



IDAHO ACADEMY OF NUTRITION & DIETETICS

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Academy of Nutrition and Dietetics

Diabetes Management: Improving Care, Improving Lives Friday, September 25, 2015

**The Owyhee Ballroom
1109 Main Street, Boise, Idaho**

Over 90,000 people in Idaho have diabetes and nearly one third of the residents in Idaho health care facilities live with this disease. Successful control of diabetes will positively impact resident/patient quality of life, health outcomes, and facility regulatory compliance. We invite you to join us for this one-day conference focused on managing diabetes in the aging population. This event has been designed to offer tips and tools for improving care and services for residents in skilled nursing facilities, and across the continuum of care. Please join us!

8:00-8:30am	<p>Welcome <i>Caroline Keegan, MBA, RDN, LD, Boise, ID</i> <i>President, Idaho Academy of Nutrition and Dietetics</i></p> <p>Opening Session: Diabetes Today! <i>Speaker: Richard B. Christensen, MD, Boise, ID</i></p> <p>The Centers for Disease Control and Prevention (CDC) suggest that prevalence of diabetes will double in the next 20 years due in part to the aging population. Individuals with diabetes have more falls, higher rates of CVD and depression, are more functionally impaired, and have more cognitive decline and dependency than residents without diabetes. Successful control of diabetes should help health care facilities systematically manage and improve the care of residents with diabetes.</p> <p>Learning Objective:</p> <ol style="list-style-type: none">1. Participant will be able to verbalize the impact diabetes is having on health care and the aging population in Idaho.2. Participant will be able to verbalize their role in improving care and improving lives of Idaho citizens residing in health care facilities. <p>SUPPORTED BY ST. LUKE'S HUMPHREYS DIABETES CENTER</p>
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8:30am-9:15am	<p>General Session (8:30am-8:50am): Improving Care, Improving Lives <i>Speaker: Shelley L. Smathers, PT, Seattle, WA</i></p> <p>The risks associated with diabetes escalate in the elderly when the disease is not well managed. Incidence of macrovascular disease (CVD, peripheral vascular and cerebrovascular disease) double in the aged. Serious complications including hypoglycemia, neuropathy, nephropathy and retinopathy intensify with poorly controlled diabetes, especially in the elderly. This session will begin the day's discussion of the complications and treatment considerations, as well as highlight management guidelines for Type II DM in the older adult.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Participant will be able to describe the epidemiology and pathophysiology of diabetes in older adults. 2. Participant will be able to identify key considerations for diabetes treatment in the elderly. 3. Participant will be able to discuss management guidelines of type 2 DM in older adults. <p>SUPPORTED BY LILLY DIABETES - LILLY USA, LLC</p> <p>General Session (8:50am-9:15am): Why Quality Assurance & Performance Improvement (QAPI) Matters with Your Diabetic Population <i>Speaker: Martha Jaworski, BSN, CIC, MS, Boise, ID</i></p> <p>Quality Assurance and Performance Improvement (QAPI) offers a proven approach for improving care for patients, residents and clients. QAPI is a data-driven, proactive approach to improving the quality of life, care, and services in healthcare. The activities of QAPI involve members at all levels of the organization to: identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions. Through QAPI you can develop a population management strategy for your patients/residents with diabetes to ensure consistent standards of practice are followed and individual patient needs are met.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Attendee will learn three ways using QAPI methodology is effective for improving diabetes care. <p>SUPPORTED BY QUALIS HEALTH</p>
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9:30am-11:45am	<p>Keynote Presentation: All the Rage in Diabetes <i>Speaker: Kathy Warwick, RDN, CDE, Madison, MS</i></p> <p>With 29.1 million adults in America affected by diabetes, health care teams will be challenged to meet the demand for individualized care and quality diabetes management. There are an additional 86 million adults with prediabetes who will need intensive education and follow-up in order to prevent or delay type 2 diabetes. Bottom line: If you work in healthcare, you need to understand the ins and outs of diabetes in order to provide education and management that is pertinent and effective. Every member of the healthcare team is going to be important, and Registered Dietitian Nutritionists (RDN's) are uniquely qualified to provide individualized medical nutrition therapy that is practical and affordable. Diabetes is a very complicated chronic illness and good control is dependent on maintaining a healthy lifestyle. Regular physical activity and nutritious eating are cornerstones of management. Simplifying healthy eating for those with diabetes and encouraging small steps will be most effective.</p> <p>Not too long ago, the health care provider's tool kit had only a few oral medications and insulin for medical management of diabetes. Today, it is difficult to keep up with the number of new medications coming on the market. We will discuss the basic pathophysiology of diabetes defects and the mechanism of action for each class of medications. Matching meals, medication, and physical activity are necessary for good control. Self-monitoring of glucose is an extremely important piece of the puzzle and should be utilized to make appropriate adjustments in medications, physical activity and eating patterns.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Participant will describe at least 3 defects in the pathophysiology of those with diabetes. 2. Participant will name at least 3 classes of medications and explain the mechanism of action for this class. 3. Participant will state the criteria for diagnosis of diabetes and prediabetes. 4. Participant will identify at least 3 common complications of diabetes. 5. Participant will recognize the different types of insulin and describe their action curve. <p>SUPPORTED BY A CONTRIBUTION FROM IDAHO DIABETES PREVENTION & CONTROL PROGRAM</p>
11:45am-12:30pm	<p>LUNCH BREAK Served On-Site</p>

