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 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

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 improve the care already achieved. DSNs will offer support on 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.

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 reassured 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.

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.

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 a glucose test taken every 24 hours
- Proportion of blood glucose test results less than 4mmols that are rechecked with another glucose test within 10-20 minutes (patients on diabetes medication)
- Proportion of blood glucose test results less than 4mmols that are rechecked with another glucose test within 4 hours

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.

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.