

# **Inpatient Improvement in Scotland:**

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# Where are we at?

- Diabetes – Think, Check, Act
- CPR for feet



**diabetes**  
thinkcheckact

# What is Diabetes- think, check, act?

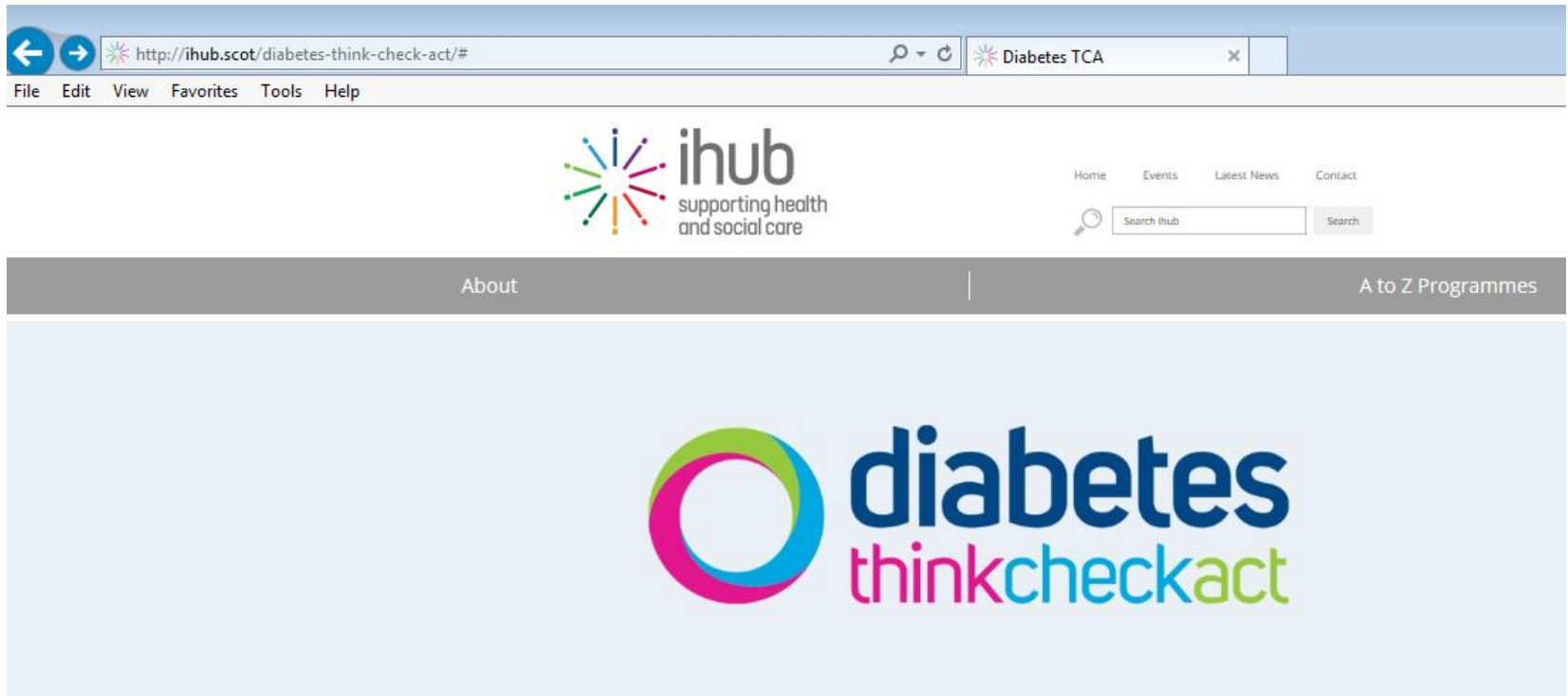
- To improve the quality of care for patients with a secondary diagnosis of diabetes
- To facilitate the key core aspects of diabetes care
- Designed to up skill the non-specialist
- National vision

