

JBDS

Best Inpatient Diabetes Educational Programme for Health Care Professionals

Supporting Evidence (28th February 2019)

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Diabetes 10point Training

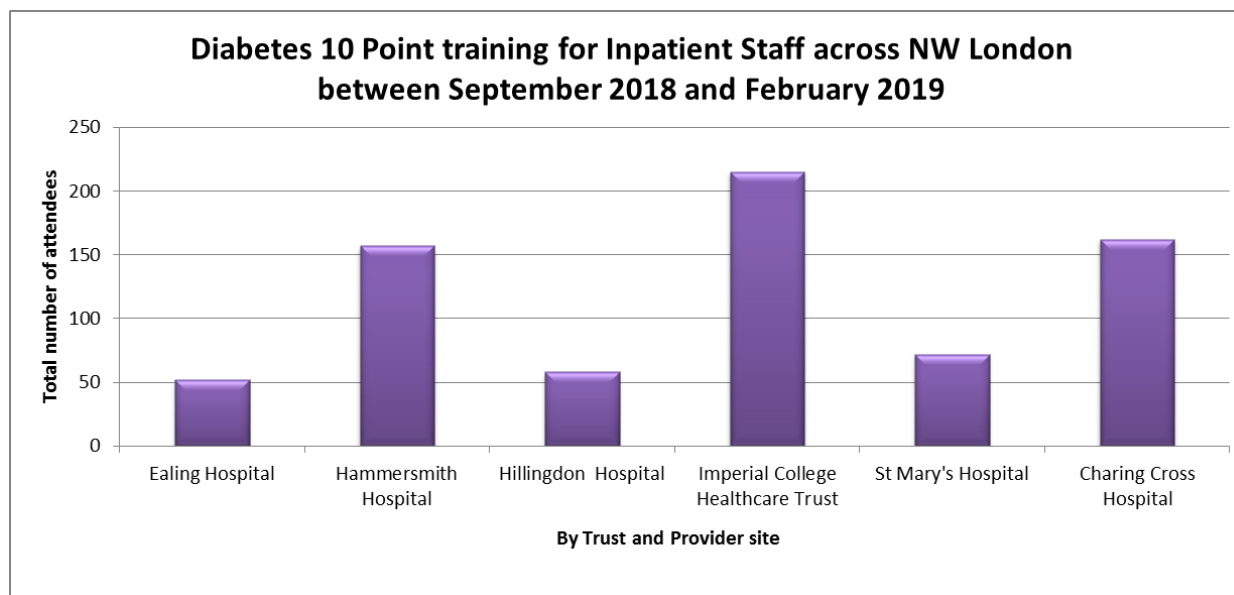
Diabetes 10 Point Training at Poole Hospital

