



COVID-19 CDCES STORIES

Here are just a few of the many stories submitted by our CDCESs in May 2020 and July/August 2020.



During this time, the telemedicine company I work for has had the upper hand on handling the COVID-19 situation. We have been able to help people where they are and provide care to our chronic population.



In my private practice, I am continuing to provide diabetes education and medical nutrition therapy to my clients virtually. For many it has been difficult to prioritize their health goals during the pandemic due to change in schedules and additional demands from work and family. By continuing to provide services virtually to my clients with diabetes we can work through these issues and develop strategies that work with where they are right now.



Spoke with a patient who was feeling overwhelmed due to being diagnosed right before COVID-19, able to educate for 2 hours using telemedicine, continuing to follow up using telemedicine to monitor bg levels eating habits and adherence to meds. His bg levels have reduced from >300 to less than 160 in a month without being seen in clinic

- Dena Hampton, MS, RDN, LDN, CDCES
Memphis, TN



Our coordinator is a nurse and I am a dietitian. I am doing Telehealth and she is seeing some pts in person because she can't bill for Telehealth and people need to be seen. She is supporting me by sending all handouts via email prior to visit and I see them at scheduled time. We are both scheduling and have 3 of our staff furloughed. When we call patients they are very happy to hear from us and many want to talk because they are isolated and we have been told "I am so happy to hear from you." Many are under increased stress and we have been support and are also able to get them refocused on taking care of themselves. Our drug reps have also been supportive, reaching out to us with resources (Novo, Lilly, Roche and Abbott). We appreciate all of the support from AND, ADA and AACE and we have called with questions about billing. Thank you for helping us help our patients. It's amazing to see everyone working together.

- Angela Mack, RDN, CDCES
Janesville and Lake Geneva WI



The large hospital system I work for made a commitment to pay it's FT and PT employees with benefits through May 30, 2020. We are provided with (so far) enough proper PPE and guidance to do our jobs safely. In the outpatient setting, we have been able to provide excellent diabetes education for urgent needs and survival skills in collaboration with providers in our area. Inpatient education is mostly provided by phone but if assessment made by our CDCESs for inpatient education it is done. Much outpatient phone support is being given at this time. Patients are very grateful for the support provided. We have the staff to do this currently due to our health system's commitment to employees.

- Karen Brueggen, Nurse Manager, RN, BSN, CDCES
Ft Collins, CO



I work for a military treatment facility. Many of us are teleworking but have identified that many of our patients are at high risk of developing COVID19 so we have continued to make sure that the patients are able to pick up their medication and stay up to date on their labs so that we can modify treatment immediately to help them maintain their overall health.

- Angela Lang, MS, RD, LDN, CDCES
Fork, MD



We are a community medical center that caters to an underserved community. The center has decided to give different roles to employees (so they continue to be employed while services and appointment roster has changed significantly) by setting up a drive up food bank just outside our clinic. We continue to receive donations from food banks and by setting up outside, we are able to still provide this service that our clinic members very much depend on, in a safe and Health conscious manner. We also made some of our programs virtual. We have had a few cooking classes on our Facebook page for people to follow along and so we can continue to motivate them and encourage them to eat healthy and try new recipes at home.

- Michelle Hill, RDN, CDCES
Native Health, Phoenix , AZ



Hi, I'm Juanita, a CDCES and like everyone else, I'm being impacted by COVID 19. Since March 2020, I've begun video, telephone, email, free downloadable apps technologies to reach clients impacted by the COVID-19/coronavirus in their home. I am pleased with the progress I have made and the feedback I have received since starting diabetes self management education utilizing telehealth. Goals are all individualized and clients are empowered to track their own progress. One client reported feeling liberated to share his constant battle with weight and struggles with eating, impacting his diabetes. He reported feeling appreciative for the telephone calls and the voice letting him know that someone was 'checking in'. Another client shared his constant fear of showing 'high glucose readings' at medical appointments and feeling better after our discussion of a way to catch and prevent those readings. He was appreciative for the advice.



