

# NURSING

## Front-line saviours

### HEALTH ISSUES VARY DAILY, BUT PRIMARY CARE NURSES GET TO TREAT THEM ALL

By Pat St. Germain - For the Free Press

Babes in arms, teens in crisis, adults in detox — primary care nurses see them all.

Dealing with everything from runny noses to diabetes to sexually transmitted infections, they offer no-nonsense information, non-judgmental advice and, occasionally, a tissue to wipe away tears.

The job can be stressful, frustrating and demanding, but ultimately it's satisfying and even exciting for Melissa Adamson and Lea Smith.

"There's a lot of variety to it and lots of challenges and it's really rewarding," says Smith, who works at ACCESS Downtown Health Action Centre on Main Street.

Smith is a sexual health educator, a role that's more expansive than the title suggests.

"Half of my time is spent seeing people individually, so I would see people for pregnancy counseling information, abortion referrals, contraception counseling, STI followup, pre-natal care, information around parent-child communication, menopause, infertility," she says.

"And the other half of my role is to do community outreach and community development around sexual health."

That means she runs programs for the elementary, middle and high schools attached to Rossbrook House, as well as for girls at Manitoba Youth Centre, adults in the detox program at the Main Street Project and any other clients who request help.

She's also a resource for doctors, a nurse practitioner and other nurses at the ACCESS centre, and she handles community followup in cases of HIV or hepatitis exposure.

During an interview about her job, it occurs to Smith that it would be a public service to use the opportunity to urge all sexually active adults to be tested for HIV. And she says anyone with an accidental blood exposure should go to an emergency room or urgent care centre immediately, because early treatment can protect the immune system.

People who have private insurance or coverage through a treaty or social assistance have access to post-exposure HIV medication, which can cost \$550, but there is a protection gap.

"If they're the working poor, they can't get that covered, and it's really heart-wrenching to deal with someone who really needs to be on that medication and just flat out can't afford it," she says.

"Sometimes people are faced with making really tough decisions because they can't afford the medication."

Hepatitis B vaccine, Plan B for unintended pregnancy and STI treatments are covered, but primary

care nurses try to get patients to focus on prevention before treatment is necessary.

Adamson tries to seize upon teachable moments when she sees patients at the Aikins Street Community Health Centre. If somebody comes in to be tested for an STI, she'll talk about safe sex, for example.

And there are opportunities to work on health promotion and disease prevention when adults come in for physicals and when the centre holds well-baby clinics.

"You want to give those people the knowledge to empower them to manage their own lifestyles and their own lifestyle changes so that they can prevent those chronic diseases from happening," Adamson says.

which is what makes the job exciting," she says.

Adamson particularly enjoys working with babies and teens, as well as outreach in the community. She says building relationships is important. Weekly teen clinics at the North End Wellness Centre have been successful on that front, and diabetes classes at the same venue have been surprisingly well attended.

They deal with complications of diabetes, managing diabetes, emotional aspects of living with the disease and prevention, but it's not a one-way information session. Participants are encouraged to suggest topics and share their experiences.

"There's a lot of power in what the group has to teach, so we value that



As primary care nurses, Leanne Smith (above) and Melissa Adamson (below) spend their days dealing with a variety of challenging health issues while also promoting disease prevention and encouraging healthier lifestyles.



PHOTOS BY DARCY FINLEY

Whether patients choose to take her advice is beyond her control, but information can go a long way.

"As nurses, well, we're care givers. We want to care for people and you

and of course if any misinformation is given we correct that information. And I find that people really enjoy that, they really enjoy the conversation aspect of it," Adamson says.

"And we also provide a healthy snack so that we can incorporate teaching them how to change maybe some of those behaviours."

Both women say teaching is an ongoing process, and patients might not get the message the first time, or even the fourth time. Smith says sometimes, nurses are just planting seeds, but it's satisfying when they bear fruit.

"If you can help someone feel like they have the tools to make those decisions, that's very empowering."

**'Each and every day is different, which is what makes the job exciting'**

— MELISSA ADAMSON, Primary Care Nurse — Aikins Street Community Health Centre

have to find ways to empower them to make those choices so you're not left worrying about them all the time."

