



Worthing General Hospital: Dr Sue Coldwell & Dr Louise Budd, Anne Ford & Helen Watson (PDSNs), Wendy Frost & Toril Ofstad (Dietitians), and Jackie McHenry (Administrator). **St. Richards Hospital (Chichester):** Dr Rowena Remorino, Dr Vanessa Irvine & Dr Dorothy Hawes, Emily Hillyer & Jane Edwards (PDSNs), Sue Davies (Dietitian) and Elaine Arkell (Administrator). **Cross Site:** Dr Mike Wilding & Dr Kat Gardner (Clinical Psychologists).

Background

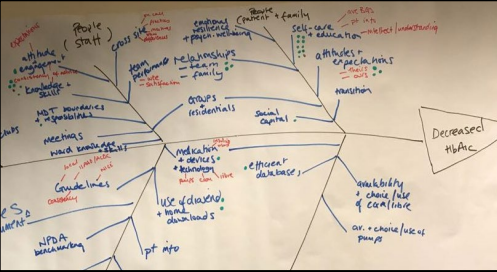
- * WSHFT was a negative outlier for mean HbA1c (on NPDA)
- * driven by a desire to improve our service and outcomes – applied for RCPCH QI Collaborative

Aim

- * to support and enable children, young people and their families to live well with diabetes



Total caseload $n = 230$ across 2 sites - covering a large patch and wide range of socio-economic factors.



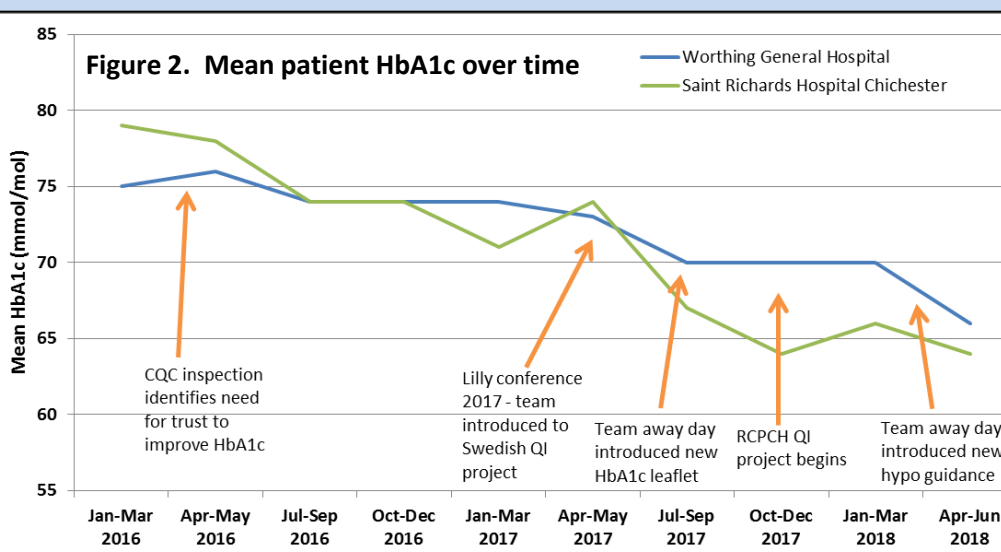
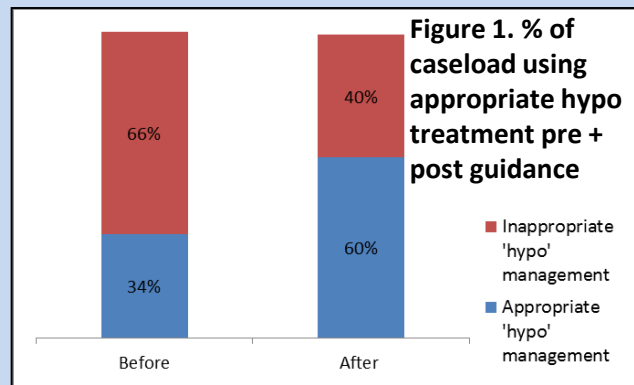
Initial Stages

- * MDT created a fishbone diagram of factors influencing HbA1c
- * identified and voted on areas for immediate improvement
- * selected 'self care & education' and 'consistency of advice' as priority areas
- * team WhatsApp group to facilitate rapid information sharing
- * weekly 30minute QI meeting via video-conferencing

Quality Improvement Projects

- * weekly telephone contact with people with significantly elevated HbA1c
- * new standardised patient leaflets for HbA1c and ABG targets
- * blood glucose data downloads
- * hypo treatment guidance - team consistency of advice given

Figure 1 shows that more of the caseload are using appropriate hypo treatment post intervention



Summary and Conclusions

Figure 2 demonstrates a consistent decrease in mean HbA1c. The RCPCH QI programme and QI projects have enabled:

- * increased 'buy-in'
- * greater enthusiasm
- * improved cross-site team communication and consistency