# 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>

# Education



diabetes  
thinkcheckact

Menu

- ▶ Introduction
- ▼ Patient with Diabetes
  - Patients with Diabetes
  - Diabetic Patients in Hospital
  - Problems with Diabetes**
  - Think, Check, Act
- ▶ Identification and Referral
- ▶ Blood Glucose Monitoring
- ▶ Summary
- ▶ Assessment
- ▶ Resources

## Module 1 - Introduction: Inpatient Diabetes

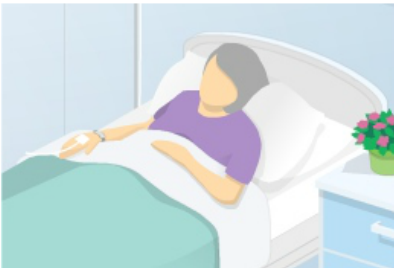

### Who is more likely to have problems with their diabetes in hospital? 6 of 19


**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.

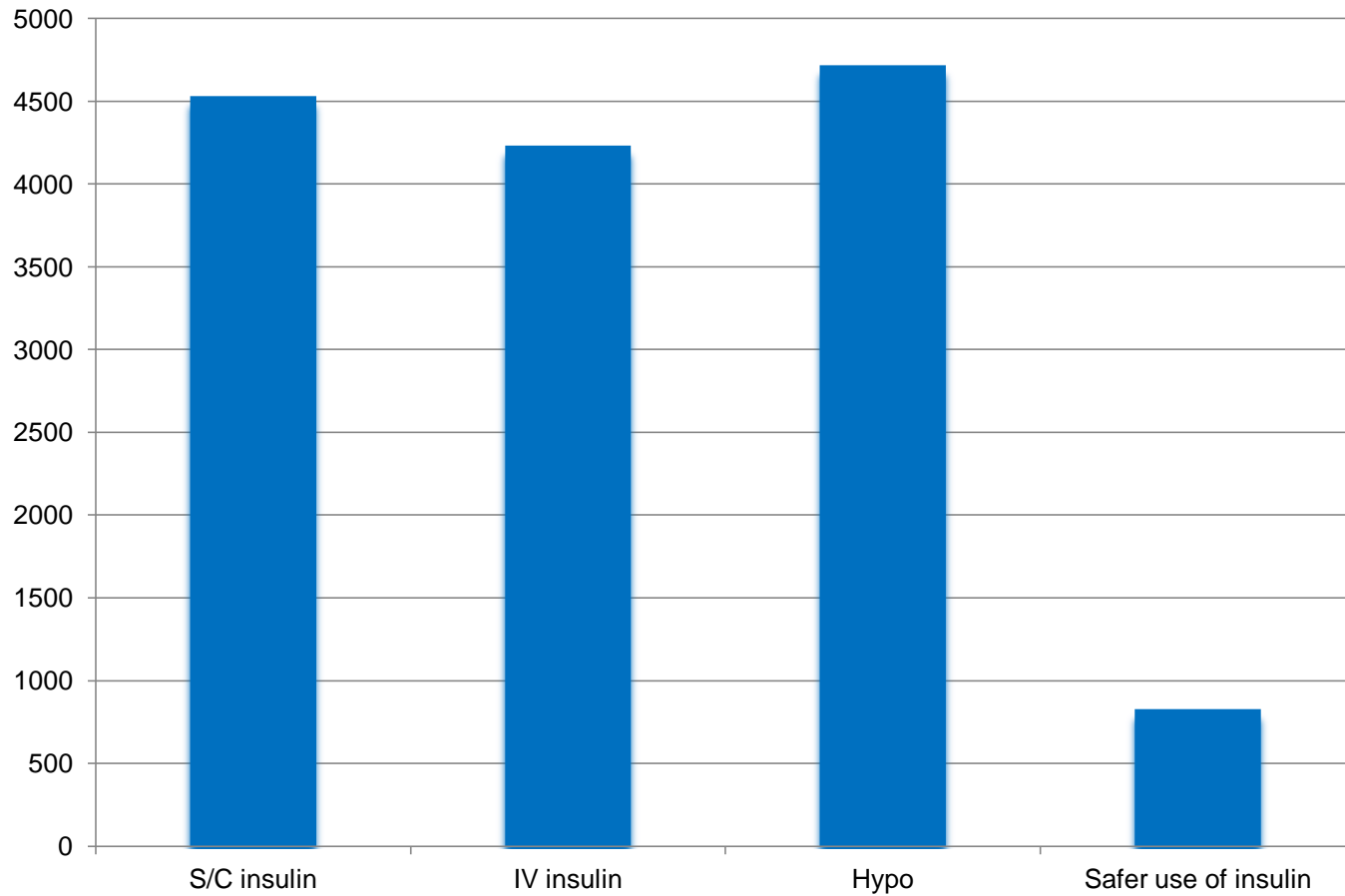




< PREV

NEXT >

# Total module completion



# Moving forward



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



# Ownership and accountability

Healthcare Quality & Improvement Directorate  
Jason Leitch, National Clinical Director



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NHS Board Chief Executives

Copy to: Medical Directors

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.

