

Multidisciplinary Scope of Practice Update: Panel Discussion

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Outline

- Introduction
- Overview of Session – presentation of case
- Role of:
 - Registered Dietitian
 - Registered Nurse
 - Pharmacist
- Group participation ~ 2 cases for discussion
- Panel ~ Question and Answer

Overview

- We will discuss the unique contribution, based on our professional training, that we bring to the care of a person with diabetes
- We will review how we approach the support of a person with diabetes both collectively, as a diabetes care team, and in our individual professional roles

Case Study

Meet Maria



Maria

- 63 year old Hispanic female with type 2 DM, diagnosed 5 years ago with progression to basal insulin therapy in the last few months.
- Referral to diabetes educator(s) for initiation of mealtime insulin and medical nutrition therapy.
- Referral included no medication orders.
- Lives with her husband with one of her four adult children. Maria cares for an infant grandchild while daughter works away from home during the day.

Maria

- PMH: hypertension, hyperlipidemia, hypothyroidism, episodic migraines
- Anthropometric: Wt. 235.5 lbs, Ht. 5'3",
- Vitals: BP 148/86 mmHg, HR 72 bpm
- Medications: glargine 80 units at HS, metformin XR 1000 mg daily, enalapril 5 mg daily, HCTZ 12.5 mg daily, metoprolol 50 mg XL daily, simvastatin 40 mg daily, levothyroxine 75 mcg daily
- Injection sites: red, erythematous, tender

Maria

- Nutrition history: prepares traditional meals for the household.
 - BKF: coffee with milk + sweet bread
 - Lunch: chicken and vegetable soup + tortillas, home-prepared fruit juice
 - Dinner: Largest meal – chicken/beef, rice and beans, + tortillas
 - HS snack: cereal + milk
- Physical Activity: no regular aerobic activity

Maria

SMBG:

- Aggregate mean: 218 mg/dL, SD: 48 (n=99) over last 30 days
- Fasting (6 AM): 173 mg/dL, SD: 35 (n=21)
- Pre-breakfast (9 AM): 248 mg/dL, SD: 30 (n=6)
- Pre-lunch (1 PM): 193 mg/dL, SD: 47 (n=17)
- Pre-dinner (6 PM): 195 mg/dL, SD: 33 (n=11)
- Bedtime (10 PM): 260 mg/dL, SD: 34 (n=13)
- Range: 69 mg/dL to 304 mg/dL

