

How to...

Manage insulin administration in the community

Use this guide to:

- Review a community diabetes caseload and identify areas for improvement.
- Develop an insulin delegation programme.

This guide is for:

- Community and district nurses.
- Diabetes specialist nurses (DSNs).
- Registered nurses in care homes.
- Service managers.

The need for managing insulin administration in the community

An increasing number of people need support to manage their diabetes due to other conditions like dementia and arthritis, which affect their ability to manage it themselves.

As community staff are likely to have a growing caseload of people who require this support, it's important that they have the knowledge and skills to give the right care to people with diabetes.

This guide has two parts:

Part 1 is a guide for reviewing the community diabetes caseload and identifying how care can be improved.

Part 2 is a guide for developing an insulin delegation programme – offering you solutions to some of the issues that you may identify while reviewing your caseload in Part 1. An insulin delegation programme can help ensure insulin is administered correctly and safely, while making the best use of staff time.



Benefits of using this guide:

- Help ensure people with diabetes get the right treatment and care.
- Improve safety by developing the knowledge and skills of community staff.
- Save time and money by ensuring the most effective use of staff time.

Part 1 How to: Review the community diabetes caseload

You'll need to carry out a comprehensive review to get a complete picture of diabetes care in the community. This will involve looking at the diabetes caseload as a whole, and reviewing care at an individual level. It will help you understand the quality of care and how appropriate it is. The time and resources dedicated to caring for people with diabetes will also become clear. Your findings will help you identify areas for improvement.



Focus point

A South Warwickshire community nursing team completed a comprehensive specialist review for all people with diabetes on one integrated health team's caseload. They were able to save 35 hours of band 5/6 per week by making sure people with diabetes got the right treatment and care for their needs.

Of the 14 patients who were reviewed:

- **six** patients discontinued insulin
- **one** patient was referred into a nursing home
- **one** patient was reduced from twice daily to once daily insulin
- **one** patient who was previously tablet controlled now requiring insulin
- **two** patients now requiring twice daily insulin
- **four** patients continued on the same treatment plan.

In a six month follow-up, those patients taken off insulin remained off insulin and were stable. The review programme has since been rolled out to other teams.

Step 1 Plan the review process



A project plan will help guide the review process and make sure everyone involved has a clear understanding of what will happen. The list below will help you form your project plan.

- Clearly define the aims and objectives – this is what you are trying to improve.
- Give an overview of who needs to be involved and how (see page 4).
- Identify the tasks to be carried out as part of the process.
- Include a timeline that identifies what tasks need to be completed, when and by who.
- Present the benefits and potential risks.
- Give an overview of the costs involved – including staff time – and how these will be covered.
- Detail how the results will be documented.
- Factor in time for evaluation.

Once your plan is written it's important to get it approved by the appropriate person(s) before going ahead. This could be a manager or budget holder.

Step 2 Involve stakeholders



Involving stakeholders from the beginning of the process helps to maximise support for the reviews and ensures knowledge, insights and expertise can be shared.

Identify your stakeholders

When thinking about who to involve, include people who:

- have overall responsibility for the work
- can help coordinate, design and carry out the reviews
- need to approve the reviews going ahead
- can provide expert advice
- the reviews will affect
- need to be kept in the loop.

