Inpatient Improvement in Scotland:

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Where are we at?

- Diabetes – Think, Check, Act
- CPR for feet
What is Diabetes- think, check, act?

• To improve the quality of care for patients with a secondary diagnosis of diabetes

• To facilitate the key core aspects of diabetes care

• Designed to up skill the non-specialist

• National vision
Stakeholder working

- Scottish Government
- Scottish Diabetes Group
- Healthcare Improvement Scotland
- NHS Services for Scotland – Public Health and Intelligence
- Diabetes Think, Check Act – strategic implementation group
- Diabetes Scotland
- Patient Representation
Toolkit

http://ihub.scot/diabetes-think-check-act
Module 1 - Introduction: Inpatient Diabetes

Who is more likely to have problems with their diabetes in hospital?

**Mavis** is 90 years old and was found hypoglycaemic behind her door by her Home Help. She hadn’t been eating due to pain on swallowing. Her diabetes tablets have been stopped and her blood glucose is being monitored 4 times a day. She is on a food chart.

**Margaret** is 49 years old. She has pyelonephritis on IV antibiotics and is being fasted for an ultrasound. She feels nauseated and sore. Her usual medication has been prescribed for hypertension, type 2 diabetes and osteoarthritis.

Who is more likely to have problems with their diabetes?

Click on the image of Mavis or Margaret opposite to discover more.
Total module completion

- S/C insulin: 4500
- IV insulin: 4200
- Hypo: 4700
- Safer use of insulin: 600
Moving forward

- Diabetes, Think, Check Act
- CPR for feet
- SCI-Diabetes and utilisation of data
Ownership and accountability

Dear Colleague

Reducing Unscheduled Bed Days through Improving Inpatient Care for Patients with Diabetes

Further to the update provided to the Chief Executives meeting on 31 January 2017, I am writing to:

- Request at least one senior nomination from your NHS Board area to provide local leadership to implement inpatient diabetes care programmes in non-diabetes wards (your nominee(s) should not be diabetes specialists); and

- Invite your nominees to a workshop on the range of work that has been taken forward to improve inpatient diabetes care and to provide tools to support local adoption.
Data linkage with SCI Diabetes

<table>
<thead>
<tr>
<th>Patient ID/CHI</th>
<th>Name</th>
<th>Age</th>
<th>Diabetes Type (duration)</th>
<th>Admission Date</th>
<th>Hospital</th>
<th>Ward</th>
<th>Length of Stay</th>
<th>HbA1c (mmol/mol)</th>
<th>eGFR (ml/min)</th>
<th>Creatinine (umol/L)</th>
<th>Foot Risk</th>
<th>Eye Screening</th>
<th>Ward BG (mmol/L)</th>
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<tbody>
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<td>ANDREWS, CATHERINE</td>
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<td>25-Jul-2016 14:28</td>
<td>Ninewells Hospital, Dundee</td>
<td>Ward 12</td>
<td>34.8d</td>
<td>16 (01-Feb-2016)</td>
<td>22 (27-Jun-2016)</td>
<td>Active Foot Ulcer (10-Jun-2016)</td>
<td>4.7 - 06.15 (25-Jul-2016) 5.2 - 20.45 1.5 - 20.30 3.1 - 20.15</td>
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<td>3107640020</td>
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<td>52y</td>
<td>Type 1 Diabetes Mellitus (6y 7m)</td>
<td>24-Jul-2016 12:34</td>
<td>Forth Royal Infirmary</td>
<td>PR 15</td>
<td>35.9d</td>
<td>45 (07-Aug-2016)</td>
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<tr>
<td>1898460073</td>
<td>BALL, CLAIRE</td>
<td>70y</td>
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<td>Ninewells Hospital, Dundee</td>
<td>23</td>
<td>123.9d</td>
<td>99 (23-Jan-2014)</td>
<td>38 (15-Mar-2016)</td>
<td>Active Foot Ulcer (21-Jan-2015)</td>
<td>12.9 - 16:30</td>
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Module completion rate

Module completions per month

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<tr>
<th>Module Type</th>
<th>03.17-01.18</th>
<th>07.15-03.17</th>
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</thead>
<tbody>
<tr>
<td>S/C insulin</td>
<td>140</td>
<td>130</td>
</tr>
<tr>
<td>IV insulin</td>
<td>130</td>
<td>120</td>
</tr>
<tr>
<td>Hypo</td>
<td>150</td>
<td>140</td>
</tr>
</tbody>
</table>
Automated data

- Invalid Patient IDs: 33.8% (14,405 out of 42,599 tests taken)
- Invalid Operator IDs: 35.4% (15,064 out of 42,599 tests taken)
- Number of Hypoglycaemic Episodes: 635 (out of 28,194 tests taken, 2.3%)
- Hyponatraemia Episodes Correctly Treated: 40.2% (255 out of 635 hyponatraemia episodes)
CPR for Feet

Duncan Stang

Diabetes Foot Coordinator for Scotland

MChS, FC PodMed, FFPM RCPS (Glasg)
New National campaign

CPR for Feet

What is it?

It is a very simple system to make sure on admission to hospital every patient:

1. Have their feet Checked
2. If their feet are at risk, they are Protected
3. If they are discovered to have an existing problem, then they are Referred appropriately
CPR posters and pressure relieving algorithms

- Ensure each ward has a CPR for Feet poster and a simple pressure relieving algorithm

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**CPR for Feet**

- **Check**
  - Check both feet:
    - Are there any breaks in the skin areas of discolouration?
    - Are there any ulcers present?
    - Is neuropathy present?
    - Is action required?

- **Protect**
  - Protect feet if:
    - Pressure damage/ulcer present or at risk due to:
      - Neuropathy
      - Previous ulcer/pressure damage or ischamia
      - Bed bound or fragile skin

- **Refer**
  - Refer all patients with a foot ulcer/pressure damage or other major concern to the podiatry department or Tissue Viability Services for treatment and reassessment of pressure relief requirements.

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**Foot / Heel Protection**

- At Risk
  - Bedbound, frail, elderly, diabetes, neuropathy, IVU

- Patient is ambulant
  - Device fitted to bed
  - Patient worn device or device fitted to bed

- Patient non-ambulant/bed bound
  - All patients should be assessed for suitability of pressure relief and their needs should be reassessed daily
CPR badges

- Double card holders
- Name badge and CPR card
- Constant reminder
- Inspection mirror on back
Tips for implementation

• Ensure appropriate pressure relief is immediately available
• Cost effectiveness through the NDC
• Encourage a culture of preventing avoiding pressure damage
• LearnPro module
• Assign a ‘Pressure Champion’
• Give a member/members of staff responsibility for CPR for Feet
CPR for Feet

- Supported by the Scottish Government
- Prevents avoidable harm to our patients
- Improved QOL
- Cost savings
- Avoidance of litigation

Prevent the Preventable
Moving forward........