



Joint British Diabetes Societies for In-Patient Care (JBDS-IP)

**The Rowan Hillson Inpatient Safety Award 2018
Best Inpatient Diabetes Educational Programme for Health Care Professionals**

How to enter:

1. Email your completed entry to: Christine Jones, JBDS Administrator at christine.jones@nnuh.nhs.uk

All entries must be emailed by: 28.02.2019

2. Please submit any supplementary materials to support your initiative, as these will be considered as part of the judging process.
3. **Please note this competition is only for projects undertaken in the last 3 years i.e. since 1.1.2016.**

Your contact details:

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Title of entry (10 words maximum)

The implementation of The Diabetes 10 Point Training in Acute Hospitals across North West London (NWL)

Brief summary of entry

Provide a short summary of your initiative in **no more than 200 words (The box will expand)**

In North West London (NWL) 41% of hospital admissions are due to diabetes whilst 63% of inpatients have diabetes. Safe hospital care depends on staff knowledge and in 2014 I developed The Diabetes 10 Point Training Programme, to improve inpatient diabetes safety.

This is a concise, at scale, clinically-based teaching programme, supported by aide-memoire cards. Training is quick, specifically designed for all hospital settings and addresses the commonest diabetes errors. Its purpose is to empower ward staff to recognise when and how to escalate concerns by providing them with focused diabetes knowledge.

The implementation approach adjusts for the time constraints that may hinder staff attending training, taking the training to their place of work.

The programme was first implemented at Poole Hospital in 2016 (More than 1000 staff trained). Training efficacy was assessed by participant self-reported confidence on a three-point Likert scale, demonstrating significant improvement in staff confidence and the hospital moved from the highest quartile for insulin errors to the lowest quartile as a result.

Currently, as Diabetes Nurse Consultant in NWL, I am commissioned in a dedicated transformational role to implement training at scale across 8 CCGs catering for 148,000 people with diabetes.

Background/Situation analysis/Innovation (300 words maximum)

Briefly provide the background and rationale for the initiative. From this the judges should be able to understand why there was a need for the initiative to be undertaken. Explain what makes your initiative innovative or pioneering.

Errors occur if frontline staff lack basic diabetes knowledge. The combination of increasing diabetes prevalence, high staff turnover and disparity in staff training pose a risk to patient safety.

Following an inquest, I recognised the urgent need for standardised, basic, clinically relevant training for all inpatient staff, providing concise messages.

The 10 points are developed around common errors with training designed to reach staff 'at scale'. Training delivery happens in the clinical setting with basic safety messages supported by aide-memoir cards, enabling staff to escalate their concerns.

Responsiveness to the unique needs of wards increases training acceptability and sessions are bespoke and pertinent to the ward dependent on clinical area and time available. Training can take 5-60 minutes depending on participant needs.

The development of a train the trainer process ensures new knowledge becomes embedded, improving system resilience.

Clinical leaders are enabled to deliver their own training with appropriate oversight to assure quality and fidelity to the model.

Because similar issues of inadequate knowledge exist across the patient pathway, this training method has been adapted to care homes, community nurses, mental health, homeless workers and haemodialysis teams with more than 1,300 people trained in The Diabetes 10 Point Training in NWL.

Increasing diabetes knowledge in all teams across the health economy should improve the quality of care across the entire patient pathway and should directly impact on the safer discharges from hospital and reduce the rates of readmission.

Objectives (200 words maximum)

State clearly the objectives of the initiative(s).

The Diabetes 10 Point Training Programme aims to improve both the quality and safety of hospital diabetes care by empowering staff to know when and how to take action.

People living with diabetes have told us that they want hospital staff to be more informed of how language and preconceptions can negatively impact their experience in hospital. In the Diabetes 10 Point Training we have an embedded focus on 'Language Matters'.

Integrating physical and mental health is a key learning objective of the training which aims to raise awareness of attendees that 20% of people with serious mental illness will develop diabetes while 70% will be unaware and die 20 years younger from heart disease.

Attendees are asked to consider how this impacts their place of work and what they can do about this.

The overall goal of the Diabetes 10 Point Training is to improve patient care and the experience for people with diabetes. This in turn will impact on cost reduction for healthcare services.

Project plan/methods (400 words maximum)

Please outline the method(s) you used to achieve your objectives. The judges will also be looking for a clear rationale for your method(s).

The 10-point Diabetes training is delivered using aide memoire cards and supported by paper and PowerPoint training material for its delivery and people with diabetes were significantly involved in the evolution of the programme in NWL.

Positive, collaborative engagement with hospitals is crucial. The plan, do, study, act model of improvement is the best approach to engender engagement and collaboration of staff where they operate and I use this when leading the implementation and know the importance of building strong honest partnerships, to get buy-in and support for implementation.

