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UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Survey of Diabetes Nurse Specialists in Ireland (Wave 2)

Consent Form

1. We want to gain a greater understanding of your role in diabetes care.This study is going to improve our understanding of how services are currently organised in Ireland. This information is important to inform plans for changes in diabetes management in the future.

Before proceeding with the survey, we ask that you please read the following and indicate your consent below.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I understand that I can withdraw from the study, without repercussions, at any time.

I understand that I can withdraw permission to use the data, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up of results.

I understand that anonymised data will be used in the report and any subsequent publications.

◯ I consent to participate in the National Survey of Diabetes Nurse Specialists in Ireland.

Survey of Diabetes Nurse Specialists in Ireland (Wave 2)

Contact Information

2. Please provide the following information:

Name:

Address 1:

Address 2:

City/Town:

Email Address:

Mobile Number:

3. The survey will be followed by a qualitative study exploring Diabetes Nurse Specialists' experiences providing care in the Irish health system. If you do not wish to be contacted about this follow-up study please tick this box:

- ◯ Do not contact me

Survey of Diabetes Nurse Specialists in Ireland (Wave 2)

Education & Employment

4. What is your job title?

5. Are you a:

- ◯ Community DNS
- ◯ Hospital DNS
- ◯ Both community and hospital DNS
- ◯ ANP (Primary Care)
- ◯ CNS (General Practice)
- ◯ Other (please specify below)

6. Where are you based? (Tick all that apply)

- ☐ Community
- ☐ General Practice
- ☐ Hospital
- ☐ Other (please specify below)

7. Do you work in:

- ◯ Adult services
- ◯ Paediatric services
- ◯ Maternity services
- ◯ Other (please specify below)

8. What is your catchment area?

9. What age group are you in?

◯ 25-34 ◯ 35-44 ◯ 45-54 ◯ 55-64 ◯ 65 or older

10. Post basic qualification (please tick all that apply)

- ☐ Masters in Diabetes
- ☐ Masters in Nursing Studies
- ☐ PhD (completed or undertaking)
- ☐ Diabetes counselling course
- ☐ Higher Diploma (HDip) in Diabetes Nursing
- ☐ Post Graduate Diploma in Diabetes
- ☐ Certificate in Diabetes Nursing
- ☐ Certificate in Diabetes through E-learning (ICGP module)
- ☐ Diabetes in Primary Care (NUIG/UCC module)
- ☐ Masters in Primary Care
- ☐ Other (please specify below)

11. Are you a Registered Nurse Prescriber (RNP)?

◯ Yes

◯ No

12. How many years experience do you have working as a DNS?

13. How many years experience do you have working in your current position?

14. What is the grade of your current position?

◯ Staff nurse

◯ Senior staff nurse

◯ Clinical Nurse Specialist

◯ Advanced Nurse Practitioner

◯ Clinical Nurse Manager

◯ Other (please specify below)

15. Do you know the whole time equivalent (WTE) of your position?

◯ Yes

◯ No

16. If yes, please estimate the WTE.

17. Who are you employed and funded by?

	Employed by	Funded by
HSE	☐	☐
Diabetes Ireland	☐	☐
Pharmaceutical company	☐	☐
Diabetes initiative	☐	☐

Other (please specify)

18. How many hours per week do you spend working in each setting(s)?

Community	
General Practice	
Hospital	
Total hours per week	

19. How many hours per week do you spend working in each of these services?

Adult services	
Paediatric services	
Young person's clinic	
Diabetes in pregnancy	
In-patient services	
Out-patient services	
Community clinics	
GP practices	
Research/audit	
Administration	

20. Are you linked to a specific hospital?

- ◯ Yes
- ◯ No

If yes, which hospital(s)?

21. Is there a clinical governance lead for your service?

- ◯ Yes
- ◯ No

22. If yes, who is responsible for clinical governance?

- ◯ Consultant
- ◯ GP
- ◯ Other (please specify below)

23. Who is your manager?

- ◯ Hospital
- ◯ GP
- ◯ General manager for community
- ◯ Transformation Development Officer
- ◯ Director of Nursing
- ◯ Director of Public Health Nursing
- ◯ Other (please specify below)

Providing Diabetes Care

24. Is there a written job description for your role?

- ◯ Yes
- ◯ No

25. What type of patients attend your service? (Tick all that apply)

- ☐ Type 1 diabetes
- ☐ Stable Type 2 diabetes
- ☐ Complicated Type 2 diabetes
- ☐ Gestational Diabetes
- ☐ Young adults with diabetes
- ☐ Pre-diabetes
- ☐ Other patient groups (please specify below)

