DIABETES UK
KNOW DIABETES. FIGHT DIABETES

MAKING HOSPITALS SAFE FOR PEOPLE WITH DIABETES

Evaluating progress over the last four years

July 2022

TABLE OF CONTENTS

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

BACKGROUND

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

‘MAKING HOSPITALS SAFE’ REPORT

In 2018 we released ‘Making hospitals safe for people with diabetes’

- The report was the outcome of over two years of consultation with healthcare professionals, hospital teams (clinical and management) and people living with diabetes working to improve diabetes inpatient care
- It set out 25 key recommendations for what needs to be in place in acute hospitals across England to make sure people with diabetes are safe in hospital
- The report played a pivotal role in shining a spotlight on inpatient care and provided direction for diabetes inpatient teams to make the case for change and improvement in their hospital

DiABETES UK
KNOW DIABETES. FIGHT DIABETES

‘MAKING HOSPITALS SAFE’ REPORT

For people with diabetes to be safe in hospital we need:

- multidisciplinary diabetes inpatient teams in all hospitals → better support in hospitals for people to take ownership of their diabetes
- strong clinical leadership from diabetes inpatient teams → better access to systems and technology
- knowledgeable healthcare professionals who understand diabetes → more support to help hospitals learn from mistakes.

Our report outlines these points in more detail and highlights what needs to be in place in all acute hospitals across England to make sure every stay for someone with diabetes is safe.

These recommendations are based on models from across the UK which have been shown to improve care.

Click on icons to access:

The full report

The 25-point checklist

Self-assessment checklist

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

SURVEY: FOUR YEARS ON...

In April 2022 we developed and shared a survey with inpatient diabetes healthcare professionals across the UK

- We based the survey questions on the 25-point recommendation checklist outlined by the report
- The aim of the survey was to understand how hospital care for people living with diabetes had changed over the last four years
- The survey was designed to encourage inpatient teams to reflect on their service and help us identify themes that need particular attention and support

DiABETES UK
KNOW DIABETES. FIGHT DIABETES

RESPONSES

Was the recommendation met in 2018?

Is the recommendation met now?

Survey participants were asked to choose the level of which they thought each recommendation was/is met by their diabetes hospital service in 2018 and present day.
Answer options: No – not met at all | Slightly (<50%) | Mostly (>50%) | Yes – fully met

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

SURVEY: GEOGRAPHICAL REPRESENTATION

Region	Responses	%
South East	7	31.8%
London	4	18.2%
East	4	18.2%
South West	2	9.1%
Northern Ireland	1	4.5%
West Midlands	1	4.5%
North West	1	4.5%
North East	1	4.5%
Scotland	1	4.5%
Wales	0	0.0%
Total	**22***	

Typically, we receive higher engagement from these top three regions across our inpatient portfolio. Many expert leaders and influential figures in diabetes inpatient care are based in these areas and do considerable work both individually and as part of organisations to improve hospital care for people with diabetes.

*Number of responses provide a general sense of progress over the last four years but more data is needed for a comprehensive national picture

DiABETES UK
KNOW DIABETES. FIGHT DIABETES

RECOMMENDATIONS ANALYSIS

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

ANALYSIS PROCESS

We reviewed responses for all 25 recommendations

- For each recommendation, we compared the number of ‘Mostly’ and ‘Yes’ responses in 2018 to the number of ‘Mostly’ and ‘Yes’ responses in present day
- We determined an overall percentage change to help us quantify a level of improvement from 2018 to present day
- Survey participants were also able to provide context to their answers using the free text box if they wished to add further information/insights
- Results for recommendation 10 are presented separately on slides 20 and 21 due to the quantity of data