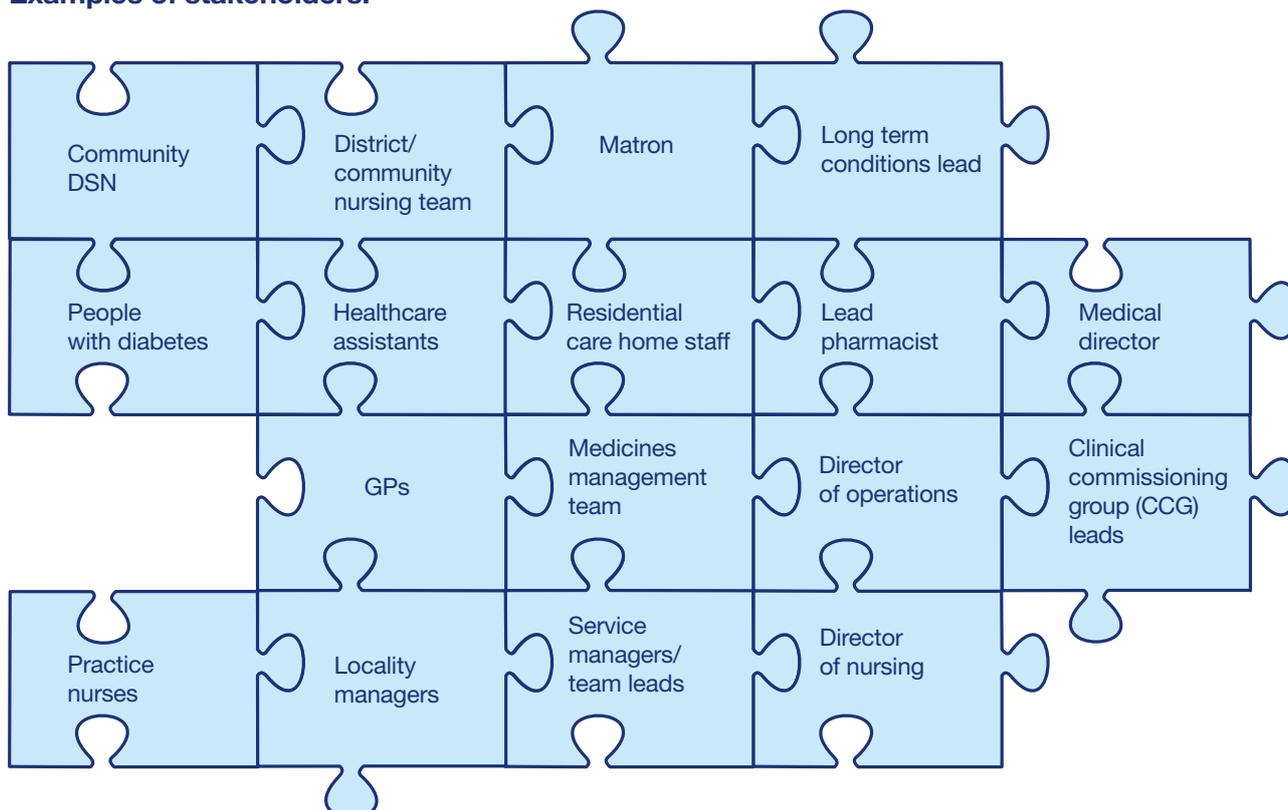


Top tip

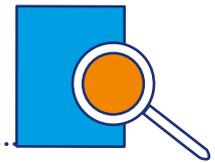
Involve stakeholders:

- Form a stakeholder group to guide and support the review process.
- Share your objectives and project plans with the stakeholder group to get buy-in and commitment to carry out the work.
- Keep a note of who is doing what and share this after each meeting.

Examples of stakeholders:



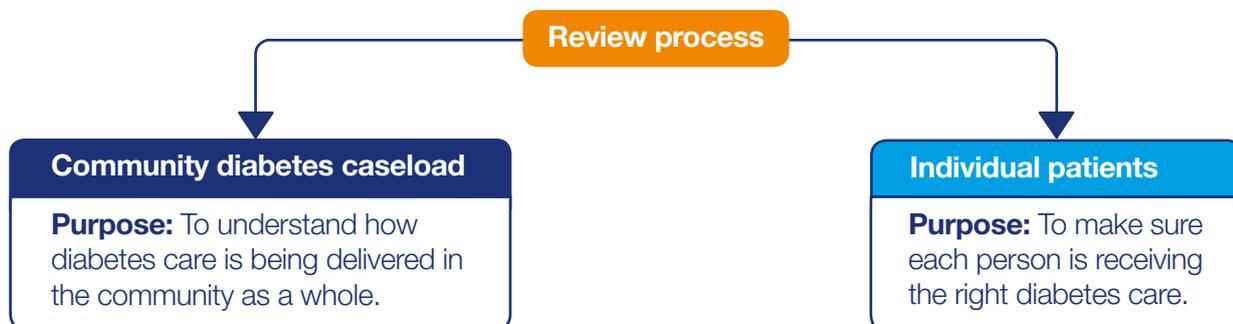
Step 3 Design and carry out the reviews



Refer back to the objectives in your project plan and think about what information is needed to make them happen.