26. Regarding diabetes, what are your specific roles in patient care? (tick all that apply)

	Type 1 diabetes	Type 2 diabetes	Other patient groups
Patient management	☐	☐	☐
Prescribing	☐	☐	☐
Dose adjustment only	☐	☐	☐
Insulin/GLP1 initiation/education	☐	☐	☐
Checking injection sites	☐	☐	☐
Glucose Monitoring	☐	☐	☐
Hypo Management	☐	☐	☐
Medical review	☐	☐	☐

Other (please specify)

27. Are you involved in any of the following? (Tick all that apply)

	Type 1 diabetes	Type 2 diabetes	Other patient groups
Hypertension clinics	☐	☐	☐
Renal clinics	☐	☐	☐
Pre-conception discussion	☐	☐	☐
In-patient diabetes care	☐	☐	☐
Referrals	☐	☐	☐
Telephone advice	☐	☐	☐
Assessment clinics prior to surgery	☐	☐	☐

Other (please specify)

28. What are your specific roles in education? (Tick all that apply)

	Type 1 diabetes	Type 2 diabetes	Other patient groups
Patient education	☐	☐	☐
Family education	☐	☐	☐
Pump Training	☐	☐	☐

Other (please specify)

29. Are you involved in any of the following aspects of lifestyle management? (Tick all that apply)

	Type 1 diabetes	Type 2 diabetes	Other patient group
Smoking cessation advice	☐	☐	☐
Dietary advice	☐	☐	☐
Physical activity advice	☐	☐	☐
Weight management	☐	☐	☐

Other (please specify)

30. Are care plans developed with patients?

- ◯ Yes
- ◯ No

31. Are you involved in providing foot care?

- ◯ Yes
- ◯ No

If yes, which screening tool do you use?

32. Do you register patients for RetinaScreen?

- ◯ Yes
- ◯ No

If no, who is responsible for this?

33. Do you have referral access to other services? (Tick all that apply)

- ☐ No
- ☐ Podiatrist
- ☐ Dietician
- ☐ Ophthalmologist
- ☐ Psychologist
- ☐ Social Worker
- ☐ Other (please specify below)

34. Do you advise patients with diabetes to self-monitor blood glucose levels?

- ◯ Yes
- ◯ No

If yes, which patients are advised to self-monitor?

35. Is there a local agreement between the hospital and primary care regarding how your DNS service operates?

- ◯ Yes
- ◯ No

If yes, please outline what has been agreed locally.

36. Do you have a liaison role with any of the following colleagues? (Tick all that apply)

- ☐ No
- ☐ GP
- ☐ Practice Nurse
- ☐ Hospital DNS (if applicable)
- ☐ Community DNS (if applicable)
- ☐ Consultant
- ☐ Other (please specify)

37. What does this liaison role involve?

38. Do you cover other roles not solely related to diabetes?

- ◯ Yes
- ◯ No

If yes, please specify

39. Are there other nurses engaged in the diabetes service in your area? (Tick all that apply)

- [ ] No
- [ ] Diabetes Nurse Facilitator
- [ ] Staff Nurses
- [ ] Practice Nurses
- [ ] Public Health Nurses
- [ ] Other (please specify below)

Clinics

40. Do you run a nurse-led diabetes clinic?

- ◯ No
- ◯ Yes, generalised clinics only
- ◯ Yes, specialised clinics only
- ◯ Both

What type of specialist clinic you do you lead?

41. How many nurse-led clinics do you run each week?

- ◯ None
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4 or more

42. On average, how many patients do you see per clinic?

- ◯ Less than 5
- ◯ 5
- ◯ 10
- ◯ 15
- ◯ 15 or more
- ◯ Not applicable

43. Do patients also see a consultant/GP?

- ◯ Yes, during the same visit
- ◯ Yes, at a later date
- ◯ No
- ◯ Not applicable

44. Where are these clinics held? (Tick all that apply)

- [ ] General Practice
- [ ] Primary care centre
- [ ] Community outreach clinic
- [ ] Hospital
- [ ] Out-patients clinic
- [ ] Not applicable
- [ ] Other (please specify below)

45. If you provide clinics in the community, are all GP practices eligible to access your service?

- ◯ Yes
- ◯ No
- ◯ Not applicable

If no, who is the service available to?