Like Smith, Adamson enjoys the diversity of her job. She might work on telephone triage — giving new mothers and other patients advice over the phone — help patients manage chronic diseases such as diabetes and explore a variety of health issues when patients come in for a routine physical exam.

"Each and every day is different,



PHOTOS BY DARCY FINLEY

Nurse Tanis Olson says the earlier high blood sugar levels are found the better chance patients have of living without the complications of diabetes.

## Fostering awareness

### NURSE'S DIABETES RESEARCH TARGETS HIGH-RISK PATIENTS

By Mike Miguez - For the Free Press

Don Klapecki has been dealing with type 2 diabetes for six years. Originally diagnosed with prediabetes, he advanced into type 2 in his late 40s and now checks his blood sugar twice daily in helping monitor the disease.

"It's very frustrating to live with," Klapecki says. "First of all, you don't know what to eat type of thing. It's hard to discipline yourself to a specific diet. Basically you've been eating the same things for 45 years and all of a sudden you've got to start changing."

To help combat the disease, Klapecki has made significant changes in his diet by cutting back on some things and changing others. While staying active also plays a role in controlling diabetes, he is somewhat restricted in that area due to a deteriorating lower back disk ailment.

Despite the activity setback, Klapecki has made positive strides in reducing his blood sugar levels and working toward controlling the type 2 diabetes. He advises taking the disease seriously — whether you have it or not.

"To begin with, keep an eye on your blood sugar levels and make changes early enough, even though you get set in your ways and it's difficult to change," he urges. "Take it seriously from the beginning. Listen to your doctor. If your prediabetic don't think it's (type 2) not going to happen because it can slowly creep up. If I had lost some weight, eaten properly and exercised I probably wouldn't have this problem right now."

Manitoba has one of the highest rates of diabetes in Canada. Not only is the number growing, the age of those suffering from it is lowering. Manitoba has the highest incidence rate of type 2 diabetes in children in Canada at 12.45 per 100,000 children per year — more than 12 times higher than other provinces.

According to Manitoba Health, about 95 per cent of adult diabetes in Manitoba is type 2.

"As a nurse in the primary care clinic, we do a lot of chronic disease management including diabetes and it has become very apparent that health care professionals like myself need to focus on the prevention of chronic disease," says Tanis Olson, a primary care nurse who participated in a research project focusing on type 2 diabetes and prediabetes in adults.

Type 2 diabetes occurs when the body is no longer able to properly use the sugar from the starches it consumes. Either the body does not produce enough insulin in the pancreas or use the insulin it produces properly. This leads to high levels of glucose in the blood, which can damage organs, blood vessels and nerves. Insulin uses glucose as an energy source for the body.

Type 2 diabetes is more likely to occur in Asian, South Asian, African, Aboriginal and Hispanic populations.

Prediabetes is the state in which the blood sugar is found to be higher than normal but not at the level that defines diabetes. Nearly 50 per cent of people with prediabetes will develop type 2 diabetes.

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## FOSTERING AWARENESS

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Maintaining healthy weight, exercising regularly, eating healthy and using medication when required will reduce the risk of developing type 2 up to 58 per cent in people with prediabetes.

As project coordinator working with principal investigator Dr. Sora Ludwig and reporting to the Winnipeg Regional Health Authority's Chronic Disease Collaborative, Olson's task was to reach out and screen high risk diabetes populations for type 2 diabetes and prediabetes to determine if early intervention can help prevent the disease.

Olson, a certified diabetes educator, was actively seeking out research opportunities when this pilot project became available. She spent 14 months on the research project.

"As a nurse working in the community, to be able to use my skills to coordinate and organize events in the community and use my diabetes education certification to improve public awareness and better understand the health needs of the community, was an amazing opportunity I was really fortunate to have had," Olson says.

"I gained so much professionally and personally. I see people living with diabetes daily in my clinical practice so it absolutely turned my interest towards looking at how we can look at the health of the population in general and how I can use those skills to work toward increased public awareness."