Find out how to access this information and data and who to talk to. Some of this may be local data that is already available, for example from patient records. Other information may need to be collected from staff or people with diabetes, for example by using a survey. Check if similar reviews have been carried out recently and if this information could help.

Finally, think about how to gather, document and analyse the information.



Community diabetes caseload

Community diabetes caseload review

These questions can help identify the information and data needed to effectively review the community diabetes caseload.

- How many people are on the community diabetes caseload?
- How many people currently require insulin and how many need support with their injections?
- What is the current ratio of registered and non-registered staff to people with diabetes in the community?
- Have staff administering insulin received relevant and up-to-date training?
- How many reported insulin errors have there been in the last year? Why did they happen and how could they have been prevented?
- How many diabetes-related ambulance callouts or hospital admissions have there been? What were the reasons?
- How much time is spent on diabetes care in the community? A time log might help you assess this.
- How do nursing staff feel about their caseload?
- What is the job role and banding of those administering insulin? This can help you understand the appropriateness of tasks and where costs could be saved.
- Are there any other questions that need to be answered to help meet your aims and objectives?

Step 3 Design and carry out the reviews

Individual patients

Individual patient reviews

The questions and points below can help effectively review individual patients.

- Is the patient clinically stable?
- Is patient in the right setting for their needs? Social services may need to be consulted.
- Is the patient on insulin and do they need to be? This assessment needs to be done in consultation with the diabetes team.

Reviewing people on insulin:

- Is their diabetes control stable on their current insulin regime?
- Are they on the right insulin, dose and regime for their needs?
- How many injections do they have a day?
- Who gives insulin injections?

Assess:

- blood glucose levels
- eating patterns and timings
- physical activity levels
- frequency of hypos
- insulin injection sites
- insulin storage
- safety pen needles
- insulin pen device.

Step 4 Report and discuss your findings



Once you have collected data from both the caseload and individual patient reviews, summarise this information to identify what is working well, what the main issues are, and what could be improved. Prepare a report and some recommendations to discuss with your stakeholder group. Consider the following questions as you review the data.

Patient care:

- Are people with diabetes receiving insulin at the right time, in the right amount, and in the right way?

Step 4 Report and discuss your findings

Standards:

- How do local insulin administration standards compare to the Care Quality Commission (CQC) essential standards for quality and safety? See further resources on page 14. What needs to be changed to meet these standards?
- How many reported insulin errors were there and why did they happen? What changes could be made to prevent similar incidents in the future?

Staffing:

- Do staff have the knowledge and skills they need to deliver the safest and best care? If not, what training is required? **Diabetes in healthcare** and **The six steps to insulin safety** are free modules that can support staff to learn more about diabetes care – see further resources on page 14.
- Can the logistics of insulin administration be improved? Could other staff with the capacity to take on additional work take on insulin administration?
- Are staff carrying out the best tasks for their skill and pay grade? If not, how could the existing workforce be reorganised to work differently? Is there a need to recruit new staff or review job descriptions?

Processes:

- Are there clear and robust policies and procedures based on best practice in place?
- Could documentation be improved?
- Are there any other changes that could be made to improve care and efficiency?

Step 5 Actions



Report and discuss your findings with your stakeholder group. Agree which changes will be made, who will carry them out, and a time-frame for them to be completed. Schedule follow-up meetings to keep track of progress.



Could an insulin delegation programme resolve any issues like staffing capacity and use of skills? Discuss this with your stakeholder group.

Part 2 of this guide will help you to develop and implement an insulin delegation programme.

Part 2 How to: Develop an insulin delegation programme

Insulin delegation is the process by which a registered nurse gives the task of insulin administration to a named, competent, non-registered practitioner, like a healthcare assistant.

What you need to do:

- Develop an insulin delegation policy, and update other relevant policies and procedures.
- Assess the diabetes knowledge and skills of everyone involved in diabetes care, including registered nursing staff.
- Theoretical and practical training for all staff who require it, and additional training for staff administering insulin.
- Competency assessments, mentoring and support for those administering insulin.

Accountability

The registered nurse is accountable for their decisions to delegate tasks and duties to other people (NMC Code, 2015). They also remain responsible for the overall care of the patient.

To be accountable for the decision to delegate, **the registered nurse** must:

- only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand instructions
- make sure that everyone they delegate tasks to is adequately supported to provide safe and compassionate care
- confirm that the outcome of any task they have delegated to someone else meets the required standard.

