Diabetes Back To The Floor

- An innovative approach to drive organisational learning and improve quality of patient care

Smyth, Theresa[1]; Thomas, Davina[2]; Stewart, Martha[1]; Flavell, Hayley[1]; Skelding, Rebecca[1]; Ghosh, Sandip[1]

[1]Queen Elizabeth Hospital, University Hospitals Birmingham NHS Foundation Trust, [2]Heart of England Foundation T

Queen Elizabeth Hospital Birmingham NHS

Part of University Hospitals Birmingham NHS Foundation Trust

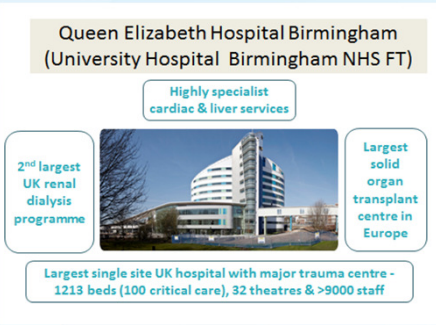
ABSTRACT

The University Hospitals Birmingham NHS Foundation Trust is a large teaching hospital with 1213 beds including 100 critical care beds, 32 theatres, >9,000 staff.

Inpatient diabetes prevalence is 22.1% with very high number of inpatients 1) on insulin, 2) on variable rate IV insulin infusion, 3) on dialysis.

Following several serious incidents and an increase in diabetes related incidents, Diabetes Back to the Floor was developed as a project to help facilitate best practice. Back to the Floor was already part of the nursing culture within the Trust but and did not specifically have the diabetes focus. Periodic diabetes care quality review at ward level followed by a formative feedback to staff is carried out by Diabetes Back to the Floor round. This review also can identify themes in different areas. The review involves senior nurses and the Nurse Consultant in Diabetes/ Diabetes Specialist Nurses reviewing diabetes care and management at ward level. Feedback is given immediately to the nurse ward manager and a written report is produced. Good quality care is also commented on and commended; learning points are disseminated to other clinical areas through senior nurse meetings and divisional ' preventing harm' meetings. Any areas of diabetes care that require improvement have a written action plan that is reviewed at the next Diabetes Back to the Floor or sooner depending on the improvement required.

BACKGROUND



18 months to 24 months ago serious incidents (4x DKA and 1 x HHS)

Increase in incidents noted related to diabetes and/or insulin

OBJECTIVE

The Diabetes Back to the Floor aims to :

- Improve diabetes care, thereby improving the patient experience
- Ensure quality diabetes standards are met; these are developed from national and local guidance and incident trend analysis
- Ensure appropriate referrals are made to the diabetes team and that referrals are seen promptly and a diabetes plan of care is put in place
- Assess and improve nurses' knowledge and competence in diabetes care

METHODS

Initially we carried out Diabetes Back to the Floor on one division within the Trust, which incorporated several surgical wards. There had previously been a number of incidents that had raised concerns regarding diabetes care.

Each ward was visited once every three months by a senior nurse, either a Matron or Associate Director of Nursing and the Nurse Consultant in Diabetes and a Diabetes Educator. We devised a Back To The Floor template to ensure continuity and to give structure to the visit. The template focuses on areas of practice and care that have been identified as requiring improvement following incidents, from local and national recommendations and from Trust standards.

- Template framework for Diabetes Back to the Floor

Diabetes back to the floor template

Ward: Date:

Patient number	Type 1 / Type 2 Diabetes / not known but on steroids	Type of diabetes medication	Daily blood glucose test between 14:00-15:30/after patients not know to have diabetes but on steroids (QUORU 949)	4 times per day BG testing for patients with diabetes (QUORU 948 and 945)	Checking for ketones in patients with BG levels > 20mmols (QUORU 948a and 948a)	Rechecking of blood glucose level following a blood glucose level of <4mmols within 10-20minutes (QUORU 948b)	Referral to Diabetes Team

Hypo box (ga):	
Insulin Fridge:	
Nurses' Awareness: Q1 (QUORU 948) – how often should someone on diet treated diabetes have their blood glucose level checked?	
Q2 (QUORU 949) – how often and when should someone on steroids have their blood glucose level checked?	
Q3 (QUORU 948a) – when should you check for ketones?	
Q4 (QUORU 948b) – what should you do if you find someone hypoglycaemic?	
Feedback / Actions	Lead (Diabetes Team or Division)

The Trust has a Quality and Outcomes Research Unit (QUORU) which captures online data in a dashboard format that focuses on quality standards (i.e. re-testing of glucose following hypoglycaemia). Divisional nursing and medical leads and the multidisciplinary diabetes team can access these standards. The Diabetes Back To The Floor template now incorporates the diabetes nursing standards and cross references them to feedback and facilitates education of these standards.

