

Improving Diabetes Care in Inpatient settings

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Project sponsor: Jane Kelly

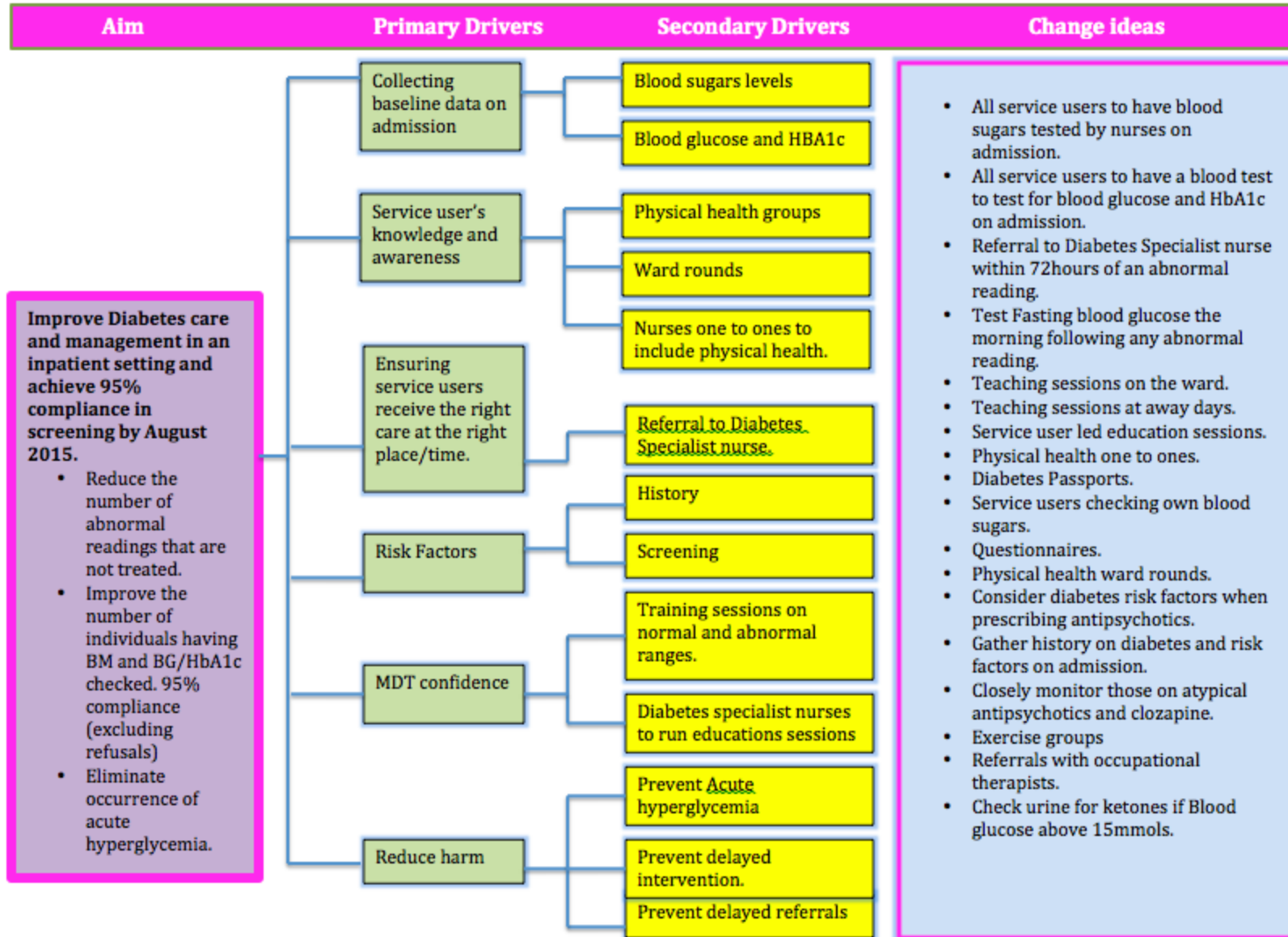
Why you chose this project?

- Individuals suddenly presenting with elevated blood sugars (hyperglycaemia) when doing weekly physical health checks.
- When looking into this further, often these individuals had elevated blood sugars/blood sugars outside of the normal range on admission.
- Individuals on atypical antipsychotics/clozapine gaining weight and later developing diabetes.
- Anxiety in relation to type 1 diabetes and insulin.
- Episodes of acute hyperglycaemia and individuals starting on insulin treatment very quickly which may not have been the case if diabetes was identified sooner.
- Inconsistencies in the blood tests that doctors complete, blood glucose or HbA1c or neither.