The non-registered practitioner is responsible for their own decisions and actions.

For the **non-registered practitioner** to be accountable for their decisions and actions, they must:

- have the knowledge and skills to perform the activity or intervention
- accept responsibility for the activity
- have the authority to perform the activity within their role, through delegation and the policies and protocols of the organisation.



Delegation will only be appropriate for some people with diabetes. Make sure that delegation is in the best interest of the person, that they are clinically stable and that the clinical risk for each person involved has been considered.

For more information, see the Royal College of Nursing's accountability and delegation guide – see further resources on page 14.

Step 1 Plan the programme



Create a project plan for the insulin delegation programme using the tips on page 3.



Top tip

Planning the budget

Your budget needs to identify all the programme implementation costs involved and how they will be covered.

- **Staff time in implementing this project:** how much time will this take?
- **Training:** venue hire, printing course materials, administrative support, staff time and cover.
- **Assessing competencies:** time needed for mentoring and supervising, and time taken for the non-registered practitioner to become competent.

If the programme needs additional funding, talk to your stakeholder group about how to do this.

Step 2 Prepare policies and procedures



Policies and procedures are an essential part of an insulin delegation programme. An insulin delegation policy outlines the roles, responsibilities and expectations of everyone involved.

Writing an insulin delegation policy

Use the example policies on page 15 to help write an insulin delegation policy that details:

- the purpose of the policy
- roles and responsibilities of everyone involved
- links to associated local policies eg needle stick injuries, sharps disposal and medicines management
- a review date.

You'll also need a step-by-step procedure and documentation for the safe administration of insulin by a non-registered practitioner. This includes:

- training
- competency assessment
- risk assessment
- consent – from the non-registered practitioner and their employer (who will need to accept vicarious liability) and the person receiving insulin.

Once completed, circulate the policy to your stakeholder group identified in Part 1 – see page 4 – for consultation and approval.

Step 3 Design the training



As part of the training, assess the diabetes knowledge of everyone involved in community diabetes care. You'll need to provide theoretical and practical training for those that need it, and assess competencies.

Before designing the training, check if there is any local and national guidance that will help.

Planning your training



What do staff need to know to make sure insulin is administered safely and correctly? Use a questionnaire or e-learning modules to assess the theoretical diabetes knowledge of all staff working in community diabetes care.



What practical training is needed for non-registered staff? Decide who will deliver the training and what will be covered. Will it be group or one-to-one training and what will the pass mark will be?



How will the training be promoted and how will staff be encouraged to take up training?



What supporting materials will be required? Consider presentations, handouts and booklets, as well as a training manual for staff. An administrator may be able to support this.



How often training will be held? Make sure you plan for refresher training and what this will include.



Focus point

When Shropshire introduced an insulin delegation programme, they used the ADKnowl¹ tool to audit diabetes knowledge among community nurses to check whether their knowledge levels and skills were up-to-date². A training programme was then developed for both registered and non-registered practitioners.

Checking competencies

A clear competency framework for insulin administration will ensure that each person administering insulin has the necessary skills and knowledge.

When planning competency assessment, identify who will check competence, how competence will be measured, and how often it will need assessing – see page 14 for competency assessment tools. The person checking competence will usually be the registered nurse who is delegating the task. They will act as a mentor, providing supervision and support where required.

Competency assessment should be recorded. A copy should be held by the community nursing team, the non-registered practitioner and, where relevant, the care home manager.

Competencies checklist

Assessing **theoretical competency** might include checking if the person:

- Understands individualised blood glucose targets.
- Understands what normal blood glucose levels are.
- Knows how to interpret and act upon blood glucose levels.
- Knows about the different types of insulin available and the effect they have on blood glucose results.
- Understands the effect of food, physical activity and insulin on blood glucose levels.
- Understands the importance of timing of meals in relation to diabetes medication.
- Understands the impact of illness on blood glucose control.
- Can recognise and manage hypoglycaemia and hyperglycaemia.
- Understands local related policies, like the disposal of sharps.
- Knows how to report incidents (eg insulin errors) according to local policy.
- Knows what they need to document and how.
- Knows what the limitations of their role and when to report back to and seek support from the registered nurse.