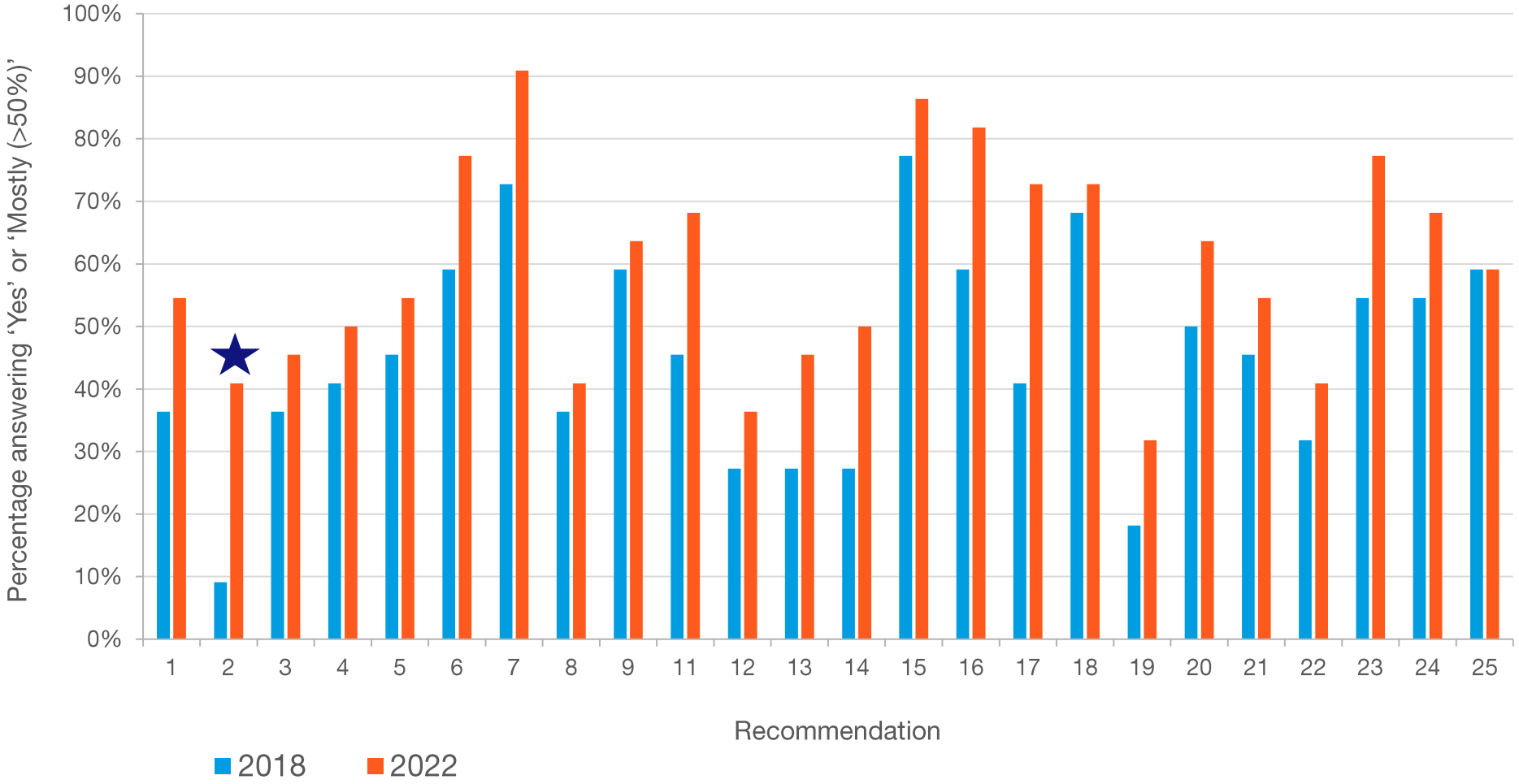
DIABETES UK
KNOW DIABETES. FIGHT DIABETES

THE 25 RECOMMENDATIONS

1. Fully staffed inpatient team
2. Peri-operative teams
3. Quarterly diabetes safety boards
4. Weekly inpatient team meeting
5. Leadership training for seniors
6. JBDS guidelines implemented
7. HCPs to promote self management
8. Training in safe use of insulin
9. Basic training for all undergraduates
10. Different training types by role
11. Patients support in self-management
12. Care plans
13. Appropriate meal times and meal quantity
14. CHO content on menus
15. Access to snacks
16. Identification and referral pathways for all inpatients with diabetes
17. Electronic prescribing
18. Web-linked meters with alerts
19. Electronic safe discharge checklist
20. Systems for admission prevention
21. Audit of key indicators e.g. hypos
22. Audit activity e.g. length of stay, readmission
23. Reporting dashboard for harms
24. Participate in National Inpatient Audits
25. Host diabetes M&M meetings