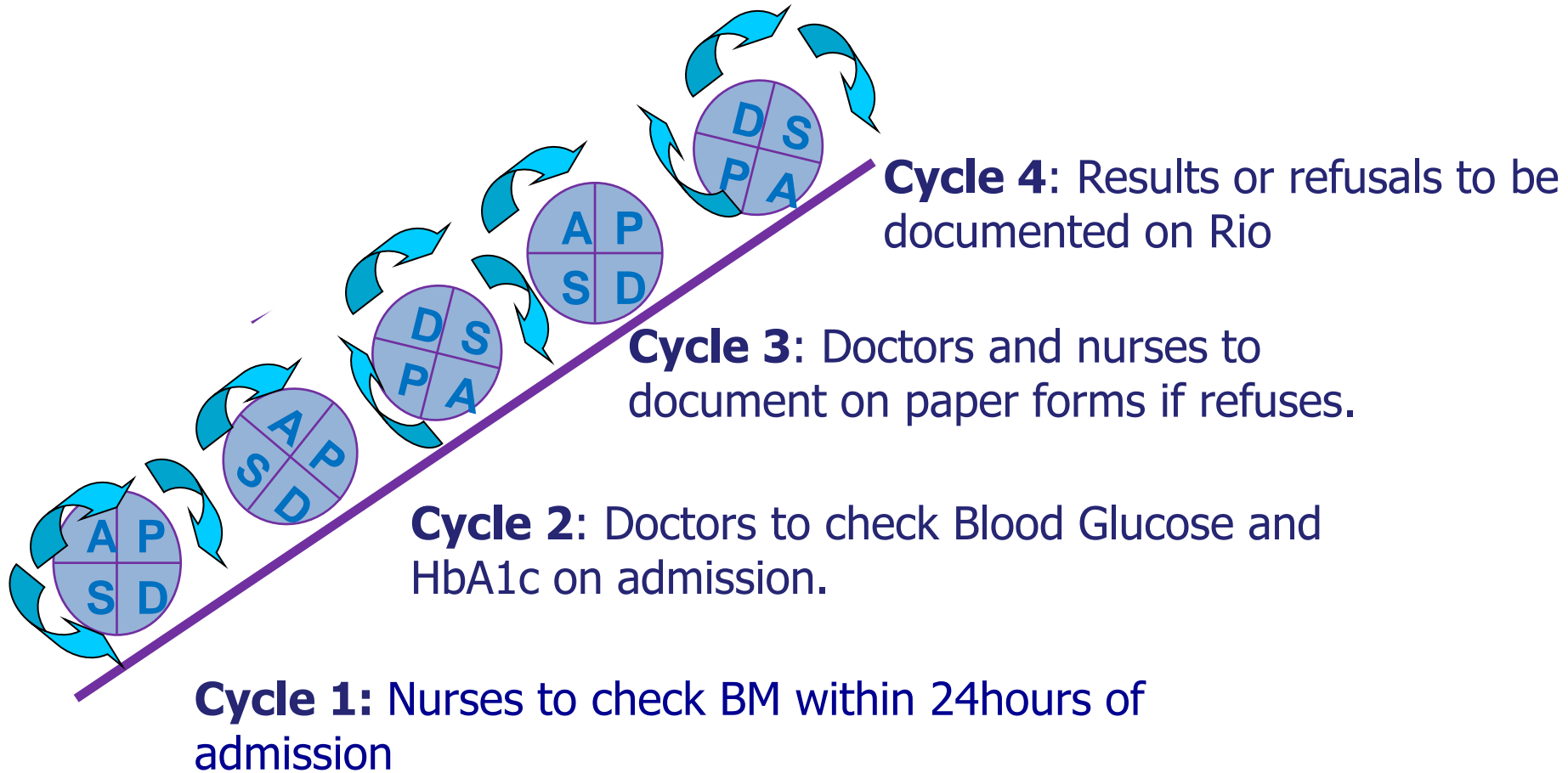
Project Aim:

- To improve diabetes care and management on Joshua ward by August 2015.
- To improve the screening of diabetes on admission and for 95% of all service users admitted to have their BM, BG and HbA1c checked when admitted.