At Imperial College Healthcare Trust I joined up with existing quality improvement initiatives, incorporating The Diabetes 10 Point Training with existing Trust initiatives to improve the delivery of care.

The training was initially tested on a pilot ward, using Plan Do Study Act improvement cycles in September 2018, which allowed the diabetes care pathway to be explored in detail.

Reaching consensus on changes can be a challenging and time consuming process, as multiple stakeholders with different levels of influence and interest maybe involved in building a bespoke programme. This was a valuable gap analysis that allowed teams to take ownership of identifying and addressing areas for improvement.

Imperial College Healthcare Trust is multi centered and all sites were subsequently targeted for training of staff and to date more than 700 staff were trained within a 5 month period across 5 hospital sites. A combined approach of nurses running scheduled training sessions and ward drop-ins was used.

All staff were offered training with attendee registers reflective of ward staff mix. The approach to training is sympathetic and flexible to the unique needs of the department. Training is taken to staff on the wards with content adapted to the clinical setting, for example in oncology, focus on steroid induced hyperglycaemia, surgical wards would be more likely to focus in IV insulin and perioperative management of blood glucose and elderly care wards more likely to focus on NG feeding and insulin. Training sessions take approximately 20 minutes and staff confidence is tested before and after the sessions for improvement.

Evaluation and results (400 words maximum)

Use this section to report the results and demonstrate how you measured the success of your initiative/project

Poole Hospital

Training was originally implemented in Poole Hospital in 2015 with more than 1000 patient facing staff trained. Significant improvements in patient safety were demonstrated in the subsequent National Diabetes Inpatient Audit results. The Trust moved from the highest to the lowest quartile for insulin errors. (Insulin errors decreased from 24.5% in 2015 to 13.3% in 2016). Nurses confidence levels increased and they felt empowered to know when and how to escalate concerns.

Outcome metrics

In North West London we have an integrated service specification with common outcome metrics and have data since 2015 on 5 of the Clinical Commissioning Groups and we will compare outcomes as training is rolled-out.

The Diabetes 10 Point Training is integral to our Inpatient Transformation programme and in 2019 we will be reporting on:

- a. Hospital foot checks
- b. Incident reporting (NaDIA-Harms)
- c. Length of stay
- d. Glycaemia (Hba1c)
- e. Incidence of unscheduled diabetes admissions
- f. Inpatient referrals to specialist teams

Self-reported confidence & training feedback

Evaluation has taken the form of self-reported confidence on a three-point Likert scale pre and post training and significant improvement in confidence was seen.

60% of staff trained are nurses and post training comments indicate their practice has improved and decreased the stigma of requesting help, changing attitudes and increasing confidence. (see supporting evidence)

Self-reported confidence scores (3-point Likert scale) before and after training is completed. Median confidence scores increased from x/5 to y/5.

Some comments from trained staff include:

“Much higher awareness of diabetes on this ward; I feel the training was a big

success" (cardiology lead nurse)

"Completely mind blowing and has changed the way I think about diabetes"

"More confident dealing with diabetes patients: clarified questions"

"Training very useful, esp. early screening managing hypo and hyperglycaemic situations"

"Aware of foot problems actually conduct visual and touch test"

"This is vital in my work role as staff nurse. Especially how to manage low and high blood glucose"

"Challenge doctors regards PRN actrapid and VRIII prescription"

"Always use IV dextrose when a patient is on sliding scale"

Impact (300 words maximum)

Describe the impact of the initiative(s) for inpatients with diabetes and how this was measured.

Service users have been involved in the evolution of this work and they have been positive about the training because it places them at the centre:

'Point 1:

Listen to the person: They live with their diabetes 365 days a year'.

Significantly, people with diabetes are now developing their own patient empowerment tool:

'The Diabetes 10 Point Training for People with Diabetes'

This will equip patients with key information to remain safe in the event of hospital admission.

Trainee feedback indicates improvements in staff knowledge will translate into safer care.

- Challenge doctors regards PRN insulin and VRIII prescription
- Ensure IV dextrose prescribed with s/scale
- Assess the feet of a patient with diabetes
- Increased my knowledge and skills I am now feeling very confident to look after diabetes patient and refer
- I have a better understanding of insulin use on when and how to use it
- I feel I can challenge doctors with regards to PRN actrapid and VRIII

prescriptions

- I will ensure intravenous dextrose is prescribed with sliding scale insulin prescriptions
- I will never refer to a person as 'a diabetic' again!

Training has been disseminated across acute and mental health hospital settings in London and England and the programme now has a national profile. It is featured in Diabetes UK publication "Making Hospitals Safe for People with Diabetes" and on the Diabetes UK website as an example of good practice.

We plan to extend this training across England, in all care settings that involve patients with diabetes.

This training package is adaptable and translatable to all care settings and has the ability to embed learning in multiple teams. Utilising 'Train the Trainer' model magnifies knowledge spread and increases workforce resilience.

