



PATIENT EXPERIENCE	EARLY IDENTIFICATION	ASSESSMENT	CARE PATHWAYS	INPATIENT SPECIALIST TEAMS	STAFF EDUCATION	COMMISSIONING & PLANNING
<p>Clear focus on the patient</p>	<p>Fail –safe system for early identification of people with existing diabetes and with hypo/hyperglycaemia</p>	<p>Early comprehensive and standardised assessment of relevant diabetes needs</p>	<p>Jointly agreed and effective implemented care pathway</p>	<p>Effective use of inpatient specialist diabetes teams</p>	<p>Appropriate training using adult learning modules</p>	<p>Good communication between diabetes specialist team, hospital management and commissioners</p>
<p>Actions/Outcomes</p> <ol style="list-style-type: none"> 1. Patients to be empowered as positive agents in their own care (also see Care Pathways Action 3) 2. Admission pamphlet, incorporating care bundle in use (also see Assessment Action 1) 3. Diabetes MDT established (also see Care Pathways Action 1) <p>Completed by: 31/03/2015</p> <p>Key People: Diabetes Consultant Inpatient Diabetes Specialist Nurse Matron, Ambulatory medicine; Chest & ID Diabetes Patient Representatives Pharmacist</p> <p>Other Resources: Project Manager Funding for printing of materials (Documents & marketing material)</p> <p>Main Barriers: Releasing staff time</p>	<p>Actions/Outcomes</p> <ol style="list-style-type: none"> 1. Develop IT flagging of known diabetic patients and those meeting specified criteria (hypo/hyperglycaemia) 2. Clear referral criteria for diabetes specialist team implemented—based on three categories (red, amber, green) 3. Electronic referral to diabetes specialist team with built in opportunity to prioritise according to risk available 4. Standardised glucose monitoring charts & escalation flow sheets 5. Clinical guidelines are accessible electronically and from a central portal <p>Completed by: 31/03/2015</p> <p>Key People: Diabetes Specialist Nurse Diabetes Clinical Lead Diabetes Consultant EPR Clinical Expert Pharmacist Director of Information/Planning Assistant Medical Director Inpatient Podiatrist Biochemistry Lead Communications Head of Clinical Governance</p> <p>Other Resources: Project Manager</p> <p>Main Barriers: Competing EPR priorities</p>	<p>Actions/Outcomes</p> <ol style="list-style-type: none"> 1. Care Bundle implemented 2. Pre-operative assessment for all diabetic patients include personalised care plans <p>Completed by: 31/08/2014</p> <p>Key People: Diabetes Clinical Lead Diabetes Specialist Nurse Diabetes Patient Representative</p> <p>Other Resources: Project Manager</p> <p>Main Barriers: Agreement of care bundle content Resource to complete training</p>	<p>Actions/Outcomes</p> <ol style="list-style-type: none"> 1. Individualised patient carried care plans for patients with challenging diabetes and multiple admissions implemented 2. Self-medication pathway for insulin implemented 3. Develop specific prompts for care interventions (pathway) within IT systems 4. Escalation (pathway) flow sheets with Trust standards agreed and in use <p>Completed by: 31/03/2015</p> <p>Key People: EPR Clinical Expert Diabetes Consultant Diabetes Clinical Lead Pre-Op Assessment Nurse Pharmacist Podiatrist Diabetes Specialist Nurse Patient Representative</p> <p>Other Resources: Project Manager</p> <p>Main Barriers: Competing EPR priorities Resources for training to support implementation</p>	<p>Actions/Outcomes</p> <ol style="list-style-type: none"> 1. Diabetes specialist present on each site 365 days per year 2. Clear physical base for diabetes specialist team is available on each site 3. Review and enhance diabetes specialist resource 4. Specialist nurses recruited to 80% of the national mean 5. Review doctor input and increase physician input to surgical areas 6. Formal review of podiatry supply and demand <p>Completed by: 31/05/2014</p> <p>Key People: Diabetes Clinical Lead Operational Service Manager Director of Clinical Services Clinical Director, Ambulatory Medicine, Infectious Diseases Clinical Director, Emergency Medicine and Therapies Podiatrist Divisional Director Estates Divisional Manager Diabetes Consultant</p> <p>Other Resources: Project Manager</p> <p>Main Barriers: Availability of suitable physical locations on each site Availability of specialist nurses & financial pressures on recruitment to provide 365 days a year service</p>	<p>Actions/Outcomes</p> <ol style="list-style-type: none"> 1. Training needs analysis completed 2. Key staff groups identified 3. Mandatory training reviewed, updated and approved as fit for purpose 4. Bespoke training in place for different staff groups based on four levels of competency 5. Robust process for blood glucose meter training in place for substantive and all agency staff 6. Campaign on use of abbreviations on prescriptions 7. Package of brief training interventions developed 8. Review nurse shift pattern to ID opportunities for brief training interventions <p>Completed by: 30/04/2014</p> <p>Key People: Dialysis & CAPD Matron, Renal Diabetes Specialist Nurse HR Pharmacist Assistant Medical Director Diabetes Consultant Clinical Governance Special Projects Officer, Safety, Quality & Risk Service Improvement Chief Nurse & Matrons</p> <p>Other Resources: Project Manager</p> <p>Main Barriers: Releasing staff time.</p>	<p>Actions/Outcomes</p> <ol style="list-style-type: none"> 1. Establish Diabetes Quality Group 2. Diabetes Clinical Lead (analogous to the lead cancer clinician) <p>Completed by: 31/01/2014</p> <p>Key People: Deputy Medical Director Diabetes Clinical Lead Director of Clinical Services Clinical Director, Ambulatory Medicine, Infectious Diseases</p> <p>Other Resources: Project Manager</p> <p>Main Barriers: To be defined</p>