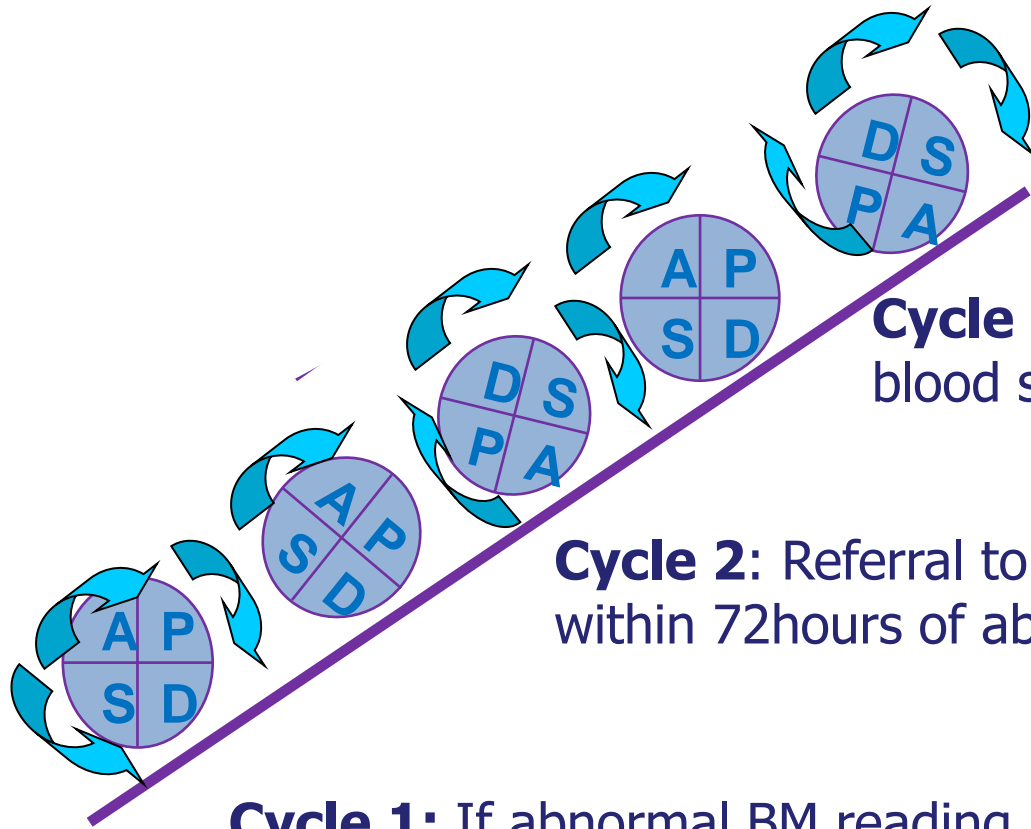
Driver diagram



Sequence of PDSA's – for screening on admissions



Sequence of PDSA's – for managing abnormal readings

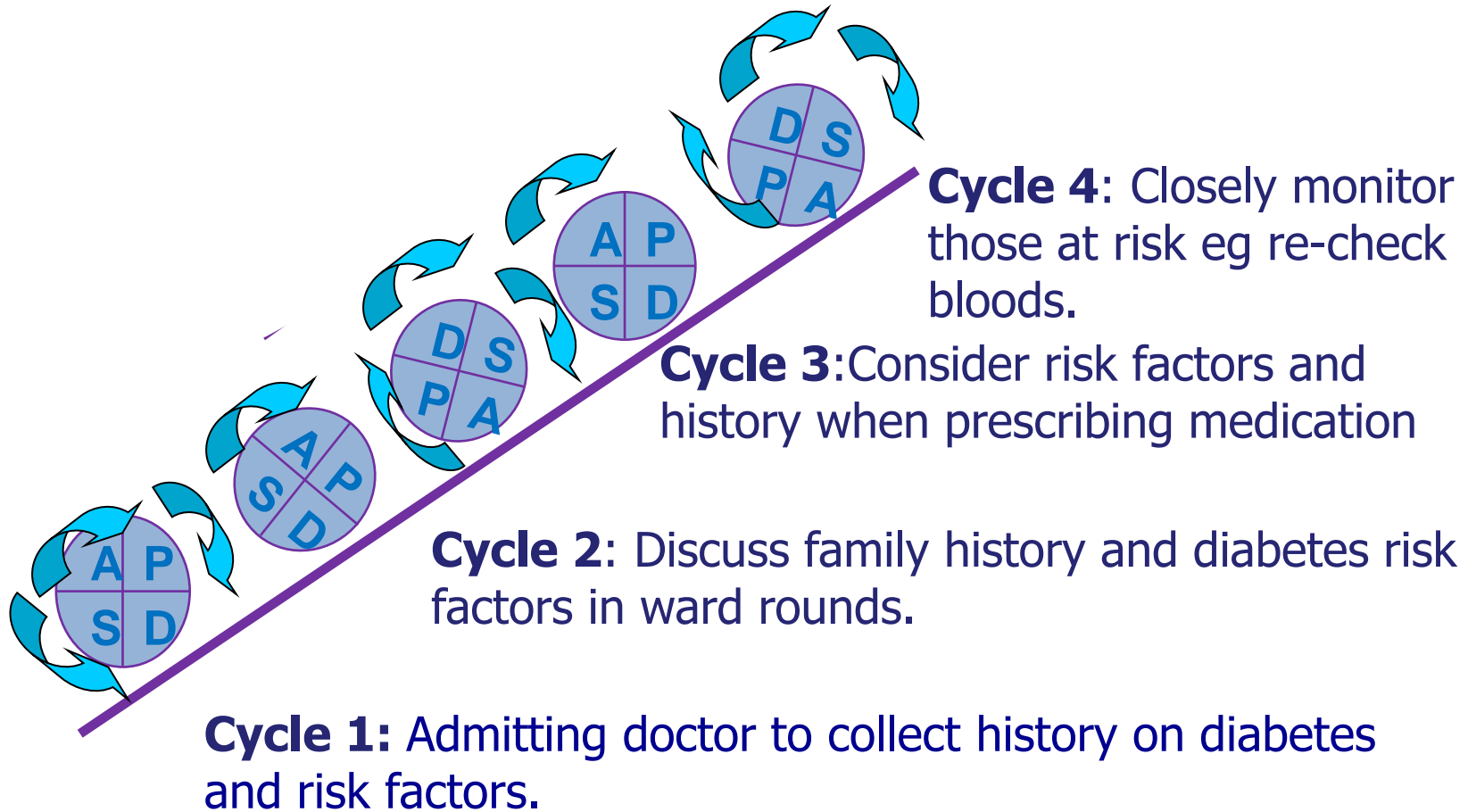