The research involved screening 500 adults in Winnipeg between the ages of 40 and 74 using an Oral Glucose Tolerance Test – a two-step blood test which indicates blood sugar levels in an eight-hour fasting state and after a measured amount of glucose in the body.

"As a diabetes educator, we now know the earlier we find those that have high blood sugars the better outcome they have of living without the complications of the disease," Olson says.

The risk of diabetes increases with age, thus the 40 to 74 age demographic.

The project also tested a questionnaire tool developed by the Public Health Agency of Canada to see how effectively it predicts the risk of developing diabetes in the next 10 years. A similar type of screening tool had previously been effective in Europe and Finland.

"We were really looking at accessing the prevalence of prediabetes and undiagnosed type 2 diabetes in Winnipeg," Olson says.

Specific screening eligibility criteria included: not known to have diabetes or prediabetes; not be on medications known to raise blood sugar; not pregnant; had to reside within the defined geographic community.

**'It's very important for people to have an understanding of how the choices they make in everyday life impacts them in the long term'**

– TANIS OLSON – Primary Care Nurse

Olson used a variety of methods in finding participants including newspaper and radio advertising, attending community events and networking through her community healthcare colleges.

"Having the inter-professional teams in the community was very helpful and effective in establishing and fostering new relationships," she says. "Going out into the community and having the opportunity to educate people and inform them and help foster awareness for risk factors was much more important than I had originally thought."

"It became evident that people weren't necessarily making the connection between the risk for chronic diseases like diabetes and heart disease and what the relationship is in terms of their health choices and their genetics."

"We have a long way to go in terms of promoting those kinds of changes to health behaviours and fostering awareness."

Signs and symptoms of possible diabetes can include frequent urination, weight and/or vision changes, excessively thirsty or hungry, feeling off – weak, tired or extreme fatigue, wounds that do not heal, persistent skin rashes, and tingling or numbness in the hands or feet.

"It's important to understand that many people do not experience these symptoms but still have blood sugars higher than normal," Olson explains.

Risk factors for type 2 diabetes include: over 40 years of age; family history; ethnicity; prediabetes – both impaired fasting glucose and impaired glucose intolerance; given birth to a baby over nine pounds; history of gestational diabetes or diabetes in pregnancy; high blood pressure; high cholesterol; overweight – particularly around the abdomen; and certain medical conditions.

Interventions that can prevent or delay developing type 2 diabetes in adults and help manage blood sugar control with type 2 diabetes include: exercise regularly within your ability; eat regular meals and snacks including a variety of foods; cut back on choosing foods high in fat and/or sugar; watch the amounts of food/drink consumed at one meal; maintain a healthy weight and minimize abdominal obesity; have your blood pressure and cholesterol checked; manage stress; cut down or quit smoking; and take medication as prescribed by your health care professional.

Olson's research has been completed and the data is currently being analyzed by Manitoba Health and then forwarded to the Public Health Agency of Canada for publication. However, the initial raw data indicates about eight per cent of the 500 people screened were found to have type 2 diabetes and 13 per cent were found to have prediabetes.

"It's very important for people to have an understanding of how the choices they make in everyday life impacts them in the long term," Olson says.

"When we talk about lifestyle, it's a balance between how active we are and our eating habits. I would like to work toward improving the population's awareness of those types of decisions."

According to the Canadian Diabetes Association's practice guidelines, it is recommended a person over 40 who doesn't have additional risk factors should be screened at least every three years. Higher risk cases should be screened more often.

# Making a difference

## EXPANDING ROLE OF NURSE PRACTITIONERS HAVING HEALTHY IMPACT ON PATIENT CARE

By Pat St. Germain – For the Free Press

Their numbers are small, but nurse practitioners have a big impact on health care.

Specially trained nurses who can perform minor surgical procedures and prescribe medication, nurse practitioners are a key component in the province's plan to ensure every Manitoban has access to a family doctor by 2015.

The idea is that NPs will deal with routine health issues, speeding up service and freeing up doctors to handle complex care. That's already happening at some clinics and hospital emergency rooms. And NPs can make a difference on more profound levels.