DiABETES UK
KNOW DIABETES. FIGHT DIABETES

RESULTS FOR 25 RECOMMENDATIONS*



Overall, most of the recommendations show some improvement, except number 25. Recommendation 2 shows the most improvement of all.

*Excluding Recommendation 10, see later slide

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

SUPPLEMENTARY INFORMATION

Key points from comments in the free text boxes

Reporting of harms and errors varies a lot from hospital to hospital and is often reliant on clinical staff reporting

Insulin safety and diabetes harms training is not mandatory and it has been challenging to move it to this level

Care plans for people with diabetes are not always in place and COVID has had an impact on these

Some hospitals have electronic systems and some still use paper-based checklists

DiABETES UK
KNOW DIABETES. FIGHT DIABETES

2018: MOST IMPLEMENTED RECOMMENDATIONS

Recommendation 7

The hospital should support healthcare professionals to involve people with diabetes in their own care.

Recommendation 15

All patients with diabetes should have easy access to appropriate snacks and drinks throughout their inpatient stay.

Recommendation 18

Web-linked blood glucose and ketone meters should be actively used to alert the diabetes inpatient team to out of range glucose values and to monitor glucometrics across the trust and at ward level.

The involvement of people with diabetes in their own care and available nutrition are two key areas that Diabetes UK has advocated for many years

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

2022: MOST IMPLEMENTED RECOMMENDATIONS

Recommendation 7

The hospital should support healthcare professionals to involve people with diabetes in their own care.

Recommendation 15

All patients with diabetes should have easy access to appropriate snacks and drinks throughout their inpatient stay.

Recommendation 16

The hospital should have systems in place that identify patients with a diagnosis of diabetes on admission. There should be electronic pathways to refer patients to the diabetes inpatient team, which are audited for timeliness of review.

Recommendations 7 and 15 were also in the top 3 in 2018. We know that recommendation 16 has been a priority area for diabetes inpatient teams

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

2018: LEAST IMPLEMENTED RECOMMENDATIONS

Recommendation 2

The hospital should have a perioperative diabetes team with representation from surgery, pre-admission, anaesthetic department, recovery nursing and analytic teams.

Recommendation 14

Hospital menus should have carbohydrate content available.

Recommendation 19

The hospital should have an electronic safe discharge checklist that can be audited.

There are multiple stakeholders and factors that influence these recommendations, and require change at a systemic level

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

2022: LEAST IMPLEMENTED RECOMMENDATIONS

Recommendation 2

The hospital should have a perioperative diabetes team with representation from surgery, pre-admission, anaesthetic department, recovery nursing and analytic teams.

Recommendation 12

All patients with a diagnosis of diabetes should benefit from a care plan – developed in collaboration between healthcare professionals and the patient – that is activated on admission to hospital.

Recommendation 19

The hospital should have an electronic safe discharge checklist that can be audited.

Recommendations 2 and 19 were in the bottom 3 in 2018 as well. These are very complex areas and cannot be addressed by diabetes teams alone

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

MOST IMPROVED

Recommendation 2

The hospital should have a perioperative diabetes team with representation from surgery, pre-admission, anaesthetic department, recovery nursing and analytic teams.

Recommendation 14

Hospital menus should have carbohydrate content available.

Recommendation 17

An effective electronic prescribing system for detecting, recording, and avoiding insulin and oral hypoglycaemic agent (OHA) prescribing errors should be used.

Recommendation 2 remains in the bottom 3 in 2022 but has improved the most, highlighting that there is work happening in this area

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

LEAST IMPROVED

Recommendation 9

Basic training on inpatient diabetes care should be provided to all undergraduate doctors and nurses.