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12:30pm-1:30pm	<p>Concurrent Session: Managing Choice - Diet Guidelines for the LTC Facility <i>Speaker: Maxine Schroeder, RD, LD, CDE, Portland, OR</i></p> <p><i>Imagine this scenario--A resident refuses dinner, receives their evening hypoglycemic med or insulin, refuses a HS snack and goes to bed. Does this sound familiar?</i></p> <p>Health care facilities are often challenged with residents that are not eating sufficiently to maintain weight or their current health status. This is often due to patient's food preferences not being recognized and/or responded to by the facility. In addition, residents on restrictive diets limit their options and food choices. This creates the challenge of balancing resident's food preferences and the food choices available to them based on their diet and what is available at the facility. In this session we will discuss creative strategies to managing resident's food preferences and dietary restrictions, while offering sufficient choice so residents will want to eat and enjoy their meals.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none">1. Participant will be able to identify food sources of carbohydrates, protein and fats and effect on blood glucose levels.2. Participant will be able to recognize the importance of adequate documentation of food intake and appropriate steps to take when residents are not eating sufficiently for diabetes management.3. Participant will be able to identify creative ways to balance residents' food preferences and dietary restrictions with the food choices that are available at a facility.
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Concurrent Session: Improving Quality Outcomes through Coordinated Diabetes Disease Management

Speakers: Traci Treasure, MS, CPHQ, LNHA, Boise, ID

Martha Jaworski, BSN, CIC, MS, Boise, ID

Angela Wickham, MPA, HCC, Boise, ID

New regulations and value-based payment based on rehospitalization rates are changing expectations for long-term and post-acute care. Learn where we fail and where we can succeed. Share learning from QAPI processes specific to diabetes disease management in long term care facilities.

Learning Objectives:

1. Attendee will explore how proposed new Medicare Conditions of Participation may be applied to diabetes management.
2. Attendee will identify at least one way they can standardize and improve care within their walls.
3. Attendee will recognize how diabetes management may affect rehospitalization rates and customer satisfaction outcomes.
4. Attendee will identify at least one way they can partner with other settings to ensure more coordinated care for shared patients.
5. Attendee will be able to list tools and approaches for ensuring more coordinated management of diabetes care within long-term care and across settings of care (hospital, post-acute care, home health, and outpatient).

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1:45pm-2:45pm

Concurrent Session: Clinical Practice Guideline - Diabetes Management

Speaker(s): Kathy Warwick, RDN, CDE, Madison, MS

As we all work with those who have diabetes in many different healthcare settings, the pressure is on to provide quality diabetes management. Whether in an acute care facility, Long-term care facility, physician's office or home health situation, the expectation is that we understand and can individualize the diabetes treatment plan for each person we care for. There should be a reasonable goal for blood sugar, lipids and blood pressure. New guidelines are produced regularly by the American Diabetes Association, the American Association of Clinical Endocrinologists, the American Geriatric Society, the American Medical Directors Association and many others. As our population ages, the number of older Americans with diabetes will steadily increase. In adults age 45-74 with diabetes, diabetes alone is responsible for 43.4% of hospital admissions and 52.1% of nursing home admissions. Obesity and sedentary lifestyles will be common. Aging adults may already have multiple chronic diseases at time of diabetes diagnosis.