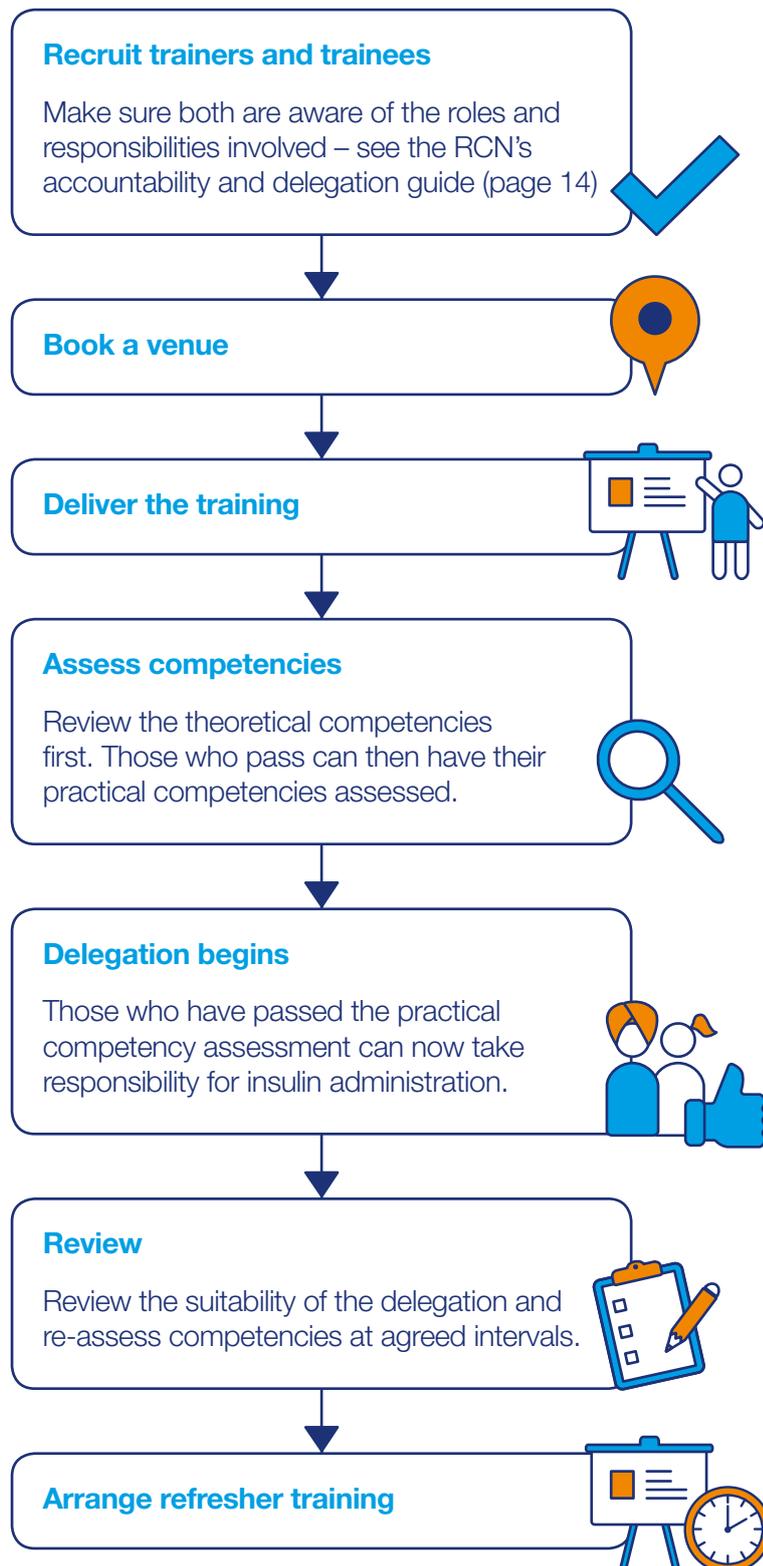
Assessing **practical competency** might include checking if the person:

- Can administer insulin safely and correctly using a suitable injection technique – see resources on page 14.
- Can monitor blood glucose safely and correctly.
- Can use relevant equipment, including insulin pens and blood glucose meters.
- Can identify lipohypertrophy – site management and injection rotation.

