PATIENT SELF ADMINISTRATION OF INSULIN IN HOSPITAL

WHY DID WE WANT TO DO THIS PROJECT?

People with diabetes experience substantially longer hospital stays, poor glucose control, frequent medication errors and insufficient contact with the diabetes specialist team. (NaDIA 2010)

1.7 hospital beds is occupied by someone who has diabetes. In some hospitals, it is as many as 30%.

National Inpatient Diabetes Audit (NaDIA 2013) indicates that around 40% of patients are treated with insulin whilst in hospital and around 40% of those experienced at least one diabetes medication error with a dramatic increase in the risk of severe hypoglycaemia.

NICE states that people with diabetes admitted to hospital are given the choice of self-monitoring and managing their own insulin.

To increase the number of patients who administer their own insulin while in Hospital

To reduce incidents of delayed, missed or wrong doses of insulin and the consequent impact on patients

PROJECT AIMS AND OBJECTIVES

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POTENTIAL BURDENS

Patient admitted to hospital

Insulin removed

Patient does not receive insulin at the correct time

Patient suffers a hypo or hyperglycaemic event

Slower to discharge

Excess Bed Days +/− harm

Patient admitted to hospital

Insulin removed

Patient picks wrong insulin or dose

Excess Bed Days +/− harm

Patient admitted to hospital

Insulin removed

Nurse picks wrong insulin from fridge

Patient receives wrong insulin or dose

Excess Bed Days +/− harm

Actions taken

• Scoped practice across Wessex
• Reviewed insulin incident data via the National Diabetes Inpatient Audit (NaDIA 2013)
• Initiated projects in two trusts which didn’t progress

Culture and Bedside storage were the main issues

Initiated PDSA cycles to address the problems

Key components: Storage so all patients can access their insulin as needed; policies/documents to support governance; documentation to assess patients ability to self administer and a process to regularly review their status; patient information and consent; nurse education.

• Enlisted the support of pharmaceutical company to help develop a toolkit to guide trusts through the steps needed to implement self administration of insulin

• We are currently in phase 2 of this project with project managers in 3 trusts to undertake the change management for implementation

Why do this? the patient perspective

Patient Information Example:

OUTCOME MEASURES:

Ratio: Number of patients that have self administered v number of patients admitted with diabetes (Consider by ward breakdown/League table)

Length of Stay: Has there been a reduction in Length of Stay of patients admitted with diabetes?

Medication Safety: Has there been a change in the number of reported incidences related to medication errors, e.g. delayed/missed doses; wrong insulin; wrong dose; reductions in reported hypoglycaemic events during inpatient stay? (incident reporting system e.g. Datix)

Patient experience: Survey for patients that self administer

TOOLKIT: example pages

Why do this? the patient perspective

How to?

Patient Information Example:

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LESSONS LEARNED:

• Although we planned to start small and roll out, we learnt that organisational commitment to the underpinning policies and processes (e.g. Risk, Governance) was needed for cultural change and engagement.

• The diabetes teams wanted to make the change for the benefit of patients and had Board level support, but were not able to resolve the primary reasons for lack of engagement alone: nursing culture (worries about accountability and lack of awareness of NMC and RCN support for patient self administration of medicines) and storage of insulin at the bedside.

• The process of making change of this nature happen on top of the “day job” was unrealistic, dedicated project management time was needed. 