Recommendation 18

Web-linked blood glucose and ketone meters should be actively used to alert the diabetes inpatient team to out of range glucose values and to monitor glucometrics across the trust and at ward level.

Recommendation 25

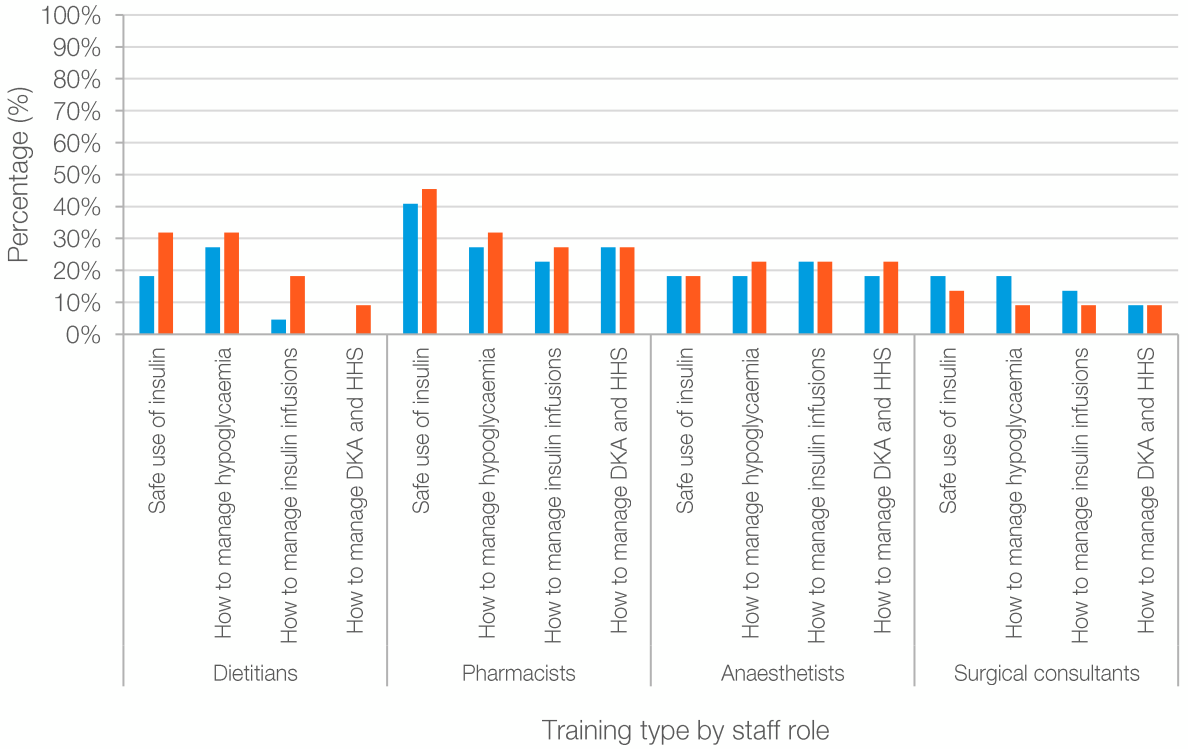
The diabetes inpatient team should host mortality and morbidity meetings.

No improvement seen for recommendation 25 and we know recommendation 9 is an ongoing issue that goes beyond hospital care