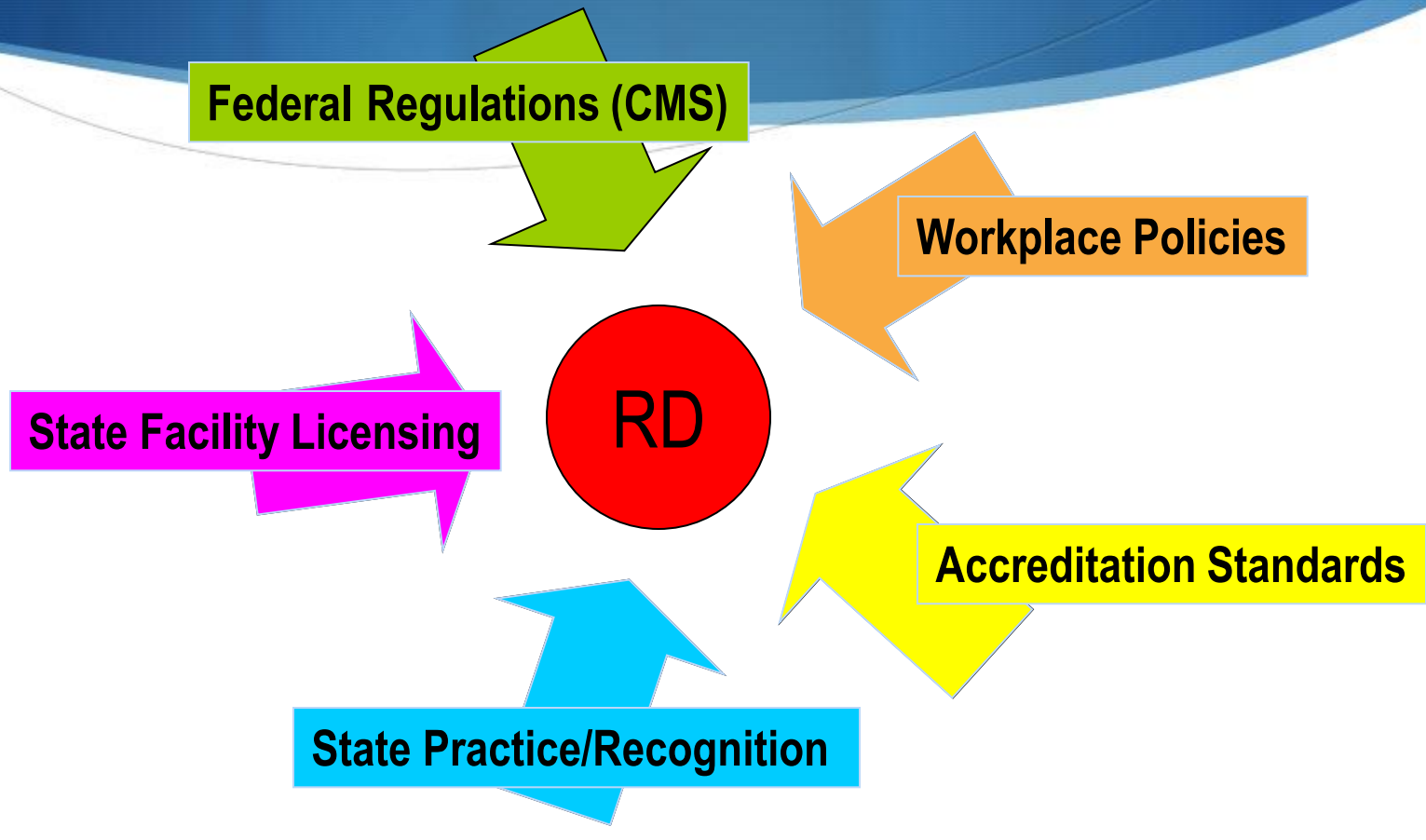
Role of RD in Diabetes Care



RD team member

- SOP/SOPP
- Levels of Practice
 - Generalist
 - Specialty
 - Advanced
- Nutrition Care Process
- Competencies
- Job Description

External Forces That Influence Your Practice



SOP/SOPP for RD in Diabetes Care

American Dietetic Association Revised Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Diabetes Care

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Approved September 2010 by the Quality Management Committee of the American Dietetic Association House of Delegates and the Executive Committee of the Diabetes Care and Education Dietetic Practice Group of the American Dietetic Association. **Scheduled review date:** January 2016. Questions regarding the revised Standards of Practice and Standards of Professional Performance for registered dietitians in

Editor's note: Figures 1, 2, and 3 that accompany this article are available online at www.adajournal.org.

The Diabetes Care and Education Dietetic Practice Group (DCE DPG) of the American Dietetic Association (ADA), under the guidance of the ADA Quality Management Committee and Scope of Dietetics Practice Framework Sub-Committee, has revised the Standards of Practice

2005 (1) and were scheduled for periodic review and revision. The revised documents reflect advances in diabetes nutrition practice during the past 5 years and replace the 2005 standards. These documents build on the ADA revised 2008 SOP for RDs in nutrition care and SOPP for RDs (2). The SOP in nutrition care address the four steps of the Nutrition Care Process and activities related to patient/client care (3). They are designed to

How many of the dietitians here have...

- Used the decision tool in the document to determine if something was in your scope of practice?
- Refer to your handouts.

WHAT is a Scope of Practice?

Describes (rather than defines) range of roles, functions, responsibilities, and activities which dietetic professionals are educated and authorized to perform in your work - with people with diabetes.

Practice-Specific Standards of Practice and Standards of Professional Performance

Why Important?

A guide for RDs to:

- Evaluate and improve practice
- Answer the questions:
- Why is an RD uniquely qualified to provide practice-specific nutrition services?
- What are the knowledge, skills and competencies that an RD demonstrates to provide safe and effective care?



Value of Diabetes SOP/SOPP

- Explain how RDs are **ACCOUNTABLE** for the care they provide.
- To improve the role, value and standards of the Registered Dietitian.
- Describe the expected level of competence for RDs who provide direct patient care.