- National Diabetes Inpatient Audit (NaDIA) Comparison Table

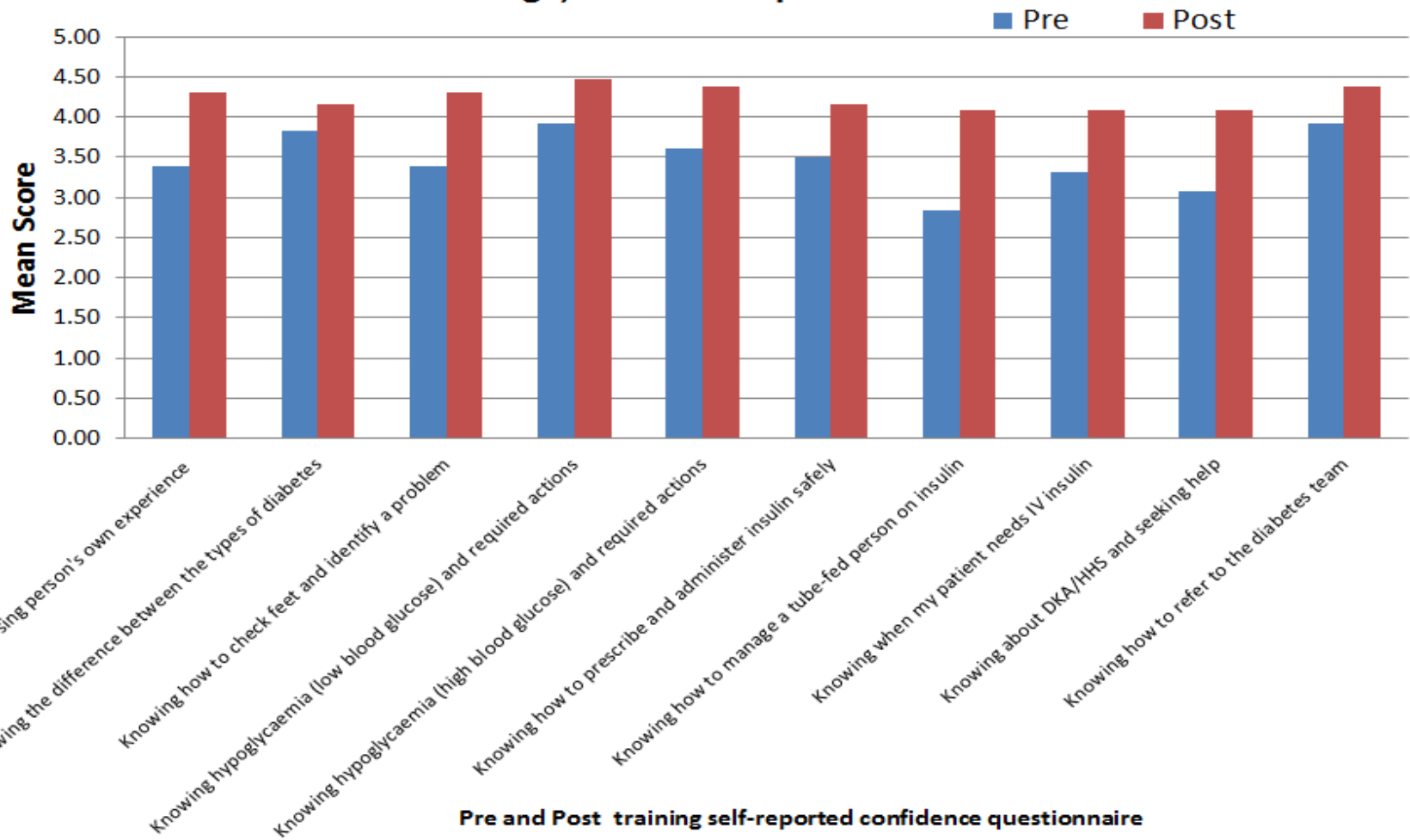
Trust-wide events recorded at Poole	Pre 10 Point Training 2015	Post 10 Point Training 2016
Medication errors	46.9%	26.7%
Insulin errors	24.5%	13.3%
Prescription errors	38.8%	15.0%
Severe Hypoglycaemia	14.5%	6.9%

Diabetes 10 point training across NW London between September 2018 and February 2019