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

RECOMMENDATION 10 – STAFF TRAINING

Safety with insulin

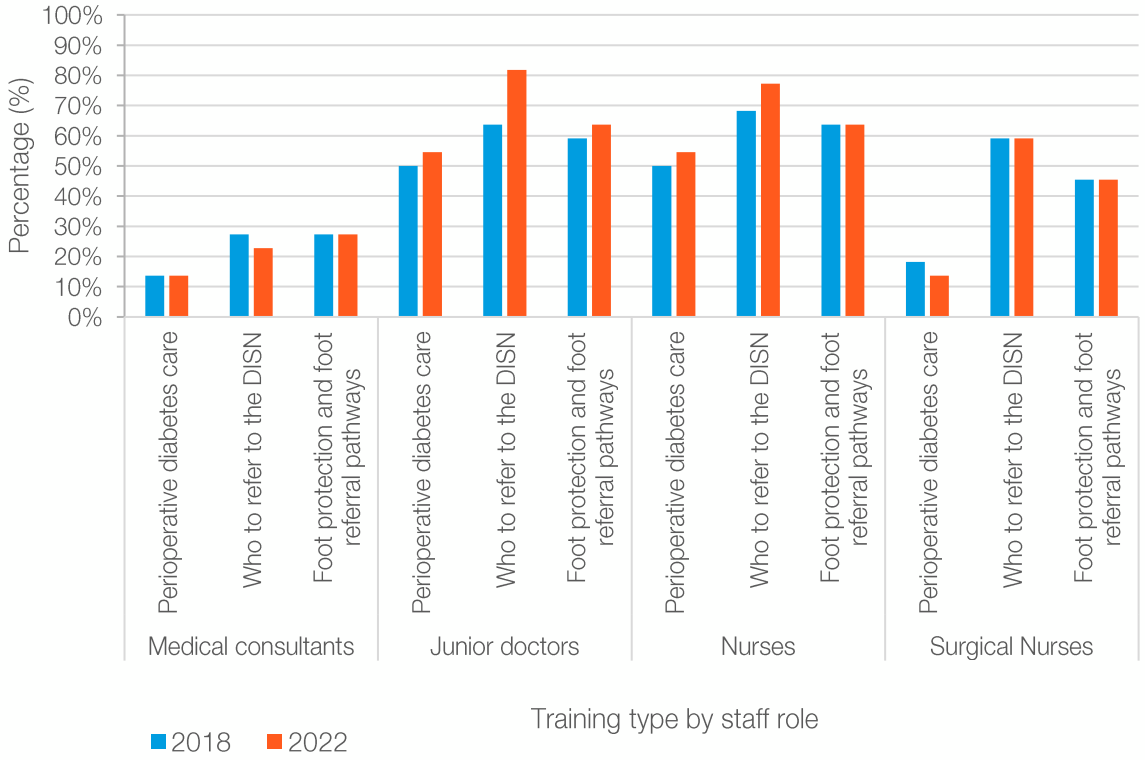


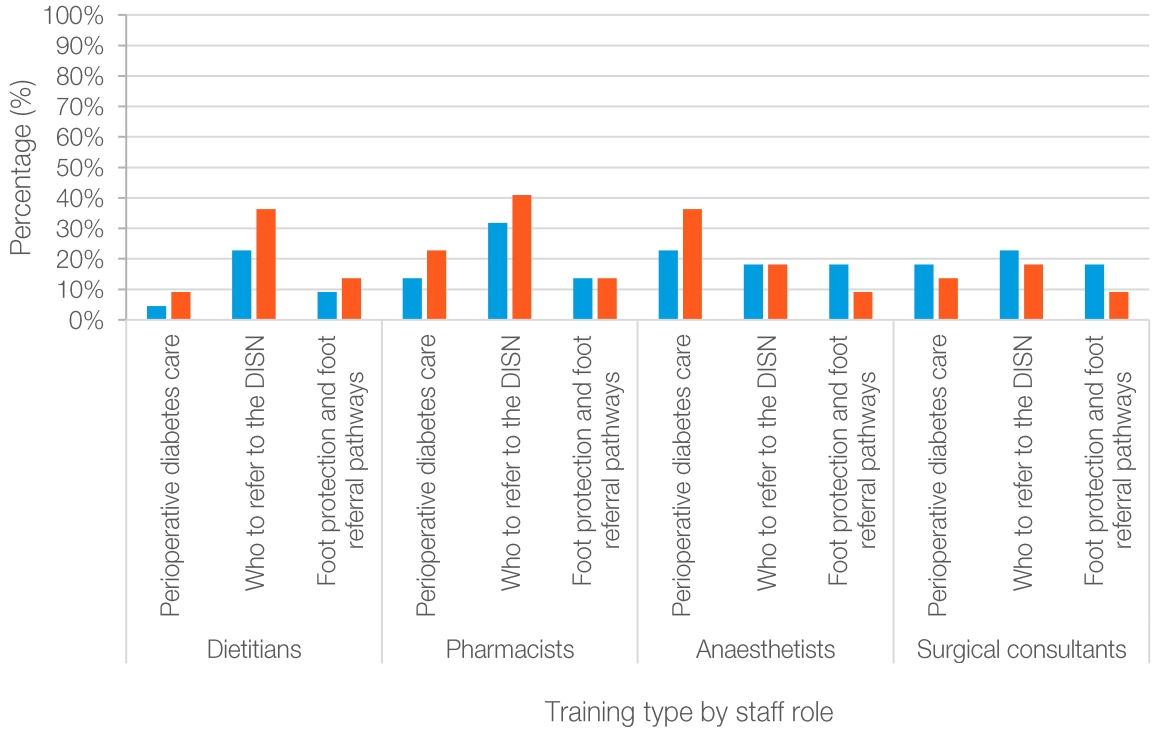
Junior doctors and nurses receive the most training in insulin safety, followed by pharmacists who have a distinct responsibility in medicines management

