

Inpatient Diabetes Care during the COVID-19 Pandemic: Case studies of innovative practice

**Diabetes team - Kingston Hospital
Foundation Trust**

Summary

Key interventions made during COVID-19:

- Introduced seven day working for DSNs.
- Cancelled non-urgent outpatient appointments – freeing up more time to dedicate to inpatients.
- Continued with urgent outpatient appointments but were mostly virtual, including multi-disciplinary annual reviews.
- Set-up a 7-day helpline for patients over both phone and email.
- 7-day call-in service for GPs to help them manage their patients in the community.
- Worked with GPs to refer directly to inpatient team to take pressure off A&E.

Key learnings:

- Patient phone line made them feel more secure and confident during the pandemic, this was a particularly anxious and fearful time and knowing they could get advice seven days a week was reassuring.
- GPs also appreciated being able to get support from the inpatient team whenever they needed it.
- Seven day working allowed the wards to turn around patients who came in with non-COVID-19 related issues very quickly.
- Not redeploying the team meant they were able to fully support ICU.
- Ensuring everything was recorded electronically had a significant effect on ease of communication between teams.

How the team adapted

During the COVID-19 pandemic the nursing team implemented 7-day working. They achieved this by having two nurses in per day over the weekend, and sometimes a dietician supporting as well. This meant the team didn't have the backlog they normally did on a Monday morning and reduced the need for cautious weekend planning on a Friday. To achieve this extra capacity over the weekend nurses were given a day off during the week. This meant that outpatient clinics capacity was reduced and all but essential appointments were cancelled or done virtually. There was the need for nurses to do occasional extra shifts due to patient numbers however this did not happen often. The 7-day model aided patient flow. Patients admitted on a Friday evening, for example, did not need to stay on variable rates until review on Monday. They could be discharged at some point over the weekend; made easier by the availability of the phone line if support was needed.

Since discontinuing 7-day working three nurses have been allocated shifts on a Monday morning, they are responsible for picking up ward referrals from the weekend. They go through all hypo alerts and VRII lists from the weekend to pick up urgent cases immediately and manage case load. The team noticed a significant shift with 7-day working as it reduced the backlog normally seen on a Monday morning.

Due to the redeployment of many of the hospitals consultants there were lots of staff who weren't used to dealing with issues such as DKA. The team therefore needed to assist with diabetes patients in ICU more often. Staff were appreciative of this support and it has increased connections – particularly the diabetes teams relationship with ICU. Most work with the ICU was done virtually to avoid using valuable PPE and to reduce movement around the hospital. However, plans for the second wave include the diabetes team visiting the ICU daily as part of the MDT. This is a breakthrough in terms of joined up working and increasing the visibility of the team across the hospital. The hope is that this relationship with the ICU will continue post-COVID-19.

An additional service set in place over the pandemic was a 7-day helpline for outpatients. The whole team staffed the helpline and they were contactable by phone or email. They replicated this with a similar phonenumber for GPs who could ring for advice whenever they needed it. This was implemented to help relieve pressure on A&E. They did this by encouraging GPs to refer straight to them where needed and giving them advice to help prevent unnecessary admissions. The GP phone line was set up through conversations with the Lead GP for Kingston and the STP.

In terms of technology, the effectiveness of virtual glucose monitoring systems such as Freestyle Libre were amplified during the pandemic. They facilitated the safe and rapid discharge of insulin treated patients. The ability to monitor the blood glucose of

newly diagnosed Type 1 diabetics, for example, without bringing them into the hospital for an extended period was invaluable and aided early discharge.

There was pressure to discharge patients as soon as possible. Using Freestyle Libre to monitor their blood glucose remotely meant they could perform early discharge but also continue to look after their patients from home. The team applied for extra Freestyle Libre's from ABCD and received a small number for patients to use temporarily under strict criteria which was a real benefit for patient safety.

How change was achieved

Kingston Hospital Foundation Trust were very receptive to the views of the inpatient diabetes team. As the pandemic began to unfold Lead Diabetes Specialist Nurse, Claire Neely, began conversations with Kingston Hospital Management. It was clear early on that diabetes could be a risk factor. Therefore, when the Trust requested that nurses be moved onto general wards, the diabetes team put forward their case to remain as a team and retain their diabetes specialist nurses to support all the wards. The argument for this was that it would help to reduce patient's length of stay in hospital.

Also included in the proposal put forward to the trust was the likely use of steroids in the treatment of COVID-19, which made specialist diabetes care essential. As all consultants were put on the acute admissions rota which meant they weren't available to see diabetes patients, the DSNs were required to step in. In addition to this, Kingston have a limited Tier 3 community service therefore the team were an invaluable support to GPs. The Trust were very supportive of the team and did not provide pressure to redeploy.

Future Plans

- The Trust did not agree to continue 7-day working however a proposal for this and the extra nurses needed to make this happen has been submitted.
- Maintain and develop integration of inpatient team with other wards such as the ICU.
- Build upon and maintain the level of recognition the team has achieved during the pandemic.

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