Three Levels of Practice

- ***Generalist***

- An entry level RD or RD new to diabetes practice

- ***Specialty***

- An RD that has developed a deeper understanding of diabetes care and has the ability to modify practice to various situations

- ***Advanced***

- An RD who has developed a more intuitive understanding of diabetes care and whose practice reflects a broad range of skills and judgments acquired through a combination of experiences and education

WHAT It is *Not*

- Not a prescriptive list of tasks that a dietetic professional is or is not allowed to perform.
- YOU determine it!



Nutrition Care Process

- MNT ~ “is an evidence-based application of the Nutrition Care Process provided by the RD and is the legal definition of nutrition counseling by an RD in the U.S.”

Nutrition Care Process

Nutrition Assessment

Nutrition Diagnosis

Nutrition Intervention

Nutrition Monitoring and Evaluation

SOP ~ MNT & Pharmacotherapy

| Standard 3: Nutrition Intervention | | The "X" signifies the indicators for the level of practice | | |
|--|--|--|-----------|----------|
| | | Generalist | Specialty | Advanced |
| (Bold Font Indicators are ADA Core RD Standards of Practice Indicators) | | | | |
| <i>Each RD:</i> | | | | |
| <i>Plans the nutrition intervention:</i> | | | | |
| 3.6 | Details the diabetes self-care plan including the nutrition prescription | X | X | X |
| | 3.6A Reviews diabetes meal-planning approach and develops or adjusts individualized diabetes meal plan as indicated | X | X | X |
| | 3.6B Defines pharmacotherapy intervention plan | X | X | X |
| | 3.6B1 Reviews insulin, incretins, and oral diabetes medications (eg, effect on blood glucose level) | X | X | X |
| | 3.6B2 Recommends the initiation of pharmacotherapy. (May include calculation of insulin-to-carbohydrate ratios [ICR]; calculating and explaining insulin sensitivity factor [ISF]; use and application of ISF; intensification of medication management based on progression of the disease.) | | X | X |
| | 3.6B3 Recommends adjustments to pharmacotherapy, based on integration of nutrition, physical activity, medication, blood glucose and/or CGM data, and physical exam data. (May include adjustment of ICR and ISF; intensification of medication management based on progression of the disease.) | | X | X |
| | 3.6B4 Provides instruction on medication delivery systems, which may include insulin or incretins (eg, syringes, pens, insulin pump); stability, storage and compatibility; reducing risk of blood-borne pathogens and sharps' disposal. | | X | X |
| | 3.6B5 Implements pharmacotherapy plan, including adjustments, using provider-approved protocols consistent with facility policies. Uses advanced judgment and reasoning, integrating nutrition, physical activity, medication, blood glucose and/or CGM data. | | | X |

And yes, these documents are long...





Definition ~ CDE

- **Certified Diabetes Educator (CDE)**
- The CDE credential demonstrates that the certified health care professional possesses distinct and specialized knowledge in diabetes self-management education.

This credential is administered by the National Certification Board For Diabetes Educators.

Definition ~ BC-ADM

- **Board Certified - Advanced Diabetes Management (BC-ADM)**
- The BC-ADM credential is for advanced level practitioners. The credential speaks to your advanced level of practice and expertise in the management of persons with diabetes.

This credential is administered by the American Association of Diabetes Educators

Important Distinction

- Neither CDE or BC-ADM credential confers ability to prescribe or independently adjust medications
- *Must* function within your professional scope of practice
- *Must* function within your job description
- *Must* demonstrate competence
- *Must* function within defined institution-defined protocols (if applicable)

Job Description

- If you are performing the task – it needs to be in your job description

Competency

- CDE or BC-ADM credential does specify you are competent to perform tasks out of your scope of practice.
- For example:
- RDs – teaching insulin administration or self-blood glucose monitoring
- RNs – teaching nutrition education class
- PharmDs – teaching insulin pump management