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

RECOMMENDATION 10 – STAFF TRAINING

Referrals and pathways



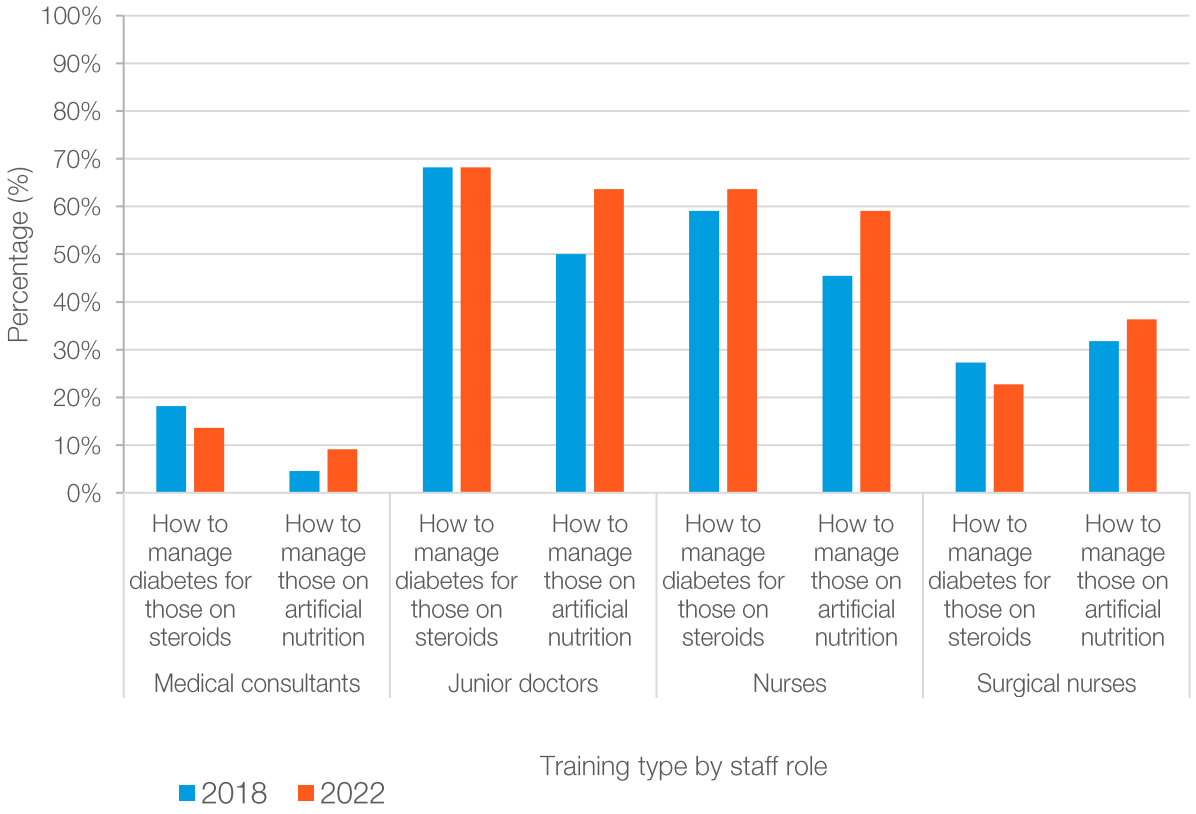


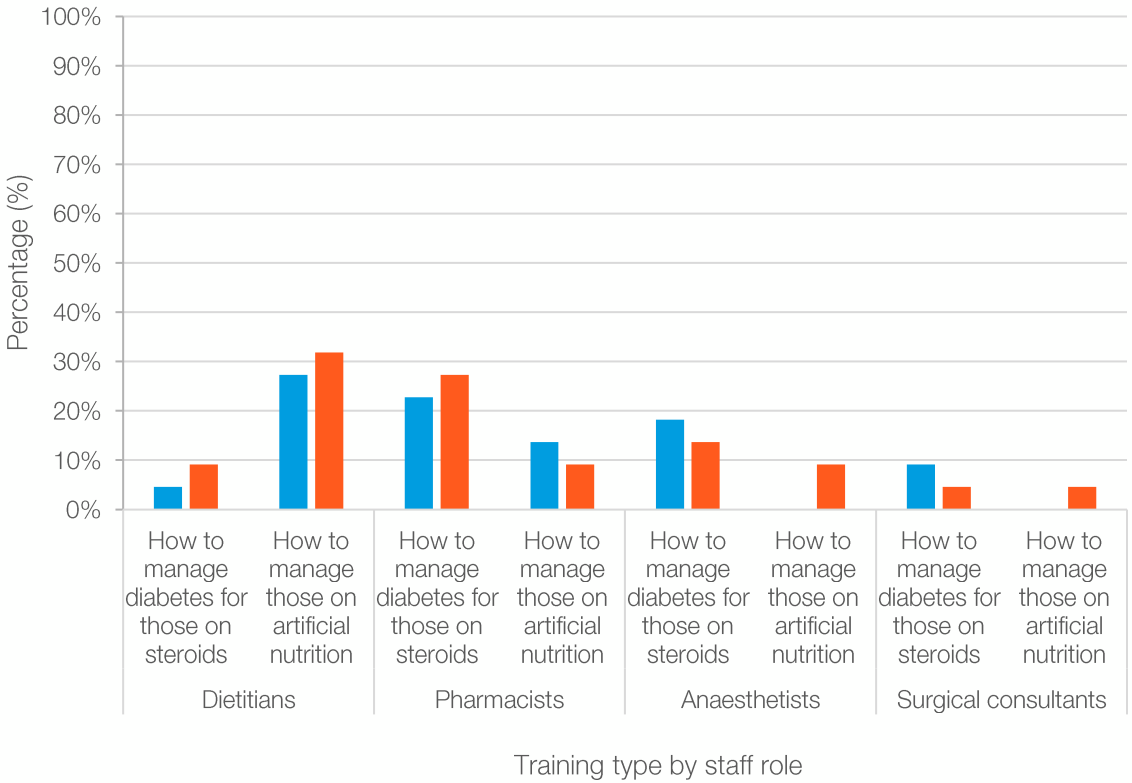
Interestingly, 'Who to refer to the DISN' has increased for a lot of the roles which suggests more reliance on DISNs to deliver inpatient diabetes care

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

RECOMMENDATION 10 – STAFF TRAINING

Special circumstances





A lot of the responsibility around special circumstances again appears to fall on junior doctors and nurses to have the training and knowledge

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

EMERGING THEMES

Electronic systems/technology

The government are pushing to get electronic systems in all NHS hospitals – this is challenging as implementing electronic systems is time consuming and expensive

Perioperative care

This is a rapidly growing area of work for diabetes specialists and organisations like NCEPOD, JBDS and Getting it Right First Time. The perioperative pathways have been mapped out and are being tested in various hospitals

