

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