We are working on a digital 'Diabetes 10 Point Training in 10 Minutes' which will facilitate knowledge spread to thousands.

Adaptability, Cost and Sustainability (300 words maximum)

How easily could your initiative(s) be adapted to other hospital Trusts? Please state whether any other Trust(s) has adapted your initiative(s) and/or any steps you have taken to promote wider dissemination of your initiative(s).

Please demonstrate the sustainability of your initiative(s). Include the cost incurred and the source of funding i.e. acute trust or CCG or any other means. Describe the process by which the funding has been sought and the challenges experienced.

This tool is embedded in training hospital staff. The 10 Point Training in Diabetes' tool can be delivered by anyone who has undertaken a train the trainer course, to any group of healthcare professionals.

Training the trainer ensures sustainability after rollout is complete. Training takes a half day to complete with 'super trainers' from across the Trust to facilitate spread of knowledge to their own area of practice.

With support from the specialist diabetes teams, the aim is to devolve responsibility of good inpatient diabetes care to everybody who has a role in their clinical care.

Training rollout in departments such as ITU, theatres, endoscopy may prefer training time slots whereas medical and surgical wards often favour an 'opportunistic drop in' approach and large group scheduled training is also used to maximize learning uptake.

Understanding challenges in departments is important and training content is adapted to remain pertinent and pragmatic.

Costs of training

If hospital staff have improved diabetes awareness it could be extrapolated that diabetes care will improve, leading to fewer but more appropriate referrals to the diabetes inpatient team.

To purchase 2000 of both cards costs approximately £360. Hospital venue booking for large audience training may have a cost implication but experience has indicated that ward-drop in training is most favoured and effective.

Learning (300 words maximum)

One of the main aims of the competition is to enable learning and sharing of initiatives for the benefit of inpatients with diabetes. Use this section to outline any learning(s) that can be taken from the initiative(s) and/or challenges faced along the way that could be transferred to other Trusts looking at introducing similar initiatives.

Having worked with several hospitals I have learnt that all hospitals are different. Regardless of the organisation, strong diabetes leadership is pivotal to ensure 'buy in' at Board level to put Diabetes on the Trust Agenda.

Developing positive relationships with teams is pivotal to the success of training implementation and it is important to be aware that individuals can derail the process if the experience is 'top down'. I have learnt to be comfortable with having my authority challenged in this 'non insider' role.

The type of hospital and the specialty of the ward will dictate local specific time constraints for staff on the shop floor and I have learnt that adopting a flexible approach to training delivery is important to both the effectiveness of training as well as its acceptability to staff.

Adapting training to the needs of the hospital is important because it enables the organization to own the training card, rather than the imposition of generic training which would be likely to cause resistance.

The simplicity of the training messages is important because it ensures that the key messages are accessible to all staff with patient contact from the HCA to the Consultant.

I have learnt that this training is fully translatable across healthcare as the issues are universal.

This is a teaching programme that can be universally applied across the whole of England potentially. This way staff turnover will not affect skillsets in

caring for people with diabetes in the NHS thereby standardising diabetes care in England.

Feedback from staff and patients (300 words maximum)

Please include a summary of any patient feedback and evaluations of the initiative(s). It will be helpful if you can provide (as supporting materials) the tools used to gather this information. If available please include summary of staff feedback to demonstrate their perspective on the initiative(s)' impact on the care of inpatients with diabetes in relation to the prevention and management of hypoglycaemia.

Attendee post training comments

- Completely mind blowing and has changed the way I think about diabetes
- Thanks for this extremely interesting and helpful training. I have dreamt of coming across this kind of training knowing it will greatly help with improving my practice in this important area
- Good and succinct teaching: very relevant to all nursing staff

This is so vital in my current work role as a staff nurse. Especially the idea of how to manage low and high blood glucose

- It was very and informative and useful course thank you, good to flag latest JBDS guidelines
- More confident in dealing with diabetes patients: clarified my questions
- Will not refer to someone as 'That diabetic patient'

* Please see supporting evidence

Supporting materials –

The judges' core assessment of your initiative will be based on this entry form. However, we do recommend that you **support your entry** with relevant materials, as these will be made available to the judges and are often the deciding factor in short listing the finalists.

Supporting materials could include: IT based programmes, pamphlets, booklets, audits, events, reports, journal articles, evaluation documentation, websites etc.

Supporting materials along with your entry form should be submitted by email to christine.jones@nnuh.nhs.uk.

Closing date: 28.02.2019

The winners of the Rowan Hillson Insulin Safety Award 2018: "Best Inpatient Diabetes Educational Programme for Health Care Professionals" will be published on the Association of British Clinical Diabetologists (ABCD) and Diabetes UK website and will appear and be referred to in future journal articles. By submitting your entry, you will be consenting to your initiative being used for these purposes.