Cycle 1: If abnormal BM reading, to check fasting the following morning.

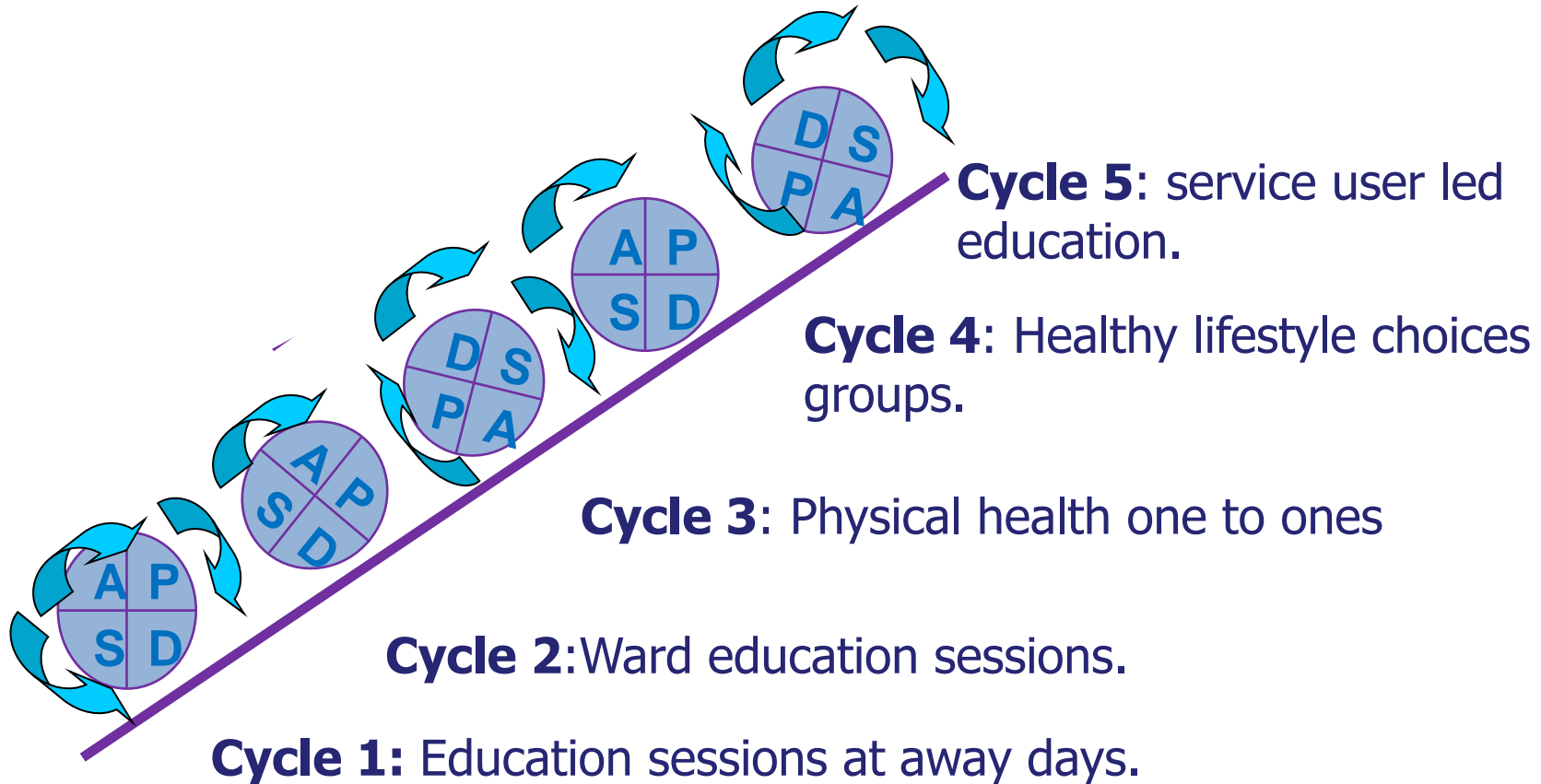
Cycle 2: Referral to diabetes specialist nurse within 72hours of abnormal reading.