Step 4 Carry out the training



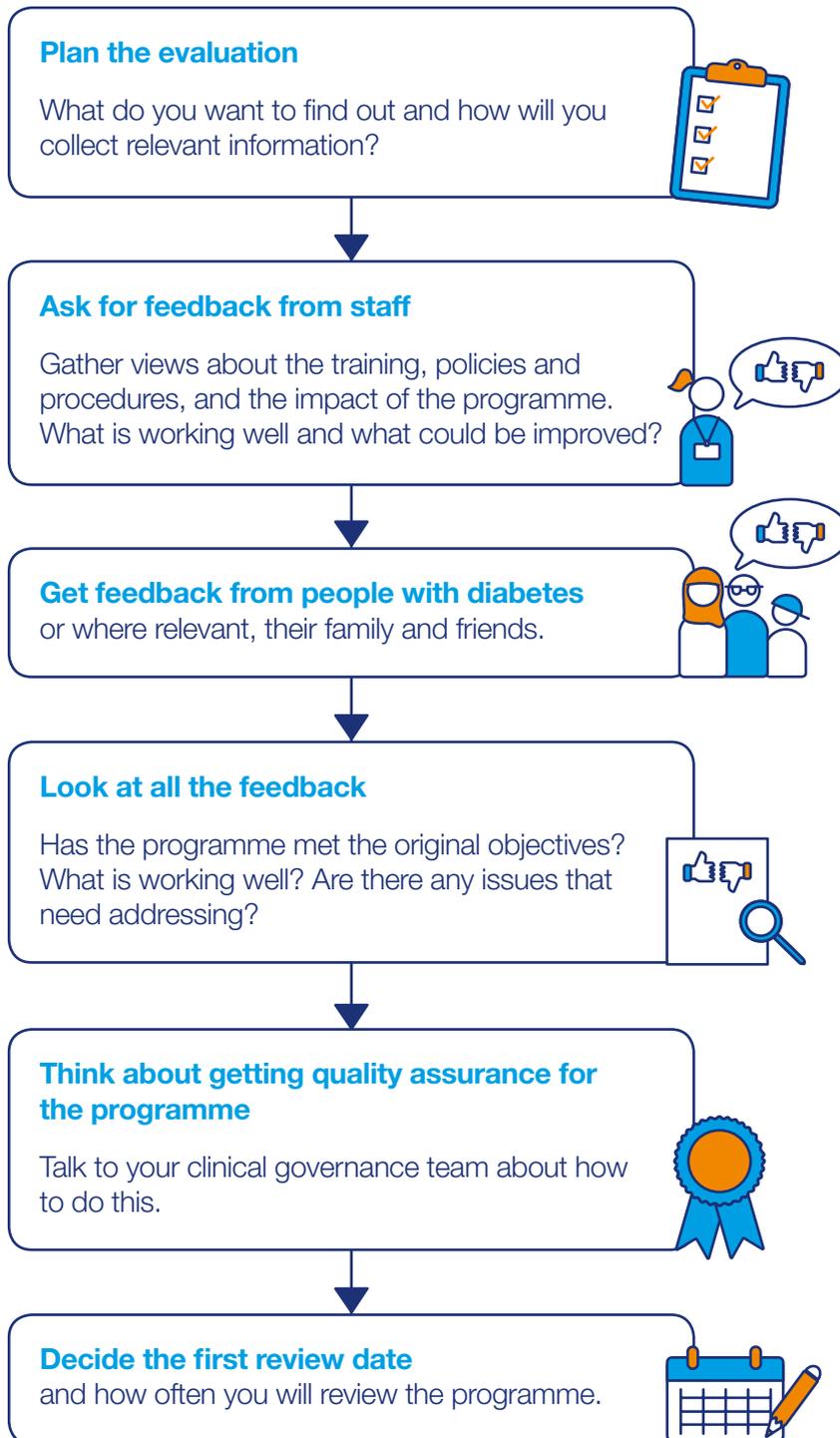
Once you have designed the training programme and the supporting policies and procedures, you can start the training.



Step 5 Evaluation



Once the whole insulin delegation programme has been implemented, review its impact and effectiveness to ensure it meets the objectives set out in the project plan.