# Health Board Areas

## Scottish Health Board Areas

01 - Ayrshire & Arran	08 - Highland
02 - Borders	09 - Lanarkshire
03 - Dumfries & Galloway	10 - Lothian
04 - Fife	11 - Orkney
05 - Forth Valley	12 - Shetland
06 - Grampian	13 - Tayside
07 - Greater Glasgow & Clyde	14 - Western Isles

Sources:  
Health Board Boundaries (GROS (2008))  
LA Boundaries OS (2008)  
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Scottish Government GIS Science & Analysis Team May 2009.



# Data linkage with SCI Diabetes

## Inpatient Overview

? Help

Filter options:

Length of stay <=  days

Hospital is

Ward is

Inpatient status is

Show

No ADT message has been received.

☒ Only inpatients with confirmed diabetes

☐ All inpatients on the SCI-Diabetes register


☐ Check to create a temporary sub-list of patients - use checkboxes below to select patients first




☐ Check to show patients with a Ward BG result < 4.0 in the most recent 4 recordings

☐ Check and you can manually discharge patients

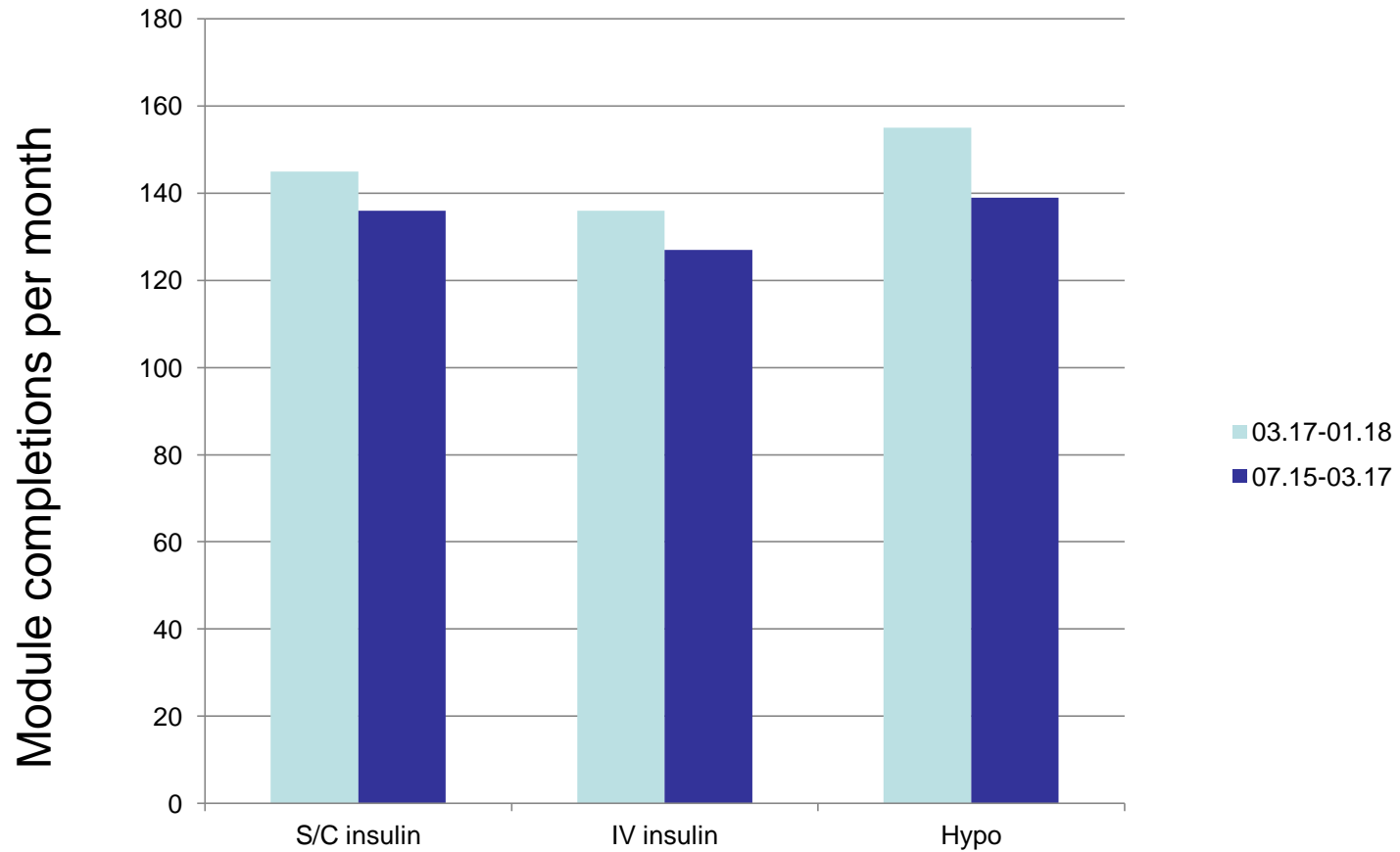
Show selected patients only  
Show patients with low blood glucose  
Manual discharge mode