What should the goals for diabetes management be? How often should blood sugars be monitored? Why should we avoid the use of sliding scale insulin as a long term management strategy? The challenge of managing diabetes effectively while controlling healthcare costs is daunting. While meeting the treatment guidelines and providing quality care are important, it is also important to remember that the person with diabetes is driving the treatment plan to the extent they are able. Patient-centered care is most effective. In this session, we will review the guidelines and brainstorm about ways to meet the guidelines in different settings. Case studies will be utilized as time allows.

Learning Objectives:

1. Participant will be able to identify sources of guidelines for the treatment of diabetes.
2. Participant will be able to explain why sliding scale insulin should not be used as a long term management strategy.
3. Participant will be able to name at least 3 treatment goals and strategies for achieving those goals in specific settings.
4. Participant will be able to describe appropriate treatment for hypoglycemia.

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	<p>Concurrent Session: Glycemic Control and Hypoglycemia <i>Speaker: James Schroeder, PA-C, MPAS, DFAAPA, Portland, OR</i></p> <p>Managing blood sugars is a common challenge faced by health care facilities and staff. While hyperglycemia is more common, hypoglycemia is an especially difficult and sometimes life threatening condition that needs to be quickly recognized and addressed. In this session we will discuss how facilities can prevent, recognize and manage hypoglycemia. We will also focus on proper documentation, notification, and roles of different members of the care team in managing this potentially life threatening common problem.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Attendee will quickly recognize and manage hypoglycemia. 2. Attendee will understand ways to prevent hypoglycemia. 3. Attendee will understand the roles of different members of the care team in recognizing, reporting, and managing hyper and hypoglycemia. 4. Attendee will have a general understanding of the mechanism of action for common diabetic medications and how they impact blood sugar.
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<p>3:00pm-4:30pm</p>	<p>Concurrent Session: Improving Care, Improving Lives--Policies & Procedures for Better Diabetes Management <i>Speaker(s): Kathy Warwick, RDN, CDE, Madison, MS</i> <i>Kelly Spiers, MS, LNHA, Idaho Falls, ID</i> <i>Marci Clare, RN, Idaho Falls, ID</i> <i>Micky Clark, BS, LNHA, Idaho Falls, ID</i> <i>Susan Campbell, RN, Idaho Falls, ID</i></p> <p>Many of the issues concerning long term care providers can be impacted by the successful control of diabetes. Uncontrolled diabetes increases the severity of any infection, can lead to dehydration, wasting, or altered cognition, which in turn increases the risk of falls. Implementing consistent, systematic practices that enhance diabetes management has the potential of improving quality of life for residents with diabetes.</p> <p>Join us and learn from providers who have made improvements to managing the care and life of residents in their facilities living with diabetes. This session will include discussion of and hands-on development of a sample Policy & Procedure for diabetes management that can be implemented in your facility.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Participant will discuss federal regulations for diabetes care management among nursing home residents. 2. Participant will be able to describe strategies for the IDT to better care for residents with diabetes. 3. Participant will identify policies and procedures that improve the management of diabetes care for nursing home residents.
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	<p>The Impact of Psychosocial Factors on Diabetes and other Chronic Illness <i>Speaker(s): Amy Walters, PhD, Licensed Psychologist, Boise, ID</i></p> <p>Stress, depression and other psychosocial factors have a significant impact on blood sugars and are important to consider in diabetes management. These factors also have a direct effect on a person’s desire to make beneficial behavior changes in relation to diet and exercise as well as adherence to medication schedules. We will discuss the impact of stress on the body in relation to diabetes, and how all of this is impacted further by aging. We will also look at how to best support a patient with diabetes to make behavior modifications.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Identify at least two ways psycho-social factors impact diabetes management 2. Understand the importance of direct support to promote behavior change 3. Learn at least two practical strategies to enhance health behavior change in patients with diabetes <p>SUPPORTED BY ST. LUKE’S HUMPHREYS DIABETES CENTER</p>
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MEET OUR SPEAKERS:	
	<p>Richard B. Christensen, MD, Boise, ID Dr. Christensen is board certified in internal medicine and endocrinology, diabetes, and metabolism. He serves as medical director of Humphreys Diabetes Education Center. Dr. Christensen earned his medical degree from the Medical College of Georgia in Augusta and completed residency training in internal medicine at the University of Washington. He then pursued five years of advanced fellowship training, research, and teaching in endocrinology and metabolism at the University of Washington before entering practice in Boise.</p>