Cycle 3: Check urine for ketones if blood sugars above 15mmols

Sequence of PDSA's – for history and risk factor screening



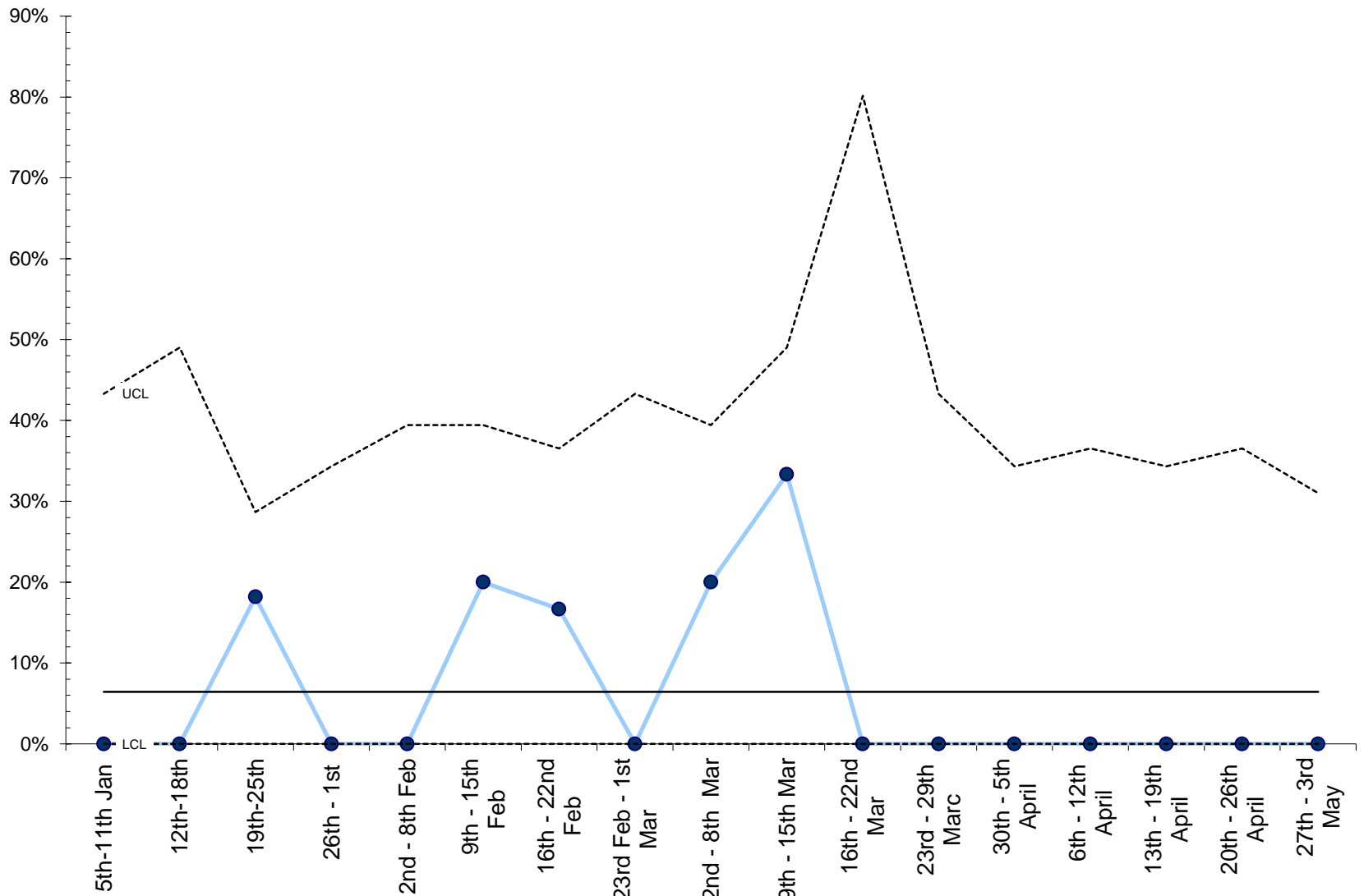
Sequence of PDSA's – for education