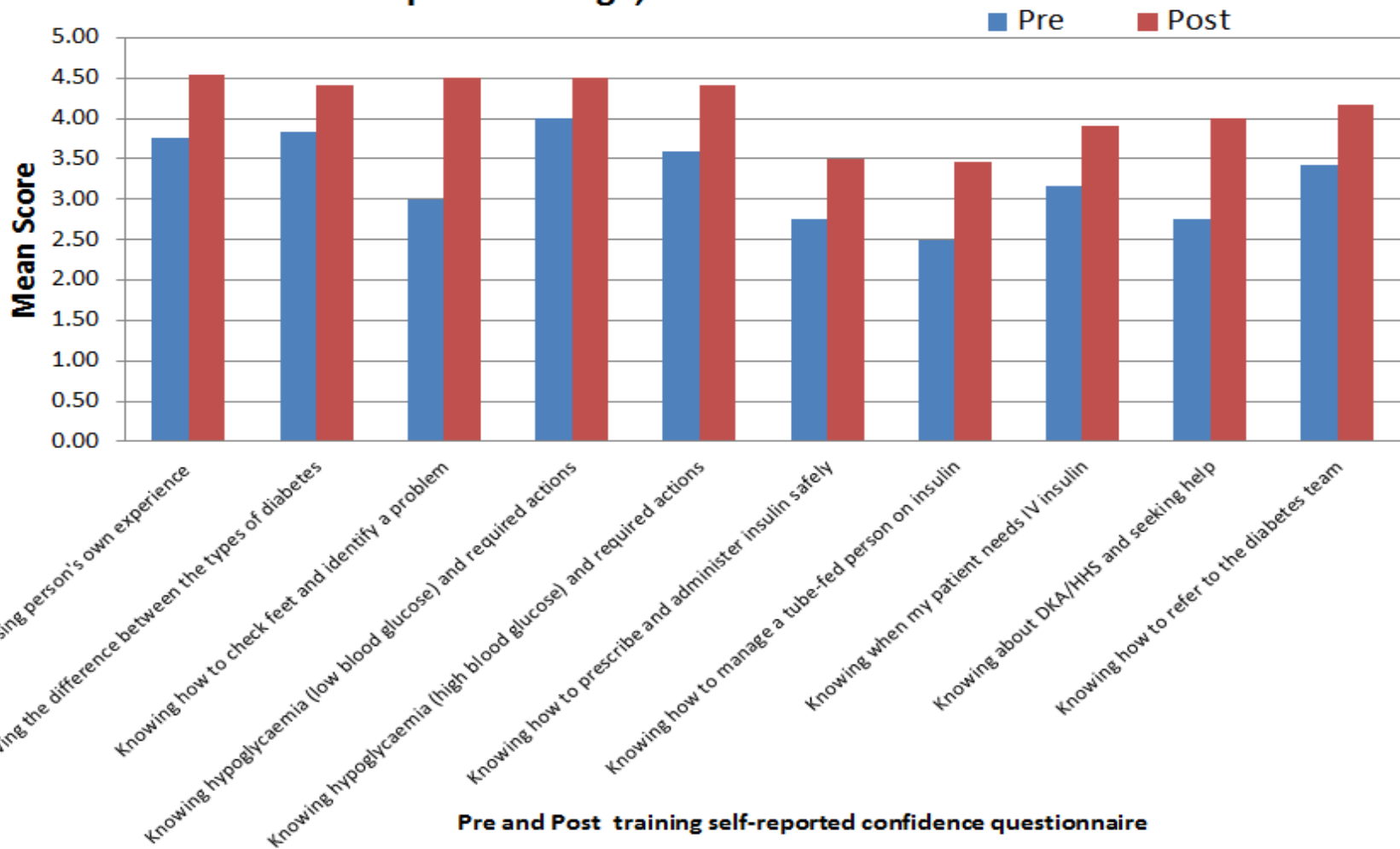
Trust/Provider site	Total Number of attendees
Ealing Hospital	52
Hammersmith Hospital	157
Hillingdon Hospital	58
Imperial College Healthcare Trust	215
St Mary's Hospital	72
Charing Cross Hospital	162
Grand Total	716



Pre and Post self reported confidence Scores of staff (n=40) - From the Diabetes 10 point training in Inpatients at Hammersmith Hospital - Imperial College, London - September 2018