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Kathy Warwick, RDN, CDE, Madison, MS

Ms. Warwick is a Registered Dietitian and Certified Diabetes Educator with 32 years of experience in several areas of dietetics practice. She is owner of Professional Nutrition Consultants, LLC in Madison, Mississippi, providing outpatient diabetes education, long term care consultation, hospice consultation, wellness program services, media communications and medical-legal consultation. She has served as an expert witness in numerous nursing home and malpractice lawsuits dealing with issues of malnutrition, weight loss, wound healing and diabetes care.

Kathy serves on several advisory boards and is the new Editor of newsFLASH for the Diabetes Care and Education DPG of the Academy of Nutrition and Dietetics. She is Past-President of the Mississippi Academy of Nutrition and Dietetics and currently serves as Media Spokesperson and Reimbursement Representative for MsAND. Kathy is also a member of the Coordinating Body for the Mississippi Association of Diabetes Educators focusing on advocacy and licensure for diabetes educators in Mississippi.

In her leisure time, Kathy enjoys her vegetable garden, yoga and painting classes.



Shelley L. Smathers, PT Seattle, WA

Shelley Smathers is a Diabetes Medical Liaison with Eli Lilly and Company. She grew up in a small town in Washington and earned her physical therapy degree at the University of Montana. After obtaining her degree she worked in a variety of settings including acute care, long-term facilities, neuro rehab and outpatient orthopedic clinics. In 2004, she left her clinical roots and transitioned to the clinical operations division at Eli Lilly focusing in diabetes research. It is here that she was able to combine her clinical experience and research knowledge to utilize in a variety of patient populations. In her spare time she likes to stay active by hiking, jogging and spending time in her yard.

	<p>Amy Walters, PhD, Licensed Psychologist, Boise, ID Amy Walters, PhD is a clinical psychologist and the Director of Behavioral Health Services for St. Luke’s Humphreys Diabetes Center in Boise, Idaho. Dr. Walters works with patients to overcome barriers to behavioral change, learn to cope with chronic illness, and address issues of anxiety and depression which often coincide with diabetes. She provides professional presentations on Motivational Interviewing and psychological factors in chronic disease management. She received her Ph.D. from Utah State University and has 20 years of experience working in clinical and community settings with children and adults with a variety of mental health issues. She is a long standing board member of the Idaho Psychological Association and serves as the APA Public Education Campaign Coordinator for Idaho. Dr. Walters has been the staff psychologist for Camp Hodia for 17 and also has a daughter with type 1 diabetes.</p>
	<p>Maxine Schroeder, BS, RDN, CDE, Portland, OR Maxine Schroeder is a Registered Dietitian and Certified Diabetes Educator in Oregon. She earned her degree at the University of Idaho. Maxine began her Dietetics experience in the acute care setting in Twin Falls, ID and then added outpatient education and long term care. She is now working as a Consulting Dietitian with S & S Nutrition in Portland, Oregon.</p>
	<p>James Schroeder, PA-C, MPAS, DFAAPA, Portland, OR James Schroeder is a Physician’s Assistant and Executive Director of Medicaid at Kaiser Permanente in Portland, Oregon. He was a Medical Officer for the United States Army for almost 9 years. He provided medical support for an Armored Cavalry Battalion including a deployment to Iraq in 2004-2005. He is currently active as a Medical Officer for the Oregon Air National Guard. James has helped start over a dozen health clinics and was a crucial adviser for the North by Northeast Community Health Center in Portland.</p>