46. Who is generally available to support you in the diabetes clinic? (Tick all that apply)

- [ ] Consultant
- [ ] SpRs or equivalent
- [ ] Senior House Officer
- [ ] Intern
- [ ] Practice Nurse
- [ ] GP
- [ ] Hospital DNS
- [ ] Other (please specify below)
- [ ] Community DNS
- [ ] Podiatrist
- [ ] Dietician
- [ ] Psychologist
- [ ] Health care assistant
- [ ] Not applicable

47. Is there a waiting list for your service?

- ◯ Yes
- ◯ No

If yes, please estimate how long people wait to attend the service

48. In your opinion, what are the main reasons for the waiting list in your area?

49. Do you provide out-of-hours diabetes consultations?

- ◯ Yes
- ◯ No

50. If 'yes', when are the out-of-hours sessions held in your area? (please tick all that apply)

- ☐ At weekends
- ☐ In the evenings
- ☐ Other (please specify below)

51. Do you provide a drop-in service for patients?

- ◯ Yes
- ◯ No

52. Are any of the following telephone services available to patients? (Tick all that apply)

	Telephone support service	Messaging service
Yes, universal access for all patients	☐	☐
Urgent only	☐	☐
Specialist patient groups	☐	☐
Pregnancy	☐	☐
Paediatric	☐	☐
None available	☐	☐

53. When is the telephone support service available? (Tick all that apply)

- [ ] Weekday office hours
- [ ] Weekend office hours
- [ ] Weekday evenings
- [ ] 24hours- 7 days a week
- [ ] Not applicable

54. Which members of staff operate the telephone support service? (Tick all that apply)

- [ ] DNS
- [ ] Secretaries
- [ ] Medical staff
- [ ] Consultant
- [ ] Podiatrist
- [ ] Other (please specify below)
- [ ] Dietician
- [ ] Practice Nurse
- [ ] GP
- [ ] Not applicable

55. How quickly do patients get a response to messages?

56. Is there a discharge follow-up pathway from wards to diabetes out-patient care?

- ◯ Yes
- ◯ No
- ◯ Not known

57. Is there a discharge follow-up pathway to primary care for ward discharges?

- ◯ Yes
- ◯ No
- ◯ Not known

58. Do all people with diabetes admitted to hospital in your area have ready access to specialist diabetes team support?

- ◯ Yes
- ◯ No

Education

59. Is a structured patient education programme available in your area for the following patient groups ? (Tick all that apply)

- [ ] Type 1
- [ ] Type 2
- [ ] Paediatric
- [ ] Gestational Diabetes
- [ ] Prevention
- [ ] None available
- [ ] Other (please specify below)

60. If yes, which programmes are available in your area?(Tick all that apply)

- [ ] DESMOND
- [ ] XPERT
- [ ] CODE
- [ ] DAPHNE
- [ ] Walk Away from Diabetes
- [ ] Not applicable
- [ ] Other (please specify below)

61. Are you involved in providing education to any of the following professional groups?

- [ ] GP
- [ ] Practice Nurse
- [ ] Nursing staff in hospitals
- [ ] Medical staff in hospitals
- [ ] Allied health professionals
- [ ] Medical staff in nursing homes
- [ ] None of these groups

If yes, how is this education provided? (e.g. information only, one-to-one sessions, groups sessions)

Recording Activity

62. Are any of the following records used? (Tick all that apply)

- [ ] Paper record
- [ ] Electronic patient health record
- [ ] Patient passport
- [ ] Shared care book
- [ ] None of the above

63. If yes, who completes the record? (Tick all that apply)

- [ ] Me
- [ ] Another DNS
- [ ] Patient
- [ ] Consultant
- [ ] Other (please specify below)
- [ ] GP
- [ ] Practice Nurse
- [ ] Not applicable

64. Please estimate the percentage of time (%) per month spent on each of these additional activities.

Telephone advice

Informal patient drop-in activity

In-patient contact

Running clinics

Multidisciplinary team activity/meetings

GP/Practice liaison

65. Are these activities recorded? (Please tick all that apply)

- [ ] Telephone advice
- [ ] Informal patient drop-in activity
- [ ] In-patient contact
- [ ] Number of clinics
- [ ] Multidisciplinary team meetings
- [ ] GP/Practice liaison
- [ ] None recorded

66. Do you have protected time for continuing professional development?

◯ Yes ◯ No

67. Is there a protected budget for diabetes continuing professional development?

◯ Yes ◯ No

Opportunities & obstacles for diabetes care in Ireland

68. We value your insight into diabetes care. Please use the space provided to describe the main barriers and facilitators to delivering the diabetes service in your area.