I have spent a lot of time as 'IT' calling our patients on pumps and CGMs and walking them through the process of uploading devices prior to virtual visits. It has been rewarding to be able to work with our patients to enable remote data viewing so they can stay safe at home, while we have all the data we need to provide needed for interventions. Patient and provider feedback has been great!

- Dani Dolin, PharmD, CDCES



Our nutrition department has offered bulk food items -- such as potatoes, onions, bread, and raw chicken and steak -- for purchase by associates who have had difficulty getting to the grocery. Nutrition has also packaged and sold family meals for associates to take home. Our community has been very generous about donating meals and drinks to our healthcare workers, and they have also shown support through prayer vigils, pictures and poems created by children, and letters and signs. We have had big send-offs for some of our longstanding COVID patients when they are finally able to leave our facility.



We are doing no contact and curbside care. Since COVID-19, I have taught a patient and her boyfriend how to get an injection while they remained in their car and I stood in the parking lot with gloves and mask. The patient and I communicated using our cellphones. I prepared a bag of demo supplies prior to their arrival. When they parked, I set the supplies on the hood of the car and returned to the clinic. She brought the cleaned supplies into her car. Then she went out and demonstrated the procedure. She and her boyfriend returned with the demo and the supplies provided. After that, she was comfortable to move forward with an actual injection, which we completed using our no-contact method. She is doing well.



Thank you for the opportunity to provide feedback. Our story primarily is about our gratitude towards our patients who have been willing to continue to consult with us despite the lockdown. Because many of them are among the high risk groups with underlying conditions, we ensure that we ask about how they are coping with the lockdown and other guidelines. This also gives us the opportunity to answer any questions or concerns they may have about being at high risk. As soon as the President and his task force team asked the people of this country to stay home to slow the spread, our practice decided to continue to work but only thru telephonic services and only if each patient agrees to this method. Thus far perhaps less than 3% of our patients have declined the telephonic approach. At least two patients affected indirectly; one patient directly but recovered.



We completed the switch to use Telehealth for our Diabetes Self-Management Education Services. We will be finishing our first series of online classes this week. The group likes the format and they all participate. We were pleasantly surprised at how it all worked out to do the 2 hour class on line. One participant came for a make-up class. She had attended our in person classes earlier in the year and then did her final class using telehealth. She stated she liked the telehealth class the best. She found it comforting to be in her home environment. It can be a challenge getting people set up on the telehealth platform, but we have a great support team at our medical center who help us every day.

- Susan Cottongim, RD, LDN, CDCES
Peninsula Regional Medical Center
Nutrition and Diabetes Education, Salisbury, MD



My organization is currently allowing our center to offer courtesy (free) telephonic services to all patients during COVID-19 crisis period. Two out of the four diabetes care and education specialists are RNs and are not in position to bill for their services and our department has not been setup (yet) with an organization-approved video platform. This wonderful organizational support has allowed our education center to continue all services with little interruption and our patients and referring physicians are expressing great gratitude for the support!



I work with 3 wonderful Endocrinologists, 3 PAs, 3 NPs in a private practice. Our senior physician took lead on educating the entire team; how to keep ourselves/families safe, how to talk to our patients. What kind of guidelines we would soon institute and how quickly to change our own daily practices. We check on ourselves, we keep our office clean by wiping each surface hourly. Each of our team members are involved. We call patients daily to explain how important their safety is when they come into the office. Telehealth is practiced. Newly diagnosed individuals need medication samples, monitoring supplies and education. We all know the drill dealing with insurance companies. I hope we are an example for the patients to see we are here for them whether their diagnosis is new, or in combination with cancer treatment. A new normal for washing our hands, coughing into a sleeves, staying 6 feet apart, and if you are sick-please see your doctor.

- Janice Monachino, RN, CDCES



Thank you to our CDCESs for sharing these stories and to all our CDCESs who are so committed to caring for people with diabetes!