

Top tips for collecting data for the NaDIA harms audit

- Empower your ward staff at all opportunities to take ownership for diabetes care. Could you nominate a diabetes champion or link nurse on each ward to be responsible for collecting data for the NaDIA-harms audit?
- Talk about the new NaDIA-harms audit at all opportunities – Grand Rounds, Junior Doctor Induction, Hospital safety meetings, link nurse study days and preceptorship programmes.
- Make sure to communicate any of the harms to the Hospital Safety Committee and carry out root cause analysis where possible.
- Get in touch with your communications team to discuss a marketing campaign around the NaDIA-harms audit. Could they include information about the audit in the hospital newsletter? Could something be included on computer home screens?
- If you have a diabetes inpatient team in your hospital make sure they are visible. Staff are much more likely to report harms to the diabetes team if they know who you are. Try and be as proactive as possible, visit the wards and make sure they know you are there.
- If you have remote glucose monitors get in touch with your IT team so you can be notified of out of range glucose results. That way you can proactively identify harms for the audit.
- Make the diabetes inpatient teams notes visible in paperwork. Could you use a sticker or a stamp as a visual cue to encourage staff to carry out diabetes checks and to act on harms?
- Consider where harms are most likely to happen based on risk. For example does your vascular ward have more people with diabetes? Find those wards and colleague and educate them on why it is important to collect the four main harms and how to do this.
- Try and help staff to understand the impact these harms can have on people with diabetes and the long lasting impact this can have on their confidence levels. Could you share a patient story? Diabetes UK has some on their website www.diabetes.org.uk/inpatientcare.
- Find a time when you are already doing an admin task such as updating your rota and input all your NaDIA-harms into the system then. It will just feel like part of the job rather than an extra task. You could also nominate someone to do this so they can become familiar with the audit system.
- Most importantly create a culture where it is encouraged to report mistakes and harms. Foster a learning environment where staff feel comfortable to talk about where things have gone wrong and what they have learnt as a result. Could you discuss any submitted harms at a team meeting for example, to help not only those responsible to learn from their mistakes, but to share the learnings far wider across your team?

We know audits can take up precious time but by identifying these diabetes harms and creating a continuous culture of learning around them it will make a huge difference to the experience of people with diabetes in hospital.

What happens if you don't have a Diabetes Inpatient Team?

We know nearly a fifth of hospital sites don't have a diabetes inpatient specialist nurse making it extremely difficult to submit data to the NaDIA-harms audit collection. None of the four harms should happen in hospital and the new audit is a good time to highlight to your executive team that you are unable to track life threatening harms.

Use the NaDIA harms audit as an opportunity to submit a business case for more staff. Diabetes UK has example business cases on their [Shared Practice Library](#).