Competencies

Table. Competency Assessment Tool: Taking Medications

| VERIFICATION METHOD | COMPETENCY CODE | |
|--|----------------------------------|-----------------|
| OBP = Observation/Proficient (performed frequently and independently during the past 2 years) | S = Satisfactorily Meets | |
| OB = Observation | R = Remediation | |
| V = Verbalization | N/A = Not applicable | |
| D = Demonstration | | |
| DR = Document Review | T = Quiz/Test | |
| O = Other (Specify) | M = Mandatory Review | |
| Taking Medications | Verification Method and Initials | Competency Code |
| <ul style="list-style-type: none"> Identifies oral and injectable medications for diabetes and comorbid conditions and applies knowledge to facilitating patient understanding of relationship among food, exercise, and medications. | | |
| <ul style="list-style-type: none"> Teaches patient to identify common adverse effects and reactions, such as "rule of 15" for treatment of hypoglycemia. | | |
| <ul style="list-style-type: none"> For insulin administration education: Instructs patient to prepare and inject medication safely and correctly using vial and syringe or prefilled pen devices. | | |
| <ul style="list-style-type: none"> Instructs patient on proper storage of insulin. | | |
| <ul style="list-style-type: none"> Explains and uses correct site selection and rotation technique. | | |
| <ul style="list-style-type: none"> Instructs patient's significant other or family member on how to prepare and inject glucagon safely and correctly. | | |
| <ul style="list-style-type: none"> Instructs patient to carry source of rapid-acting carbohydrate for treatment of hypoglycemia. | | |
| <ul style="list-style-type: none"> Teaches patient to dispose of sharps and how to reduce risk of transmission of blood-borne pathogens. | | |
| <ul style="list-style-type: none"> Works with health care provider to ensure that patient understands the need to obtain and take prescribed | | |

Maria ~ RD role

- Provide MNT using the Nutrition Care Process

Maria ~ Nutrition Intervention

- Taught how to identify sources of carb
- Instructed on Plate Method meal planning approach
- Discussed portion control
- Encouraged reduced consumption of large glasses of fruit juice

RD ~

Hand-off to RN Team Member

- Gave report to RN, CDE with whom Maria was meeting in next hour
- Physician referral for initiation of mealtime ~ but did not include prescription
- Nutrition assessment revealed glargine dose too high

Role of RN in Diabetes Care

Kathy Magee BSN, RN, CDE



NURSING PROCESS

| Nursing Process | AADE: Standard 7 | ADA: Standard 7 |
|------------------------|-------------------------|------------------------|
| Assessment | Assessment | Assessment |
| Diagnosis | Planning | Planning |
| Outcomes/Planning | Intervention | Intervention |
| Implementation | Evaluation | Outcomes |
| Evaluation | | |

PROCESS

- RD: HISTORY, ASSESSMENT
- RD: START OF PLAN-Diabetes MNT
- RN: CONTINUE TO WORK ON PLAN-
medication administration

Maria

SMBG:

| Breakfast | Lunch | Dinner | Bedtime |
|-------------------------|-------|--------|----------------------|
| Metformin XR 1000 mg | | | |
| | | | Glargine 80 units |

| Fasting | Breakfast | Lunch | Dinner | Bedtime |
|---------|-----------|-------|--------|---------|
| 173 | 218 | 193 | 195 | 260 |

WA Nurse Practice Act RCW 18.79.260

A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner, or midwife acting within the scope of his or her license, **administer medications**, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of registered nursing practice.

PROCESS

Physician Referral:

Initiation of mealtime insulin and MNT

Options:

1. Start mealtime insulin (at nurses discretion)
2. Call physician and get direct verbal order
3. Start mealtime insulin via department protocol (still need order to use department protocol)

PROTOCOL

Medical guidelines for a medical treatment. It usually includes a treatment plan, summarized consensus statements and addresses practical issues.

PROTOCOL

- Clear
- Concise
- Not ambiguous
- If 10 nurses read the order, 10 nurses would do exactly the same thing
- Does not include a range of dosing
- Peer reviewed
- Approved by standards committee

Institution Approved Protocols

Diabetes Education / Management :

Check all that apply:

Initial Visit or Annual Follow-up Insulin Pump Start or Tune-Up

Diabetes Self Management Training and Medical Nutrition Therapy (For Medicare: 10 hrs initial or 2 hrs annual follow-up, all content areas.)
(3 hrs initial or 2 hrs annual follow-up)

OK for CDE to adjust basal/bolus insulin per SJH Diabetes Clinic Protocol to achieve glucose goals. No insulin adjustment

OR

Limited Education: ___ Only Diabetes education (10 hrs or ___ hrs) ___ Only Medical Nutrition Therapy (3 hrs or ___)
Identify specific education content areas: _____ # hours

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Understanding Diabetes | <input type="checkbox"/> Goal setting, problem solving | <input type="checkbox"/> Psychosocial / coping | <input type="checkbox"/> Pre-conception planning |
| <input type="checkbox"/> Nutrition Therapy | <input type="checkbox"/> Medications | <input type="checkbox"/> Prevent / detect / treat chronic complications | |
| <input type="checkbox"/> Monitoring Diabetes | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Prevent / detect / treat acute complications | |

WHICH MEETS THE CRITERIA ?