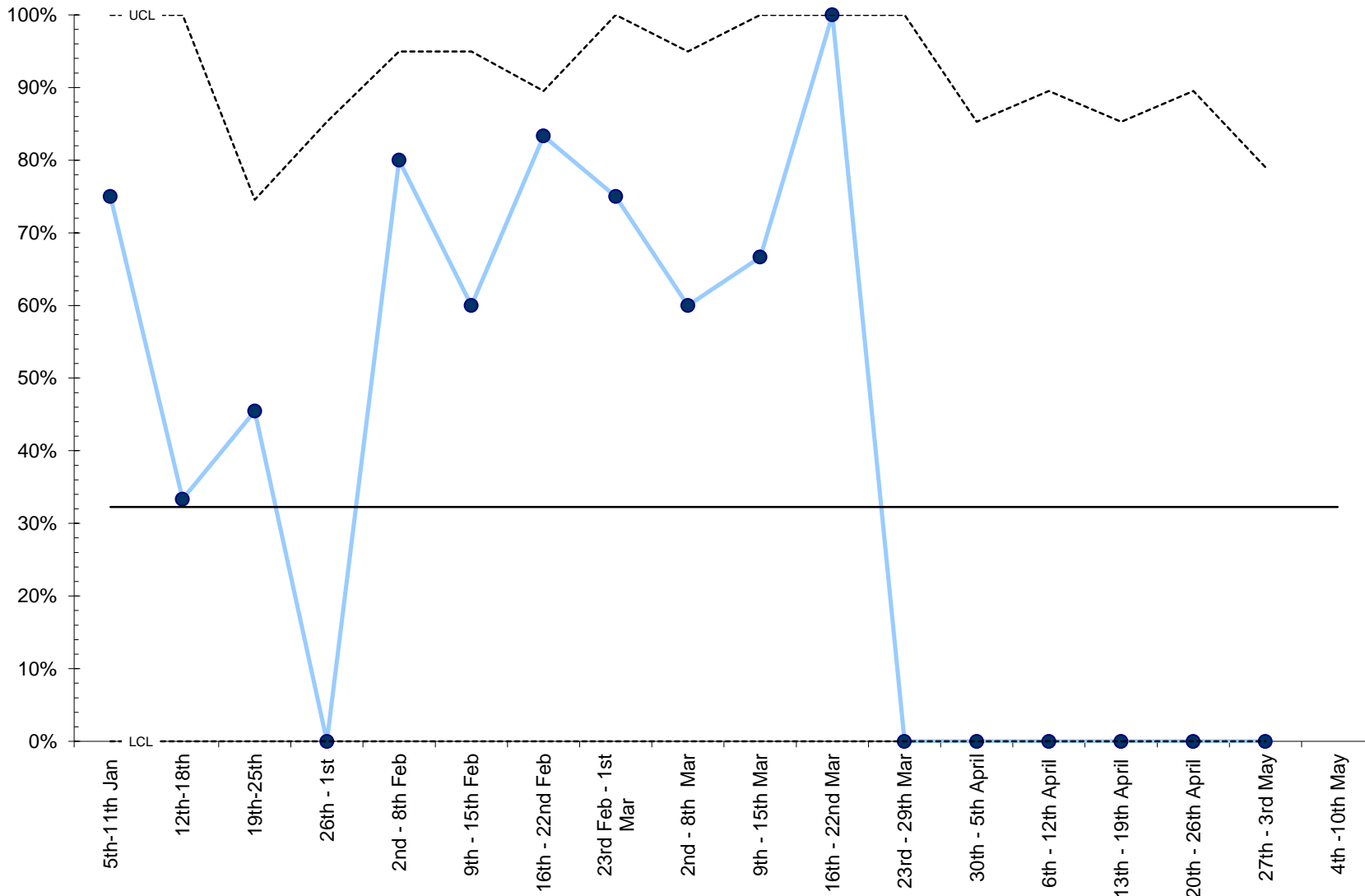
Measures

	No. of admissions	Of admitted diabetes	Check	Abnormal HbA1c >6.5 BG >11.0 BM > 8.0	Ref	Miss	diab Ref
BM							
BG							
HbA1c							