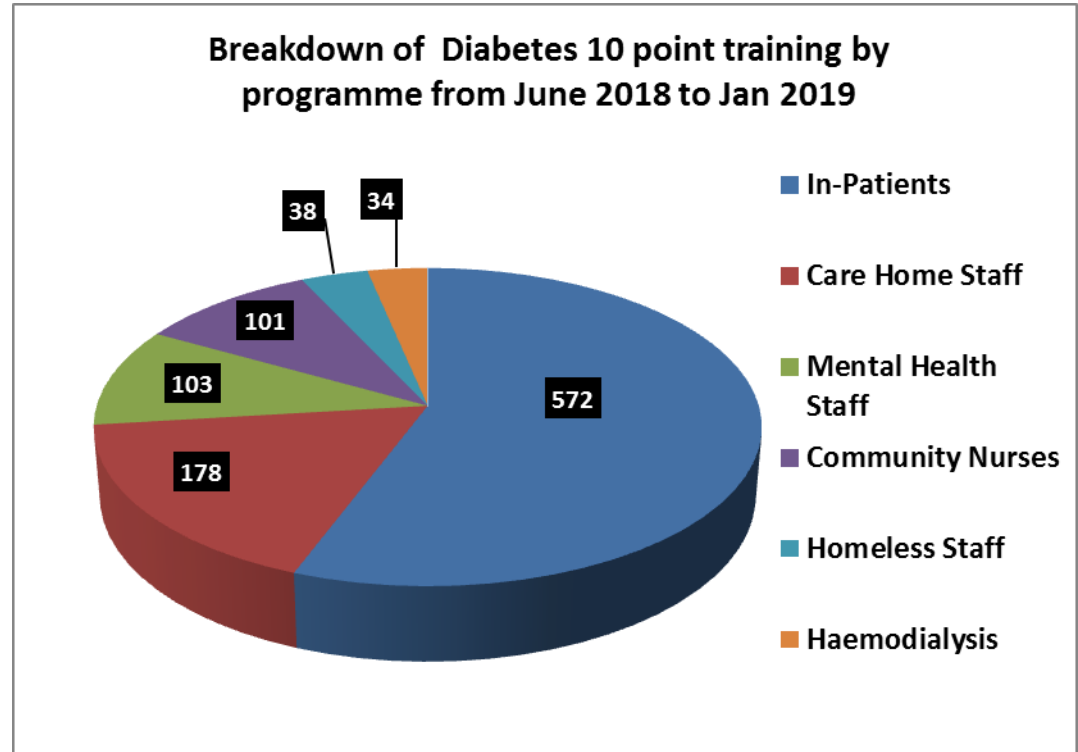


Pre and Post self reported confidence Scores of staff (n=40) - From the Diabetes 10 point training in Inpatients at Charing Cross Hospital - Imperial College, London - November 2018



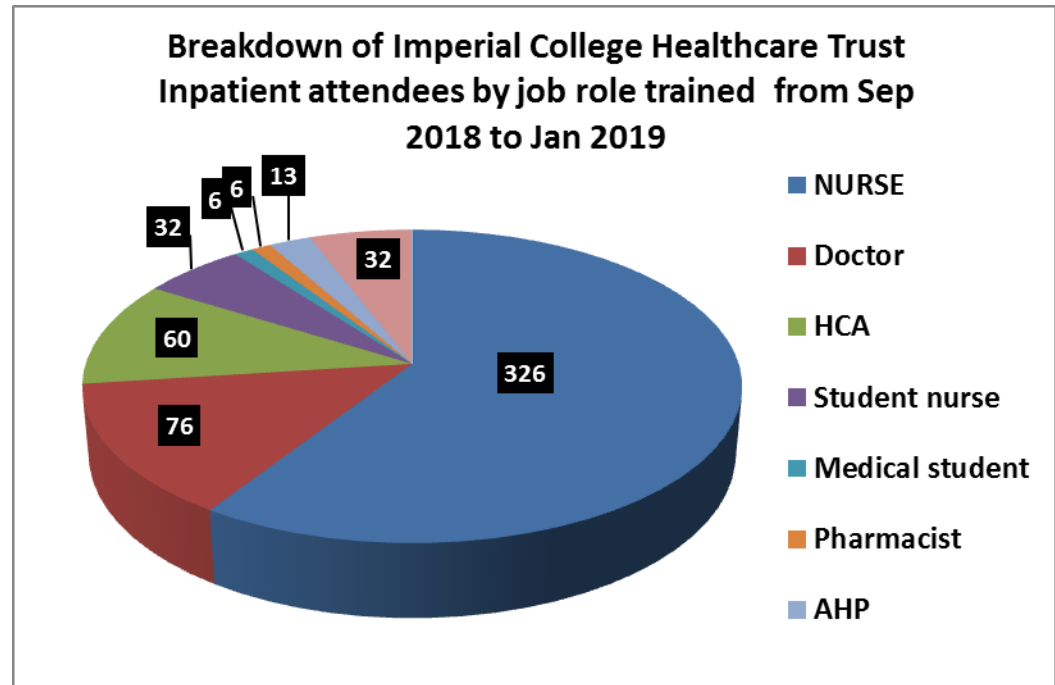
All programmes Diabetes 10 Point Training

Profession	Numbers Trained	%
In-Patients	572	56%
Care Home Staff	178	17%
Mental Health Staff	103	10%
Community Nurses	101	10%
Homeless Staff	38	4%
Haemodialysis	34	3%
Total	1026	100%