Search Clear

Click on the  icon to view the admission and transfer history of a patient's inpatient episode

	Patient ID/CHI	Name	Age	Diabetes Type (duration)	Admission Date	Hospital	Ward (Since)	Length of Stay	HbA1c (mmol/mol)	eGFR (ml/min)	Creatinine (umol/L)	Foot Risk	Eye Screening	Ward BG (mmol/L)	
	2703830162	ANDREWS, CATHERINE	33y	Type 1 Diabetes Mellitus (6y 11m)	25-Jul-2016 14:28	Ninewells Hospital, Dundee	Ward 12	34.8d	19 (01-Feb-2016)		22 (27-Jun-2016)	Active Foot Ulcer (10-Jun-2016)		(26-Jul-2016) 4.7 - 06:15 (25-Jul-2016) 5.2 - 20:45 1.5 - 20:30 3.1 - 20:15	<input type="checkbox"/>
	3107640020	YUSEF, MIKE	52y	Type 1 Diabetes Mellitus (6y 7m)	24-Jul-2016 12:34	Perth Royal Infirmary	PR 15	35.9d	45 (07-Aug-2016)						<input type="checkbox"/>
	1808460073	BALL, CLAIRE	70y	Type 2 Diabetes Mellitus (6y 7m)	27-Apr-2016 11:53	Ninewells Hospital, Dundee	23	123.9d	99 (23-Jan-2014)	39 (15-Mar-2016)	54 (15-Mar-2016)	Active Foot Ulcer (21-Jan-2015)		(25-Jun-2016) 12.9 - 16:30	<input type="checkbox"/>