The form also now incorporates some questions for nurses based on some of the standards. This is to encourage discussion with the ward staff and assessment of their knowledge. Nursing staff are reassure they they are not being judged, but rather the diabetes team are assess what education is required; it also facilitate discussion and education there are then.

We have an electronic prescribing system that also captures referrals to the diabetes team and observations, including blood glucose monitoring. This meant that part of the template could be completed remotely prior to visiting the ward; this allowed us more time to focus on talking to patients, staff and looking at the patient notes whilst visiting the ward. It also allowed us to look at particular issues that may have picked up when looking at the electronic prescribing.

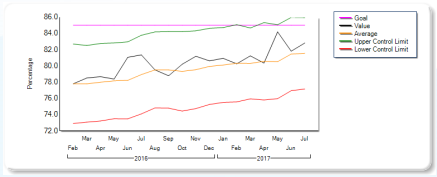
At the end of the visit, immediate feedback and discussion was given to the Senior Sister / Charge Nurse. Points of learning were discussed and strategies for improvement and potential actions were discussed. This was followed up after the visit by the completed template with an action plan sent to the ward manager and the senior nurses. This paperwork was then reviewed at the next visit to ensure actions and progress has been made.

RESULTS

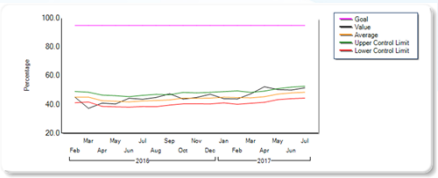
Although, on average 3-4 hours per week are spent on Diabetes Back to the Floor this time is deemed worthwhile as they are proving to be valuable by ensuring safety and promoting best practice in diabetes care.

Since the implementation of the Diabetes Back to the Floor the number of incidents across the Trust has dropped; in addition the data based diabetes quality standard that are measured are also continually improving as demonstrated below:

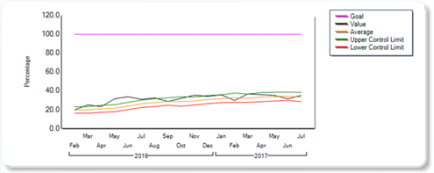
- Proportion of patients with diabetes with 4 glucose tests taken every 24 hours



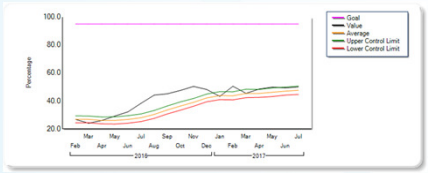
- Proportion of blood glucose test results greater than 20mmols that are followed up by ketone test within 4 hours



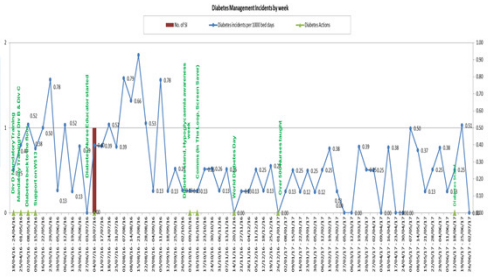
- Proportion of glucose test results less than 4mmols that are rechecked with another glucose test within 10-20 minutes (patients on diabetes medication)



- Proportion of glucose test results less than 4mmols that are rechecked with another glucose test within 10-20 minutes (patients on diabetes medication)



RESULTS



- Diabetes Incidents by week

CONCLUSIONS

The Diabetes Back to the Floor has been found to be effective and efficient. Although, on average 3-4 hours per week are spent on this initiative, this time is deemed worthwhile as they are proving to be valuable by ensuring safety and promoting best practice in diabetes care.

Due to the success of the Diabetes Back to the Floor it is now being rolled out to the whole Trust. It is planned that more diabetes specialist nurses (DSNs) will become involved to ensure that the initiative is sustainable. We plan to ensure that all the wards will have a designated one or two DSNs that they can link with. This will ensure that the nurses on the ward will get to know their DSN/s which it is hope will continue to improve communication and support. It is envisaged that the DSN/s for the wards will be involved with that ward's Diabetes Back to the Floor as well as offering training and education as identified on the visit or by a proactive review of diabetes incidents.

We believe that the Diabetes Back to the Floor is reproducible in other hospitals and other healthcare settings. The template can be adapted for local needs and standards of care.

For additional information please contact:

Theresa Smyth (Nurse Consultant in Diabetes)
Diabetes Centre
University Hospitals Birmingham NHS Foundation Trust
Theresa .Smyth@uhb.nhs.uk