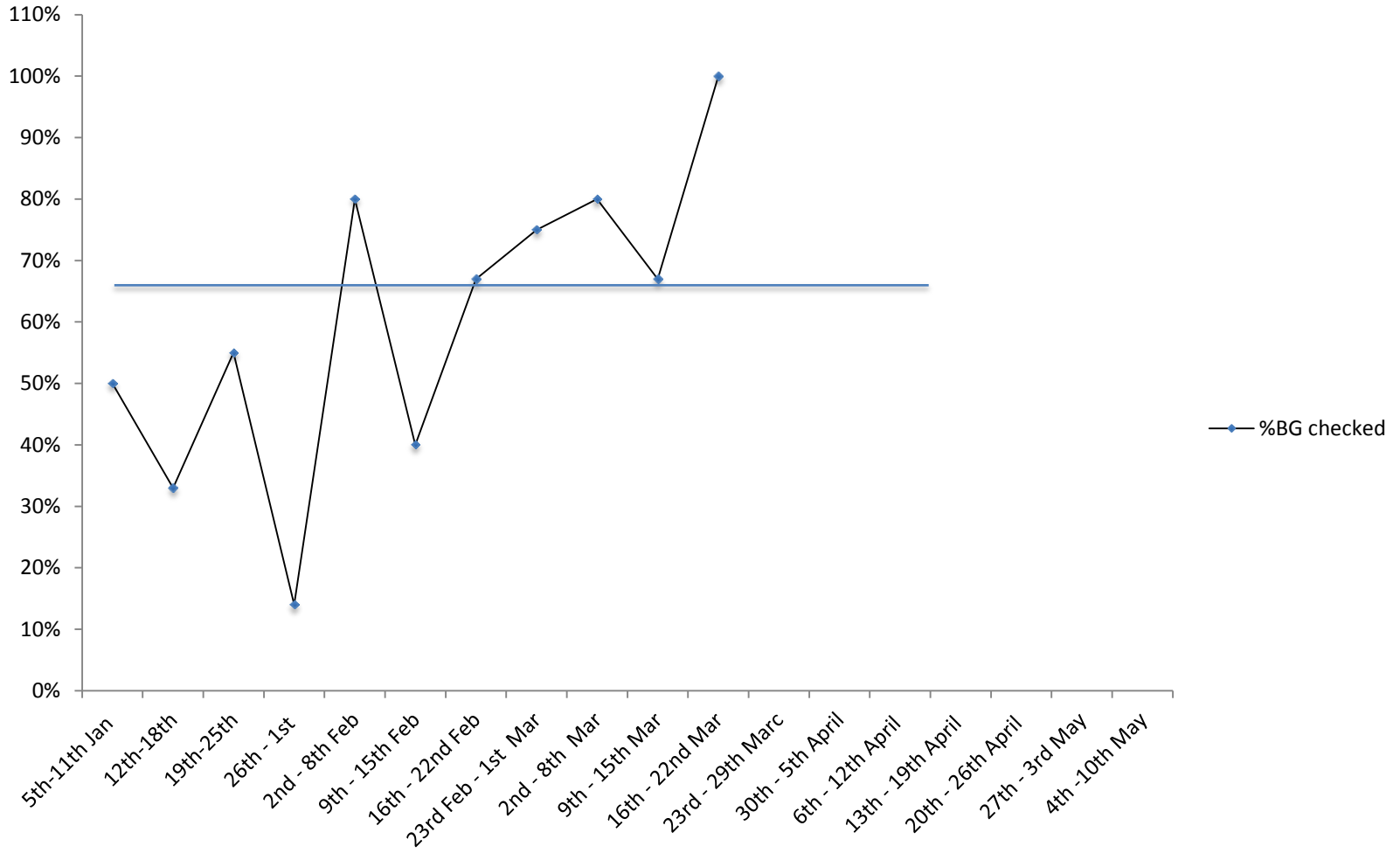
Chart showing percentage of admissions who have a diagnosis of diabetes



