Self-assessment checklist

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Recommendations	Who's responsible?	Is it met? Yes, no, partially, planned	Comments eg good practice or deficiencies identified	Action required	Timescale
1 **All hospitals should have a fully staffed diabetes inpatient team, made up of the following [1]:** • Diabetes consultant. • Sufficient diabetes inpatient specialist nurses to run a daily and weekend service. • Access to a diabetes specialist podiatrist, pharmacist and dietitian and access to psychological support. • A projects and implementation lead and admin support. The team should meet regularly, have access to shared office space and administrative support.	Leadership of acute hospital trust.				
2 **Hospitals should also have a perioperative diabetes team with representation from surgery, pre-admission, anaesthetic department, recovery nursing and analytic team. The responsibilities of the team should include:** • Implementing and monitoring the perioperative pathway. • Meeting monthly to review reports, complaints, plan service improvements and audit the service.	Leadership of acute hospital trust.				

1 Work is being done now to update the recommended numbers of staff per inpatient team

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3 **All diabetes inpatient teams should host quarterly diabetes and insulin safety and strategy board meetings. Representation should include a member of the hospitals' safety committee, the executive board, IT and analytic teams.**	Diabetes inpatient teams and leadership of acute hospital trust.				
4 **All diabetes inpatient teams should meet weekly to discuss:** • incident reports and complaints • monthly and other audits • the service and innovations • upcoming teaching.	Diabetes inpatient teams.				
5 **Appropriate members of the diabetes inpatient team should be supported in getting leadership training. Information about Diabetes UK's leadership programmes, Tomorrow's Leaders and Clinical Champions is available online[2].**	Leadership of acute hospital trust and diabetes inpatient teams.				
6 **Guidelines recommended by the Joint British Diabetes Societies should be in place and easy to find[3].**	Diabetes inpatient teams.				

2 www.diabetes.org.uk/professionals/resources

3 www.diabetes.org.uk/joint-british-diabetes-society

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7 All hospitals should support healthcare professionals to involve people with diabetes in their own care.	Diabetes inpatient teams, leadership of acute hospital trust and healthcare professionals caring for people with diabetes.				
8 Basic training on the safe use of insulin and the main diabetes harms and how they can be prevented should be mandatory for all healthcare professionals caring for people with diabetes.	Leadership of acute hospital trust.				
9 Training should be provided to all undergraduate doctors and nurse trainees in the important aspects of inpatient diabetes care.	Royal Colleges.				
10 Training in the areas outlined in the table on page 12 and 13 of the 'Making hospitals safe for people with diabetes' report should be available for the listed healthcare professionals across all hospitals.	Leadership of acute hospital trust and diabetes inpatient team.				
11 All patients with a diagnosis of diabetes should be supported to self-manage their diabetes where appropriate. Hospitals should have systems and training in place that supports this.	Leadership of acute hospital trust and diabetes inpatient teams.				

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12 **All patients with a diagnosis of diabetes should benefit from a care plan – developed in collaboration between healthcare professionals and the patient – that is activated on admission to hospital.**	Diabetes inpatient teams and healthcare professionals caring for people with diabetes.				
13 **Diabetes teams should work with catering staff to make sure meal times and meal quantities are appropriate for people with a diagnosis of diabetes.**	Diabetes inpatient teams and healthcare professionals caring for people with diabetes.				
14 **All hospital menus should have carbohydrate content available.**	Leadership of acute hospital trust and diabetes inpatient teams.				
15 **All patients with diabetes should have easy access to appropriate snacks and drinks throughout their inpatient stay.**	Diabetes inpatient teams and healthcare professionals caring for people with diabetes.				
16 **All hospitals should have systems in place that identify patients with a diagnosis of diabetes on admission. There should be electronic pathways to refer patients to the diabetes inpatient team, which are audited for timeliness of review.**	Leadership of acute hospital trust and diabetes inpatient teams.				

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17 **Effective electronic prescribing system for detecting, recording, and avoiding insulin and oral hypoglycaemic agent (OHA) prescribing errors should be used across hospitals.**	NHS England, leadership of acute hospital trust and diabetes inpatient teams.				
18 **Web-linked blood glucose and ketone meters should be actively used to alert the diabetes inpatient team to out of range glucose values and to monitor glucometrics across the trust and at ward level.**	Leadership of acute hospital trust and diabetes inpatient teams.				
19 **All hospitals should have an electronic safe discharge checklist that can be audited.**	Diabetes inpatient teams.				
20 **Systems should be in place to prevent readmissions due to unstable diabetes control.**	Diabetes inpatient teams.				
21 **Hospitals should agree on local key indicators, like frequency of hypoglycaemia, hospital acquired foot ulceration and insulin errors to audit and have methods in place that ensure data collection is robust and the data is subjected to rigorous analysis.**	Diabetes inpatient teams with analytical support.				

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22 With audit and data analytic support, trusts should use their Hospital Episode Statistics to determine whether they are outliers with regards to length of stay, readmission rates and mortality.	Diabetes inpatient teams with analytical support.				
23 All hospitals should have reporting systems in place for collecting patient harms including hospital acquired foot lesions, DKA, HHS and severe hypoglycaemia requiring injectable therapy.	Leadership of acute hospital trust and diabetes inpatient teams.				
24 All hospitals should participate in the NaDIA and continuous monitoring of harms audits and report the results to the trust's Clinical Governance Committee.	Diabetes inpatient teams.				
25 All diabetes inpatient teams should host mortality and morbidity meetings.	Diabetes inpatient teams.				