

Enhancing Diabetes Care: The Role of Nurse Practitioners at the Diabetes Care and Research Program at Hamilton Health Sciences

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Description of Setting:

At McMaster University Medical Centre's Diabetes Care and Research Program, we are a dedicated diabetes treatment clinic that provides comprehensive diabetes management through a collaborative approach. With over 6,000 patients to care for, our team is comprised of endocrinologists, nurses, nurse practitioners (NPs), dietitians, and social workers. We cater to adults aged 18 and above with all types of diabetes (type 1, type 2, gestational, steroid induced etc.) and boast a specialized insulin pump certified program.

Model of Care:

New patients referred to our clinic undergo triage by the NPs, who initiate their care. Depending on individual needs, patients may be seen initially by an NP or in collaboration with a Registered Dietitian (RD). During this initial appointment with the NP, a highly comprehensive consultation is completed looking at the patient in a holistic manner. We acknowledge their medical history, current health status, lifestyle factors, emotional well-being, and social circumstances to tailor a personalized care plan that addresses all aspects of their diabetes management. We emphasize frequent follow-up and tailored interventions for specific conditions such as new insulin initiation, newly diagnosed type 1 or type 2 diabetes, and steroid-induced hyperglycemia. Regular follow-up appointments are crucial for closely monitoring the patient's condition, making timely adjustments to their treatment plan, and providing ongoing support. These appointments can be short, over-the-phone touch points, virtual video calls or in-person visits that occur anywhere from 4 days to several weeks apart. This ensures that any changes in the patient's health status are promptly addressed.

For those requiring specialist input, our team ensures timely access to endocrinologists within 3-6 months from

the initial visit. NP's play a pivotal role in transitioning patients back to their Primary Care Providers (PCPs) for ongoing management when stable, thus optimizing continuity of care. Alternatively, patients may continue long-term follow-up with our clinic's endocrinologists and multidisciplinary team. The NP's role is designed to be short-term, facilitating rapid integration into our clinic and providing early education and treatment.

This model of care is in sharp contrast to traditional Diabetes Education Centres where, as the title implies, is a centre for education only. The patient attends their appointments with anticipation of gaining new knowledge about their diabetes. Should changes be required to their anti-hyperglycemic regimen, suggestions are forwarded to the patient's primary care provider or endocrinologist for approval and implementation. This process can have a negative impact on diabetes management for a variety of reasons including a delay in timely adjustments of therapy, fragmented care, patient frustration and the feeling of a lack of empowerment for the patient.

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Outcomes:

Our model yields significant benefits in patient care. Urgent cases requiring rapid assessment often see NPs within the same week, expediting treatment initiation and improving clinical outcomes. Initial appointments are generously scheduled for 60 minutes, allowing ample time for comprehensive education and support—crucial

in the early phases of joining this tertiary care clinic. As both nurse educators and prescribers, NPs are uniquely empowered to transform diabetes care. We not only deliver critical education but also arm patients with the prescribed therapies and tools they need to achieve lasting success. This dual role enables us to provide a seamless, comprehensive approach between knowledge and action that addresses every aspect of diabetes management, ensuring our patients are fully equipped to take control of their health and thrive. Furthermore, patients who receive both education and prescriptions from the same provider may feel more empowered and engaged in their care. This holistic approach can enhance the patient's confidence in managing their condition and encourage active participation in their treatment plan. And lastly, continuous and multifaceted interaction with patients strengthens the provider-patient relationship thus building trust and rapport which are critical for encouraging patients to adhere to their treatment plans.

We measure our success through both objective and subjective outcomes. Objective indicators such as

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lowered HbA1c levels reflect our impact on disease management, while subjective metrics such as patient experience highlight the quality of care delivered. Our approach emphasizes patient-centered care, aiming not only to manage diabetes effectively but also to enhance overall well-being and satisfaction.

In conclusion, McMaster University Medical Centre's Diabetes Care and Research Program exemplifies how NPs contribute to a patient-focused, multidisciplinary model of diabetes care. By leveraging their expertise in rapid assessment, education, and ongoing support, NPs play a crucial role in improving outcomes and ensuring holistic patient care within our specialized clinic.