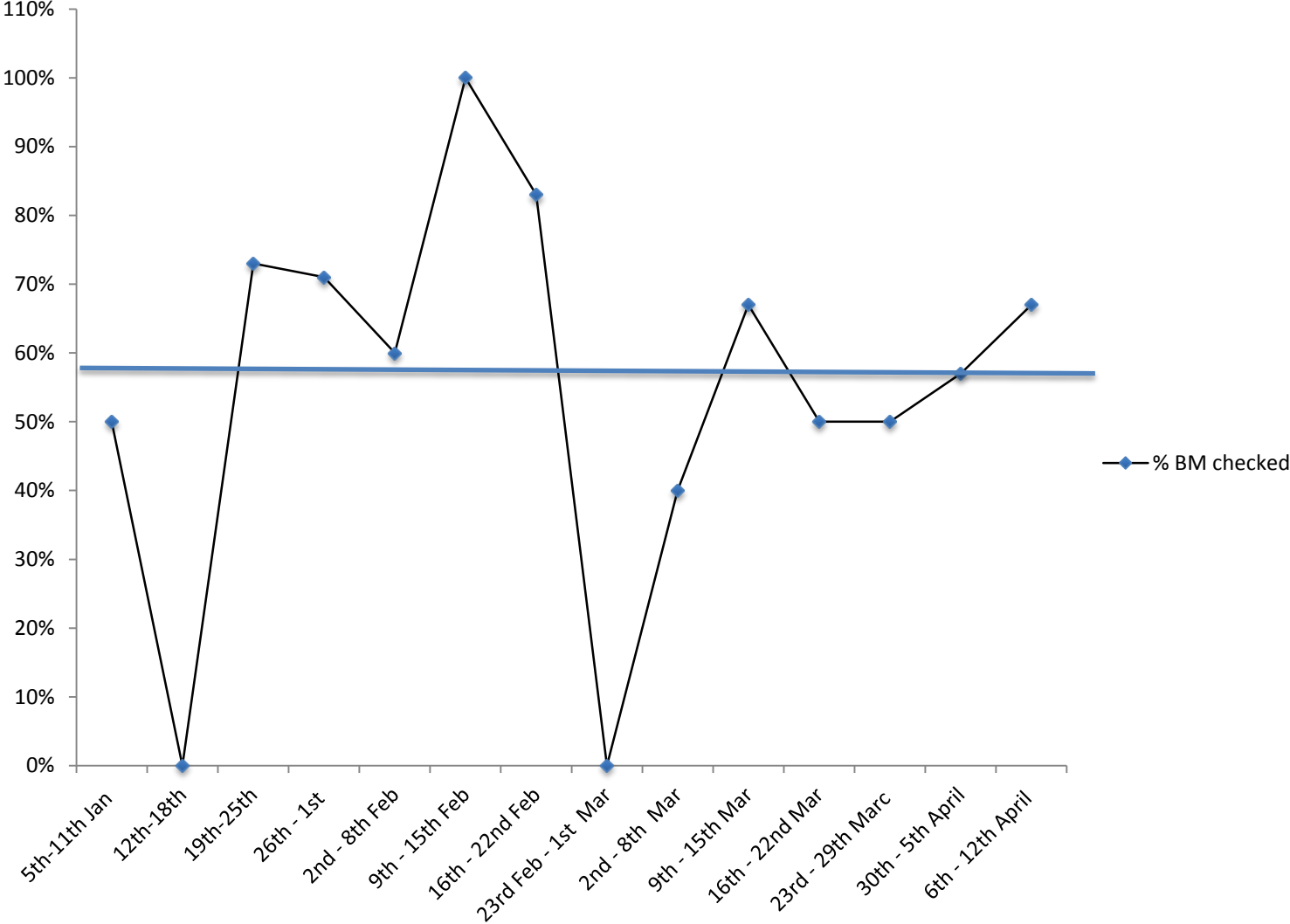
P Chart showing percentage of admissions who have had their HbA1c



%BG checked



% BM checked



Main Learning Points:

- Change does not happen instantly and you do not always get the results you want.
- Should always try to find ways to change things without creating anymore work or more paperwork.
- Duty doctors and bank staff doing admissions.
- Positive effect on staff, more focused on diabetes, aware of abnormal readings, when/how to intervene and better communication between mental health and physical health teams.

What next?

- **What will you be doing in your project next?**
 - Continue running the PDSA cycles.
 - Start running the service user led PDSA cycle.
 - Continue collecting data and producing run charts to monitor the occurrence of change.

- **How will you be applying your improvement skills next?**
 - Encouraging more staff to attend the QI training.
 - Training up new leaders to help lead the project.