- Start lispro insulin 5 units before each meal daily.

CDE may adjust insulin.

- Start lispro insulin 5 units before each meal daily.

CDE may adjust insulin by 2 units every 3 days until 2 hour post meal blood glucose is less than 180 mg/dl.

RN Implementation

- Obtained order from physician to use department protocol for starting mealtime insulin and to adjust the glargine at bedtime as needed.
- Taught her the difference between long acting and short acting insulin
- Assessed Maria's insulin administration technique (because of site conditions made sure she was washing her hands before giving injections and rotating sites well).
- Reviewed symptoms and treatment of hypoglycemia (concern-on metoprolol)
- Spoke with RD, CDE and agreed on follow up visit with RPh in one week for blood glucose assessment and with RN, CDE and RD,CDE in two weeks to continue education.

Role of pharmacist in diabetes care

Peggy Odegard, PharmD, CDE



pharmacist team member

Scope of Practice

- **interpreting** prescription orders;
- the compounding, dispensing, labeling, **administering**, and **distributing** of drugs and devices;
- the **monitoring** of drug therapy and use;
- **initiating or modifying** of drug therapy in accordance with written guidelines or **protocols** previously established and approved for his or her practice **by a practitioner authorized to prescribe** drugs;
- drug utilization reviews and drug product selection;
- storing and distributing of drugs and devices and maintenance of proper records thereof;
- providing of information on legend drugs which may include, but is not limited to, the advising of therapeutic values, hazards, and the uses of drugs and devices.

Collaborative Drug Therapy Agreements (CDTAs)

- “Prescriptive Authority”: Written agreement between a provider authorized to prescribe and a pharmacist, outlining the conditions for prescribing by the pharmacist
 - Not all states allow this authority for pharmacists, Washington led the country in the 1970’s with the initial protocols
- CDTAs often in use in clinics and health systems
- Immunizations & travel clinics - common in community pharmacies
- “Clinical Community Pharmacist” protocols now being implemented for basic primary care or “bridge” care for prescription needs

Pharmacists – where to find one

1. Community pharmacies- chains and independents
2. Hospitals, health systems
3. Clinics
4. Nursing homes/skilled nursing care
5. Consultants

Pharmacist Intervention: Maria

- As part of the clinic diabetes care team...
 - Assess medication-related needs and any potential problems
 - “over-basalized”? Need for tx adjustment to improve control, reduce safety risks
 - Recognition of hypoglycemia in face of metoprolol
 - Blood pressure control – are 3 meds needed?
 - Injection site infection? Technique?
 - Adherence capability?

Maria's needs

- Prandial insulin initiated at this visit per RN consult with physician:
 - Referral to pharmacist from physician for follow-up monitoring and care
 - evaluate progress on current treatments and adjust medications as appropriate, per protocol, to achieve goals for care

Typical clinic visit with pharmacist for follow-up

Visit flow:

- **Prep:** Review case history/consult with provider. During visit: Weigh patient, vitals/labs, download glucose meter
- **Interview:** Listen to patient, discuss successes & needs
- **Assess:** progress on therapy, any concerns, consult with physician if needed
- **Plan of Care:**
 - Adjust medications as needed to achieve goals
 - Provide education to patient/family regarding goals and treatments
- **Communicate:** Assure diabetes monitoring (any labs due?), communicate visit update to other health care professionals

Virtual diabetes care team

- Community pharmacists
 - Diabetes care supplies and services
 - Glucose meter teaching and sales
 - Sharps disposal
 - Glucose tablets/gels
 - Foot care
 - OTC medication choices/self care counseling for diabetes
 - Meter downloads (select sites)
 - Basic diabetes support education
 - Insulin administration teaching
 - Blood pressure monitoring
 - Motivational interviewing skills
 - Medication counseling and adherence support (e.g. reminders)
 - Immunizations and health promotional services

Others on the diabetes care team

- Medical assistants
- Social workers
- Dentists/dental hygienists
- Podiatrists
- Psychologists
- Others...

Panel discussion and cases

