

Invitation to participate in a project to reduce diabetes harms in hospital

Dear colleague,

We are writing to you to ask for your support for an important project to help reduce the number of diabetes harms in hospitals in England and Wales. It shouldn't be too burdensome and the outputs will be of huge benefit to all hospital and to people with diabetes who stay in hospital. We hope that your hospital will participate in this important project. We provide further information about the project below.

You will know, as a participant in the National Diabetes Inpatient Audit (NaDIA), that the NaDIA has evidenced unacceptable levels of medication errors and diabetes management errors since it was established in 2010. Specifically, the NaDIA has consistently identified appreciable rates of:

- severe hypoglycaemia (requiring injectable treatment)
- DKA/HHS (hyperglycaemic crisis developing during admission)
- Heel ulceration developing during admission

In addition, a study of deaths among inpatients with diabetes has shown an increase of 5% above the rates for similar inpatients who do not have diabetes. The case that sparked the Mid-Staffordshire enquiry was of a woman, Gillian Astbury, who died of a hyperglycaemic crisis (DKA/HHS) which developed during her admission.

This evidence is cause for concern for hospitals and for people with diabetes who need to go to hospital. However, the causes of these serious incidents are presently poorly understood. Without this information it is difficult to tackle the causes by introducing altered or new systems, and so reduce the incidence of hospital harms. During the 2014 pause in the annual NaDIA the *Diabetes Mortality and Morbidity (M&M)* project will help continue to drive forward improvements in the inpatient care of people with diabetes.

The *Diabetes Mortality and Morbidity (M&M)* project will encourage and support hospitals to undertake an analysis of serious diabetes harms within their hospital, using a Root Cause Analysis (RCA) approach. The project will collate the lessons learned and will facilitate a number of learning events in February 2015 to share experiences and develop action plans. The lessons learnt from this project will have widespread implications for everyone involved in the care of people with diabetes whilst in hospital.

The *Diabetes M&M* project is coordinated by a collaborative comprising Diabetes UK, the Association of British Clinical Diabetologists (ABCD), the NaDIA Advisory Group and the National Clinical Director for Obesity and Diabetes.

What is involved in taking part?

In summary, participating hospitals will be expected to:

1. Establish a team of people who will undertake the Diabetes Mortality and Morbidity (M&M) project in your hospital
2. Prioritise a minimum of 6 cases of severe diabetes harms within your hospital for further analysis
3. Identify the cause of the prioritised cases, using a Root Cause Analysis (RCA) approach
4. Summarise the findings of the RCA and share with the Diabetes M&M project collaborative.
5. Attend a learning event to review themes and action plans
6. Develop action plans for local improvement

Timescales

Project launch – 1st September 2014

Identify cases and undertake RCA – 1st Sept – 12th Dec 2014

Deadline for return completed template forms – 9th January 2015

Learning events – February 2015

What happens next?

We will be writing to you again in the first week of September with guidance notes, template forms everything you need to get started. If you have time before September, you could prepare for the Diabetes M&M project by speaking to colleagues and establishing your Diabetes M& M team.

We will also be writing to your hospital's CEO/MD to let them know about the project and gain their support.

If you have any queries or suggestions for the Diabetes M&M project, **please email** DiabetesMM@diabetes.org.uk

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