Diabetes education

Often hospital teams have no control over the diabetes education junior doctors and nurses receive before they are in a hospital setting. This means that the education they receive is entirely dependent on the hospital they are placed in

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

CONCLUSIONS

- There is a high degree of variation in diabetes inpatient care in NHS hospitals across the UK
- Emerging themes identified by the survey include: 1) Electronic systems/technology, 2) Perioperative care and 3) Diabetes education. These are also corroborated by what we've heard anecdotally from HCPs
- We have seen improvements in some areas such as perioperative care and very little improvement in others like undergraduate diabetes training which we know is an ongoing issue
- We need to bear in mind that improvements are relative and 2022 figures in some cases are still low but the percentage increases from 2018 indicate steps in the right direction – this is really positive to see since we know that the pandemic has increased pressure on services and impacted improvement
- Empowering people living with diabetes in their hospital care is also important and is supported by insights we've gathered through workshops and one-to-one consultations

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

CONCLUSIONS CONTINUED...

- Staff training varies across different roles and topics but overall we can see that nurses (both surgical and non-surgical) and junior doctors receive the greatest breadth of training
- Nurses are generally the first point of contact for diabetes inpatient care and are pivotal to its provision
- Undergraduate teaching is not strongly influenced by hospital staff so this is a key area that requires input and influence beyond hospital teams i.e. education policies
- Staff training needs to be more consistent and spread across all the different roles in order to build capacity in the workforce and empower HCPs in other specialties to feel confident managing diabetes
- Across most training types for each role the percentage change between 2018 and 2022 has been relatively small (less than 50%)
- We've seen that in some cases training has decreased rather than increased – we know that the pandemic has had an impact on training programmes which may explain this

DiABETES UK
KNOW DIABETES. FIGHT DIABETES

SUMMARY

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

EVALUATION

- The aim of the survey was to review how hospitals have performed (2018) and are performing (2022) against the 25 recommendations outlined in the ‘Making Hospitals Safe’ report
- We were able to gather some key insights into which areas or themes need more support and think about what this means for the work that we do and the support we offer at Diabetes UK
- While the survey has been a helpful tool to collate these insights, we need further information and quantitative data to support our conclusions. This may come from other surveys and auditing programmes such as the new National Diabetes Inpatient Safety Audit (NDISA)

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

KEY LEARNINGS

Survey engagement

We had a total of 22 responses which have provided some crucial insights but we understand that there are limitations to a data set of this size and must use other data available to further corroborate our findings

England focus

The report was originally very England focussed. This may explain why we received less engagement from the devolved nations, something we need to consider when planning future interventions

Evolution of recommendations

Feedback received from participants indicated that some of the recommendations may be ‘outdated’ and need amending to reflect changes in processes and policy over the last four years

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

GOING FORWARD

What this means for our work

- We must address variation in inpatient diabetes care – we have developed the Diabetes Care Accreditation Programme with the Royal College of Physicians to help standardise diabetes inpatient care across the UK
- Key areas of need that have been identified by the survey, such as electronic systems, could benefit from policy-based interventions and government mandates to create change at scale
- We will continue to work with our NDA team to keep up-to-date with the latest data and seize opportunities to leverage it to advocate for change where feasible
- We will work with our regions and nations teams to improve our geographical reach and better understand the needs of those areas to see if they could benefit from our interventions

DIABETES UK
KNOW DIABETES. FIGHT DIABETES

GOING FORWARD

Supporting hospitals using a systems approach

- The survey results are just the tip of the iceberg, to understand these challenges more deeply we need to go into the hospital systems and work with them
- Our time and resources are limited so we must spend energy on areas where we can have the greatest impact to build capacity and confidence in HCPs to make the changes they want to see
- Systems change takes into account the broad context and complexity of patient care across the healthcare system and all the different factors that affect it
- Using a place-based approach coupled with systems change methods we can help inpatient teams better tackle the challenges they face in a more focussed and tailored way – we know every hospital is different so we can't apply a one size fits all solution

DiABETES UK
KNOW DIABETES. FIGHT DIABETES

THANK YOU

DiABETES UK
KNOW DIABETES. FIGHT DIABETES