The first NP to set up shop in a long-term care facility when she joined Lions Personal Care Centre in 2008,



PHOTOS BY DARCY FINLEY

**Nurse practitioners Preetha Krishnan Smith (above) and Tammy Hagyard-Wiebe (left) are part of an ever-growing and vital group of healthcare professionals who are relieving the workload faced by doctors while ensuring patients receive speedier attention.**



**'You're able to provide the care that these people deserve, and quickly'**

– TAMMY HAGYARD-WIEBE, Nurse Practitioner – Concordia Hospital

Preetha Krishnan has impressive data to describe improvements. Hospital visits are down 70 per cent, medication costs are the lowest in the province, mortality is down 3 per cent, and use of anti-psychotic chemical restraints is the lowest in the Winnipeg region.

The numbers speak to financial efficiency, but they also reflect quality of care. At least 85 per cent of the 116 patients at the centre have some form of dementia. Hospital visits can be an ordeal for these patients and excessive medication and anti-psychotics can have harmful side effects.

Krishnan says staff look at non-pharmaceutical means of dealing with behavioural problems and pain. Constipation, skin conditions, insomnia, the wrong mattress and even hunger pangs affect patients' comfort. And sometimes a snack, recreational program, pet therapy or music therapy is an alternative.

Often, patients in long-term care see a doctor once a week, but Krishnan is on site every weekday. She can respond quickly to concerns

they were before and who they are right now."

Connecting with patients' families is just as important, so they can make informed choices about potentially traumatic medical interventions.

"We have very good end-of-life care here and we are very big on advanced care planning," Krishnan says. "Every single change, if we see someone declining, we sit down with the family right away. We prepare them from pre-admission right to death."

As a result, every patient as of mid-April had a do-no-resuscitate order and many had do-not-hospitalize orders.

Before Krishnan arrived, only 7 per cent of patients died in their beds – most went to hospital. Now, 97 per cent of patients die in their beds. Krishnan says it's a more natural death, and she may even be at bedside holding patients' hands when they die.

"End of life is a big part of our nursing care," she says. "When I talk to the family, one thing I guarantee them – I make sure – I give you a

guarantee from my heart your mom is going to have a dignified, peaceful death."

Krishnan stresses that she relies on staff, administration and medical director Dr. Ian Maharaj, who is also a mentor.

"It's a very rewarding job – it's emotionally fulfilling," she says. "And it's a very challenging job. You need the support of everybody."

Like all nurse practitioners, she has a master's degree in nursing and more than two years of nursing experience. She received a Health Sciences Centre Nursing Excellence Award in 2005.

Along with providing primary care at the Lions, she has 20 patients at Misericordia Place and she's a strong advocate and model for NPs. Kildonan Personal Care Centre also has an NP and Winnipeg Health Region plans to

add a third this year.

There are fewer than 100 nurse practitioners in Manitoba, most of whom work in community clinics. The province plans to pilot five quick-care clinics staffed by NPs this year, and there's growing interest in having more NPs staff minor treatment areas in hospital emergency rooms.

NP Tammy Hagyard-Wiebe, who has worked at Concordia Hospital's ER for two years, says wait times are significantly shorter when she and a part-time NP are on the job.

They deal with fractured ankles, migraines, pneumonia, cuts and other non-critical issues, and Hagyard-Wiebe says patients are grateful for the fast service.

"Historically, without the minor treatment area, people that need a few stitches would have to wait for a number of hours to be seen because the more urgent patients are seen by the physicians," she says.

Some patients drive clear across town because they know Concordia has an NP, and doctors are extremely supportive.

"It makes their job that much easier as well, because we're taking all the minor treatment patients so that they can spend more time with the acute, really sick people," Hagyard-Wiebe says.

It takes teamwork to make the ER a success and Hagyard-Wiebe is careful to give credit to everyone from doctors to lab technicians. But she believes NPs are a valuable part of the team.

"I'm very committed to this program, making it a success and introducing this role to other hospitals because I think it makes a difference," she says.

"You go home and you sleep well because you're able to provide the care that these people deserve, and quickly."