

Improving paediatric diabetes care delivery and outcomes through quality improvement - the Alder Hey Children's Hospital experience

Introduction

The service cares for 420 children and young people, up to the age of 19 years.

Following the publication of the 2016-17 NPDA report the Alder Hey Diabetes team recognised the need for an improvement strategy. The report highlighted a static clinic HbA1c over 3 years and national negative outlier status for 7 care process delivery.

Through an away day in January 2017 the team identified priority areas for quality improvement (QI) work and began implementing changes. This was enhanced by the RCPCH QI program from June 2018

Methodology

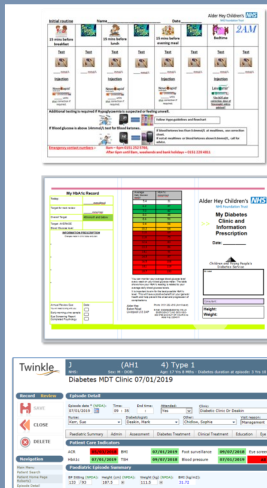
- Away day January 2017 with the whole team to identify priorities
- All team members active participant in one work stream
- Fortnightly subgroup meetings with monthly QI MDT
- Small changes implemented quickly and outcomes assessed
- Monthly monitoring of data to guide changes
- Star of the month to celebrate success



Our purpose and our areas of work

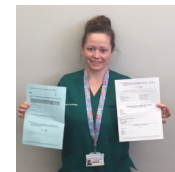
Educate
Motivate
Partnership
Openness
Wellbeing
Excellence
Respect

1. Reduce median Clinic HbA1c from 64mmol/mol to 58mmol/mol by April 2020
2. Improve 7 care process delivery for all >12 year olds to 75% by April 2020
3. Increase Psychology screening rate for all patients to 95% by April 2020
4. Reduce diabetes related admissions in known diabetes patients by 50% by April 2020
5. Reduce length of in-patient stay for newly diagnosed diabetes patients by 25% by April 2020

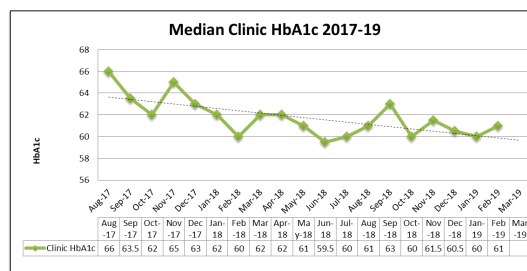
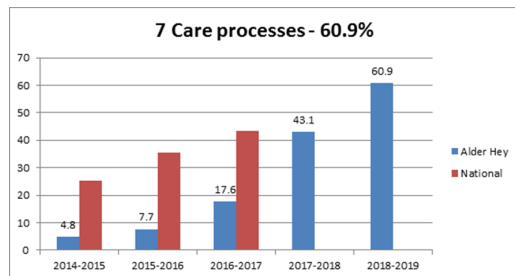


Interventions: examples include

- Improved newly diagnosed education
- Downloading from diagnosis
- Information prescription in clinic
- HCA managing psychology screening
- Annual review block April to July
- Twinkle banner
- Ketone cards during education block



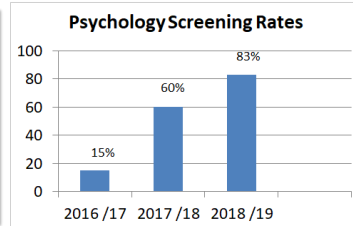
Outcomes so far:



The Overall Completeness is patients aged 12 years or older on the first day of the audit with a complete year of care, who received all seven key care processes:

Age	HbA1c	BMI	Thyroid	Blood Pressure	Urinary Albumin	Eye Screening	Foot Examination	Total
Less than 12	100.0% (161/161)	99.4% (160/161)	93.8% (151/161)	N/A	N/A	N/A	N/A	93.2% (150/161)
12 & Over	100.0% (192/192)	99.5% (191/192)	91.1% (175/192)	99.5% (191/192)	90.1% (173/192)	70.8% (139/192)	94.3% (181/192)	80.9% (117/192)
Overall	100.0% (353/353)	99.4% (351/353)	92.4% (326/353)	99.5% (191/192)	90.1% (173/192)	70.8% (136/192)	94.3% (181/192)	75.6% (267/353)

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Our learning:

- * Value of a whole team approach in QI
- * Importance of getting systems right
- * Accurate real time data essential
- * Not let the aim for perfection hinder progress
- * We are a more proactive through embedding QI in our daily work

Future Plans: There will be ongoing work on the current projects including data to review impact of the 'reducing admissions/DKA' work. An away day is planned for next month to prioritise and initiate this years work streams.

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