

# Back to D1abasics: Addressing the Diabetes knowledge gap

**Guidance and support for non-diabetes specialist teams to feel more confident in delivering basic diabetes care.**

**University Hospital Southampton Diabetes Specialist Team**

## About Us



Our core working group was made up of a Diabetes Consultant and a Diabetes Inpatient Specialist Nurse.

## The Challenge



Hospital admission is often associated with increased diabetes harms due to diabetes management in hospital. Clinical staff would often seek advice from the Diabetes Team irrespective of the person's reason for attendance. We found that staff were not always aware of the basic principles of diabetes management, were not using existing guidance and sometimes lacked the confidence to apply their knowledge safely. These issues resulted in increased insulin errors, increased episodes of diabetes ketoacidosis in patients with Type 1 diabetes and increased pressure on our team. It also meant that we had less capacity to focus our attention on patients with the highest level of diabetes need.

## The Approach



To address this challenge, we focused on:

1. Equipping nurses and junior doctors with the skills and knowledge necessary to deliver basic diabetes care themselves.

2. Raising the profile of inpatient diabetes, as a whole, across the hospital and ensuring staff are clear on their roles and responsibilities with respect to its management.

## Collaborative working

We worked closely with:

1. Junior doctors and senior consultants
2. Nurses working on wards across our hospital
3. Night Team nursing staff across our hospital
4. Senior management

## Research & Methods

- We spoke to 70 nurses to gather insight on what they saw as 'basic diabetes care and to understand barriers that prevent them from delivering this. Among the information captured, we found that there was a belief that by referring to a specialist team they were doing what was best for their patient.
- We explored a few challenges faced in our system, using systems change techniques such as force field analysis and critical shifts. Through this process we were able to identify factors that contribute to barriers in our system and define our goals and priorities. This

approach helped us develop a clear and strategic hospital-wide plan.

- We also wanted to understand the referral culture as often we would get referrals that lack context and specificity. We gathered insights from nurses and junior doctors and found that staff were unclear about their roles and responsibilities and when to seek input from the specialist team.

## Prototyping and Implementation

For our prototype we put together a list of statements that define ‘basic diabetes care’ and worked in partnership with junior and senior doctors, nurses, and staff across the wider system (n=200) to develop, refine and cultivate ‘D1abasics’.

This initiative aims to make sure every person working in the hospital understands and can confidently deliver the basics of diabetes care.

We developed an improvement resource which was co-designed with the nursing team. This ensured that the content and language are applicable and accessible to every staff member in their every-day-practice. Working directly with this group, rather than just presenting the final product to them, increased their feeling of ownership over the final output, and helped us create something fit for purpose.



Figure 1. D1abasics campaign poster

## The Outcome



D1abasics is the initiative, featuring the acronym D1ABETES, that refers to the aspects of diabetes care that all clinical staff should understand and be able to deliver. This covers: identifying patients with diabetes, listening to their concerns and views, understanding the importance of blood glucose monitoring and timely insulin administration in patients with type 1, and recognising the impact of other medical conditions, medications, and treatments on diabetes management.

Overall, we worked with staff from across the hospital to build the foundation for the D1abasics initiative.

We collaborated with Revolve Comics to design some striking visuals and relevant ward-themed merchandise so that we could create an influential campaign and have a strong presence across all departments. On the 4<sup>th</sup> of May we held an official D1abasics launch attended by 50 members of staff and senior management. This was our opportunity to showcase the

work, but we also wanted it to be an opportunity for all staff to come together to ask us questions and learn more about how they could get involved.

## Insights



- 1) There is a reluctance among some healthcare professionals to get involved in aspects of diabetes care as it seems complex and unpredictable.
- 2) Patient safety is a priority to everyone but the lack of consistent and ongoing diabetes education among healthcare professionals creates additional barriers for staff to deliver good diabetes management in hospital.
- 3) As a diabetes specialist team we need to advocate for better diabetes education and raise the profile of diabetes in hospital so that all staff understand they have a shared responsibility for managing diabetes.

## The Impact



1. There has been an improvement in referrals to the team. By improving referral culture, the inpatient team have more capacity to review patients with more complex diabetes needs.
2. We have gone to every ward to speak to colleagues and deliver merchandise. The relationships built throughout the project have helped build the profile and importance of diabetes care and the role that all staff (not just the diabetes team) have in ensuring best care is delivered.
3. We used various social media channels to promote the initiative so that other

teams can benefit from it as well. Already, ten trusts have requested and received the materials.

4. By involving key staff members and other influential people in the ward from the very beginning we were able to establish our project. This increased our success rate.
5. By using D1abasics, staff have more confidence in delivering basic diabetes care; errors related to suboptimal diabetes management have decreased and patient experience and satisfaction has improved.

## What's next?



We will continue to work with teams across the hospital to promote D1abasics, raise the profile of diabetes management and support every staff member to gain better understanding of key basic diabetes care processes.

We will continue to use D1abasics in all teaching we do. From August 2023, it will be incorporated into the diabetes induction package across the trust meaning all new staff will have a clear understanding of what they are expected to know and deliver around diabetes care.



Figure 2. D1abasics merchandise



## Key Learnings

### 1. Don't make assumptions

Go out and talk to staff, get to know their day-to-day and gather different perspectives and feedback. Use co-design methods, working with the very people who are going to implement the work. Solutions will resonate more deeply and will be more applicable. Consultations with staff were crucial at the initial stages of our project as they helped us understand their perspective and challenge our assumptions.

### 2. Be open to different solutions

Research your challenge, understand it from different perspectives, gather insights and work through your idea first before settling on a final direction.

### 3. Communication is key

Involve staff, key people from senior management, and colleagues from the start of the project – they are more likely to engage with your proposed solutions and be committed to testing them if they are taken on the journey. Always think about who's support you need for your solution to succeed – even if they aren't the main people who will be enacting it.