Inpatient Diabetes 10-Point Training

Profession	No. Trained	%
NURSE	326	59%
Doctor	76	14%
HCA	60	11%
Student nurse	32	6%
Medical student	6	1%
Pharmacist	6	1%
AHP	13	2%
Others (Not Stated)	32	6%
Total	551	100%



Of those attendees who completed the questionnaire

1. The Person

Listen to the person: they manage their diabetes 365 days a year
Diabetes is an extremely challenging condition which can impact wellbeing

2. Know the difference between the types of diabetes

People with Type 1 Diabetes need insulin for life
People with Type 2 Diabetes can be on tablets alone or with insulin
If the person is on insulin: assume they need it!
Stopping insulin can seriously harm your patient

3. Feet (see foot card)

Within 24 hours of admission all people with diabetes MUST have a Foot Check: Document on CERNER
Always remove dressings
Problem? Refer to Diabetes Specialist Team:
SpR bleeps: SMH 1088, CXH 4998, HH 9050
Podiatry 02033125437/ 02033121755 Vascular on-call 02033128737 if urgent
Refer to Podiatry Team by e-Referral on CERNER

4. Hypoglycaemia (low blood glucose) '4 is the floor'

Hypoglycaemia can KILL
Identify cause & STOP IT (refer to Diabetes Specialist Team if severe or recurrent)
Refer to Hypo Treatment Pathway on The Source

5. Hyperglycaemia (high blood glucose)

Prolonged hyperglycaemia increases length of stay & poor outcomes
Avoid PRN insulin Actrapid where possible; review treatment if blood glucose remains high
If blood glucose is consistently above 15mmol, Refer to Diabetes Team by e-Referral on CERNER
Out of hours: Contact Medical doctor on-call

5. How do I prescribe and administer insulin safely?

Insulin is a high risk drug

Ensure right person, right insulin, right dose, right time, right device

NEVER omit long-acting insulin in patients with type 1 diabetes: Ask if unsure

Always use e-prescribing on CERNER

7. How do I manage a tube fed person on insulin?

Give insulin at start of feed

Remember to review insulin dose or regimen when feed is increased/reduced OR if the timing has changed

8. Does my patient need IV insulin? (Not DKA/HHS)

Not if they are eating and drinking

Only in: NBM/peri-operatively/acutely ill patients (see guideline on The Source)

Check blood glucose hourly until stable (blood glucose 6-10 mmol/L) and 2 hourly thereafter

ALWAYS continue basal insulin alongside IV insulin

ALWAYS use Trust variable rate intravenous insulin infusion (VRIII) Guidelines on The Source

All patients receiving IV insulin MUST be prescribed IV dextrose

9. Diabetic ketoacidosis (DKA) & Hyperosmolar hyperglycaemic state (HHS)

DKA and HHS are diabetic emergencies

Seek senior medical advice and follow Trust guidelines. ALWAYS refer to the Diabetes Specialist Team

Patient will require fixed rate intravenous insulin infusion (FRIII) when unwell: IV fluids must be prescribed

10. Know how to refer to Diabetes Team

Start discharge planning from the moment of admission.

Refer on CERNER if patient meets referral criteria

Urgent referrals: DKA, HHS, acute diabetic foot, severe recurrent hypoglycaemia, pregnancy, insulin pump

Urgent out of hours referrals: contact medical doctor on-call

DSN bleeps: SMH 1224, CXH 6753, HH 6759, Renal 5238

Podiatry 02033125437/ Vascular on-call 02033128737 if urgent

All patients with diabetes must have a foot check within 24 hours of admission to hospital

CHECK

Remove socks/ dressings/ bandages

Is there an active foot problem - Ulcer? Gangrene? Black necrotic tissue? Black toes? Exposed bone?

Is there reduced sensation? Follow "touch the toes test"

Document the check in Cerner EPR

PROTECT

Apply new dressings/ bandages (use wound management guideline or patient's care plan)

Ensure heels are offloaded as per Trust policy

Check feet daily for any new problems

REFER

Active foot problem? Make urgent referral - Bleep Diabetes SpR (SMH 1088; CXH 4998; HH 9050/51) and complete podiatry e-referral on Cerner EPR

See www.knowdiabetes.org.uk for more information on diabetes foot care