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Traci Treasure, MS, CPHQ, LNHA, Boise, ID

Ms. Treasure is a Qualis Health Quality Improvement Consultant for Idaho. With Qualis Health she has assisted providers on patient safety initiatives and with cross-setting coordination of care. Prior to joining Qualis Health, she has filled many roles including as a licensed nursing home administrator and preceptor, a quality improvement coordinator, a corporate compliance officer, and as an external consultant and trainer. She serves on the board and is a founding member of Idaho iCARE, a coalition that seeks to create, promote, and sustain an enriched quality of life for individuals and caregivers in long-term care communities.



Martha Jaworski, BSN, CIC, MS, Boise, ID

Ms. Jaworski has 17 years' experience in health care as a registered nurse. She is also a certified Infection Preventionist (CIC) with 5 years of hospital experience in this role. Martha is currently a Quality Improvement Consultant at Qualis Health where she leads the Hospital Associated Infection reduction and Care Coordination work in Idaho. Her prior experience includes 9 years as a staff nurse in an intensive care unit, as well as research and teaching in Biology.

Angela Wickham, MPA, HCC, Boise, ID

Ms. Wickham has 25 years of professional experience in the healthcare and public health fields. She possess broad cross-functional experience in strategic planning, change management, system implementations, practice strategies, business operations, grant development processes, as well as the performance improvement of teams. Ms. Wickham has worked with key stakeholders to increase capacity for health planning, education, quality assurance, compliance and health systems' sustainability. As QI Consultant at Qualis Health, she provides technical assistance, quality improvement, and education for a variety of clientele and shares best practices to achieve improvement in health care delivery systems, processes, and outcomes. Prior to her current position, Angela served as a health consultant, worked as Bureau Chief for Division of Health, served as Director of Client Services for a Primary Care Association, and

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	<p>worked in several senior management capacities in the field of public health. She has working knowledge of public health principles which brings complementary strengths of public health and healthcare together in great potential for quality improvement.</p>
	<p>Kelly Spiers, MS, LNHA, Idaho Falls, ID Kelly has worked in long term care since 2004 in Colorado, Idaho and Utah. He earned a Bachelor's degree in Business Management from Weber State University and a Master's degree in Business Management and Health Care Risk Management from the University of Florida. Kelly grew up as a farmer in Utah working on the family farm, which he says helped him develop his love of learning and respect for hard work. He considers himself fortunate to have married a beautiful farmer's daughter and has three children.</p>
	<p>Marci Clare, RN, Idaho Falls, ID Marci has been with Teton Post Acute Care and Rehab Center since October 2015. She earned her Associates Degree in Nursing from University of New York at Farmingdale. Previous to this center, Marci was working at our sister facility in Enumclaw, Washington. In her spare time she enjoys camping, reading, quilting, traveling and most of all spending time with her loved ones.</p>
	<p>Micky Clark, BS, LNHA, Idaho Falls, ID Mickey Clark has over 15 years' experience in healthcare, with the last 6 years in senior care. He has been an administrator for The Good Samaritan Society since 2009 and has worked in skilled nursing facilities in Minnesota, Montana, Nebraska and Idaho. Mr. Clark also has 2 years' experience with assisted living facilities in Nebraska. Prior to coming to Good Samaritan, he was an assistant controller in a critical access hospital in southeast Colorado and a client services analyst for a hospital software company in Minnesota. He holds nursing home administrator's licenses in North Dakota, Montana, Nebraska and Idaho. Mr. Clark graduated from the University of Denver with a bachelor of science degree in business administration.</p>

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Susan Campbell, RN, Idaho Falls, ID

Susan Campbell is the Acting Director of Nursing for GSV Idaho Falls; a position she has held since May 2015. Ms. Campbell has been a RN case manager and MDS coordinator for the last 2 years. She received her RN degree from Eastern Idaho Technical College in 2010. Ms. Campbell have been practicing at GSV Idaho Falls since graduation. Susan previously worked as an LPN in geriatrics care.