Further resources

e-learning

Diabetes in healthcare is a free RCN-accredited introductory course for healthcare professionals who are not specialists in diabetes but want to know more about the condition:

www.diabetesinhealthcare.co.uk

The six steps to insulin safety is a free essential module for all those prescribing, managing or administering insulin, with the overall aim of reducing insulin errors in clinical practice:

www.diabetesonthenet.com/course/the-six-steps-to-insulin-safety/details

The safe use of insulin: <https://www.e-lfh.org.uk/programmes/safe-use-of-insulin>

The safe management of hypoglycaemia:

<https://nationalpatientsafetysuite.virtual-college.co.uk>

The FIT forum for injection technique:

www.fit4diabetes.com/united-kingdom/fit-recommendations

An insulin delegation scheme for care homes. Good clinical practice guidelines for care home residents with diabetes: <https://www.diabetes.org.uk/professionals/resources/shared-practice/diabetes-care-in-care-homes>

Competency assessment tools

Skills for health: <https://tools.skillsforhealth.org.uk/>

TREND: An Integrated Career and Competency Framework for Diabetes Nursing

http://trend-uk.org/wp-content/uploads/2017/02/TREND_4th-edn-V10.pdf

Standards

Care Quality Commission (2010) Essential Standards of quality and Safety [online] available from www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf

Accountability and delegation:

www.rcn.org.uk/professional-development/accountability-and-delegation

Prevention from sharp injuries in the hospital and healthcare sector, (EU directive 2010/32):

<https://osha.europa.eu/en/legislation/directives/council-directive-2010-32-eu-prevention-from-sharp-injuries-in-the-hospital-and-healthcare-sector>

The code for nurses and midwives (NMC): www.nmc.org.uk/standards/code/

Right Insulin, Right Time, Right Dose for Type 2 diabetes:

https://healthinnovationnetwork.com/wp-content/uploads/2017/01/Right_Insulin_Right_Time_Toolkit_210316-1.pdf

Resources for writing an insulin delegation policy



Insulin administration by non-registered practitioners in Shropshire, The Journal of Diabetes Nursing website (2015): www.thejournalofdiabetesnursing.co.uk/media/content/_master/4186/files/pdf/jdn19-6-233-7.pdf

Administration of insulin to patients at home and in community hospitals policy, Torbay and Southern Devon Health and Care NHS Trust (PDF, 909KB). Available at: www.diabetes.org.uk/pharmacy-and-medicines

Delegation of administration of medicines to non-registered practitioners and paid carers by community nurses policy, Southern Health NHS Foundation Trust (PDF, 1.2MB). Available at: www.diabetes.org.uk/pharmacy-and-medicines

An insulin delegation scheme for care homes policy template: <https://www.diabetes.org.uk/professionals/resources/shared-practice/diabetes-care-in-care-homes>

Diabetes UK guidance on pharmacy and medicines in diabetes care. Available at: www.diabetes.org.uk/pharmacy-and-medicines

References

- 1 Speight J, Bradley C (2007). The ADKnowl: Identifying Knowledge Defecits in Diabetes Care. Diabetic Medicine 18 (8), 626 to 633. www.onlinelibrary.wiley.com/doi/10.1046/j.1464-5491.2001.00537.x/abstract
- 2 Cook, A (2015). Insulin Administration by Non-RegisteredPractitioners. Journal of Diabetes Nursing 19 (6), 233 to 237 www.thejournalofdiabetesnursing.co.uk/media/content/_master/4186/files/pdf/jdn19-6-233-7.pdf

Disclaimer: Many of these resources have been developed as part of an insulin delegation programme for a particular area. Information may not be exhaustive or relevant for your area – please check before using them.

Acknowledgements

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The Royal Pharmaceutical Society.



Has this resource helped you to improve diabetes care? Want to share your work with others? Get in touch by emailing sharedpractice@diabetes.org.uk



You can download this guide at www.diabetes.org.uk/shared-practice-pharmacy-and-medicines



You can download our other guides at www.diabetes.org.uk/how-to-guides

You can get more information about insulin administration by emailing sharedpractice@diabetes.org.uk

www.diabetes.org.uk

The British Diabetic Association operating as Diabetes UK, a charity registered in England and Wales (no. 215199) and in Scotland (no. SC039136). © Diabetes UK 2018 1465C.