# Module completion rate



# Automated data

HOSPITAL ▼ WARD ▼ VALID CHI FLAG ▼

(All) (All) Y

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

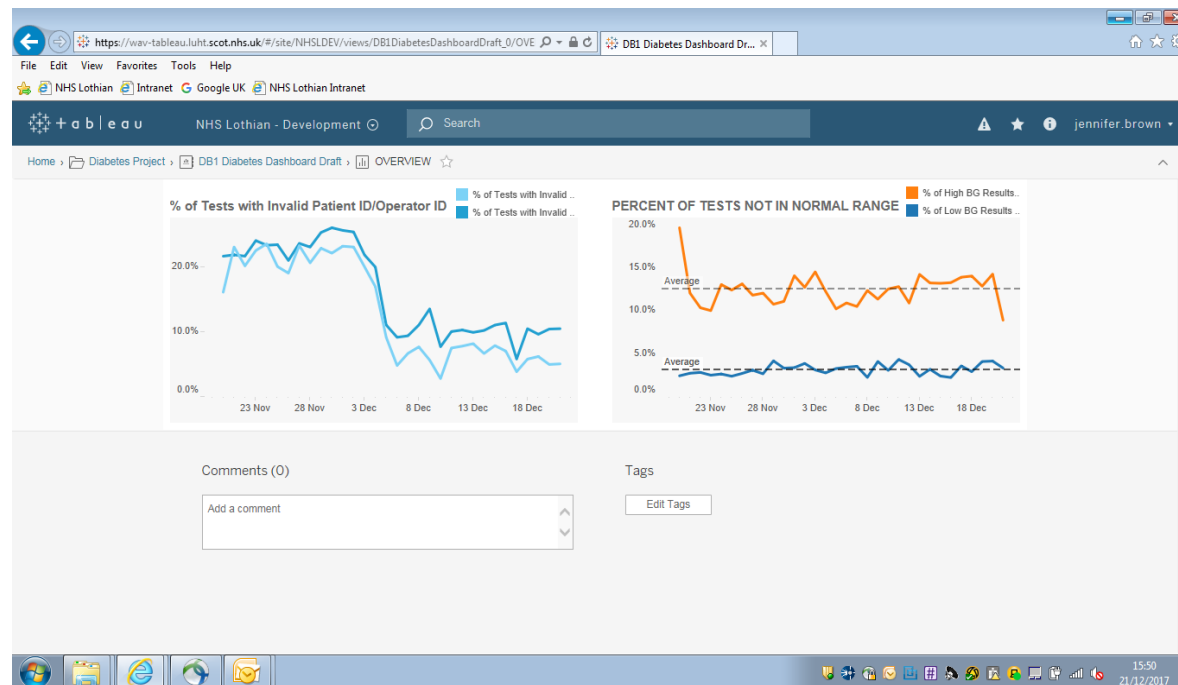
**635**

OUT OF 28,194 TESTS TAKEN (2.3%)

HYPO EPISODES CORRECTLY  
TREATED

**40.2%**

(255 OUT OF 635 HYPO EPISODES)



# CPR for Feet

**Duncan Stang**

Diabetes Foot Coordinator for Scotland

MChS, FC PodMed, FFPM RCPS (Glasg)

# New National campaign

## CPR for Feet

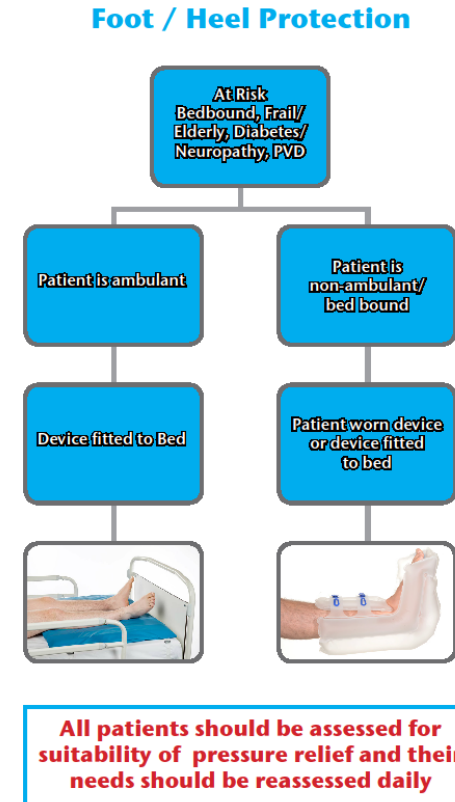
What is it?

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

1. Have their feet **C**hecked
2. If their feet are at risk, they are **P**rotected
3. If they are discovered to have an existing problem, then they are **R**eferred appropriately

# CPR posters and pressure relieving algorithms

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





# 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.....