Alder Hey Children's Hospital



Our administrative team:

Ann Mason, Camilla Spengler

Our dieticians:

Sophie Chidlow, Joanne Elliott, Emma O'Sullivan

Our doctors:

Mark Deakin, Princy Paul, Atrayee Ghatak, Fulya Mehta, Claire McNamara, Julie Green, Tabitha Osborne

Our nurses:

Sue Kerr, Jonathan Mimnagh, Kath Millar, Keith Thornborough, Noala Bradshaw, Anna Bradley, Diane Brookman

Our health care assistant:

Jackie Jones

Our psychologists:

Anna Simmonds, Lyndsey Carlson,

Our purpose and our areas of work

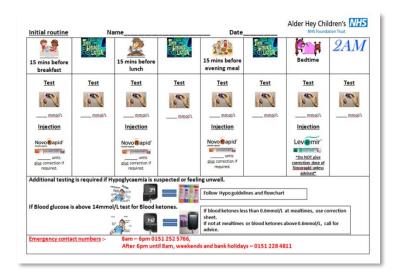
Educate Motivate Partnership **Partnership** Openness Wellbeing Excellence Respect

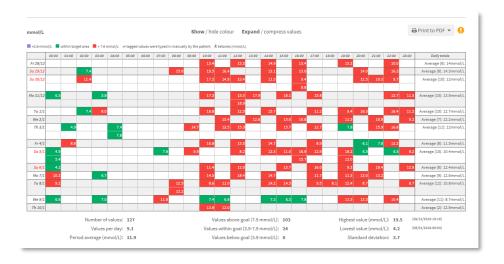
1. Reduce median Clinic HbA1c from 64mmol/mol to 58mmol/mol by April 2020 2. Improve 7 care process delivery for all >12 year olds to 75% by April 2020 3. Increase Psychology screening rate for all patients to 95% by April 2020 4. Reduce diabetes related admissions in known diabetes patients by 50% by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

diagnosed diabetes patients by 25% by April

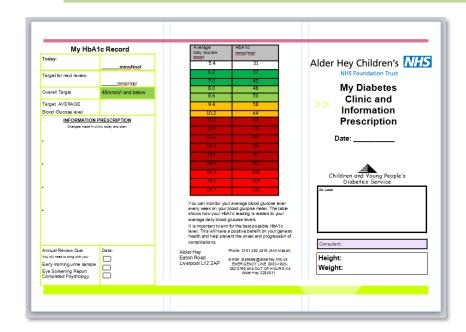
2020

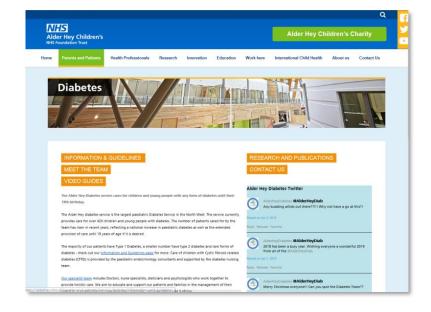
Aim 1: Reduce median Clinic HbA1c from 64mmol/mol to 58mmol/mol by April 2020





Improving patient education: from diagnosis and beyond



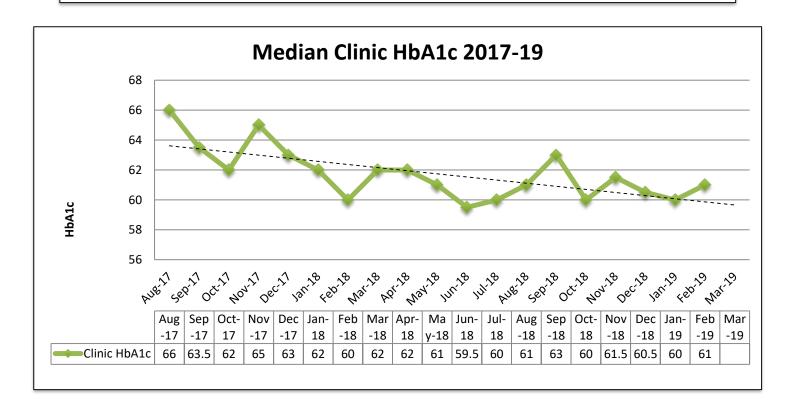


Aim 1: Reduce median Clinic HbA1c from 64mmol/mol to 58mmol/mol by April 2020

Site Values - Outcomes

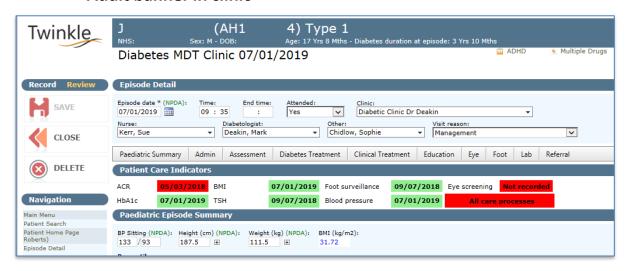
Note: The data presented below on HbA1c relates to the results for the children and young people with Type 1 diabetes and one or more valid HbA1c measurements in the audit period:

Mean HbA1c	Median HbA1c	Number of admissions	Number of DKA admissions	Required additional psych support
64.0 (from 403 records)	62.0 (from 403 records)	45	4	147 (from 407 records)
52.5 (from 15 records [0-4])	52.5 (from 15 records [0-4])			
58.2 (from 79 records [5-9])	57.5 (from 79 records [5-9])			
63.1 (from 179 records [10-14])	61.5 (from 179 records [10-14])			
70.1 (from 123 records [15-19+])	67.0 (from 123 records [15-19+])			



Improve 7 care process delivery for all >12 year olds to 75% by April 2020

Audit banner in clinic



Data Champion



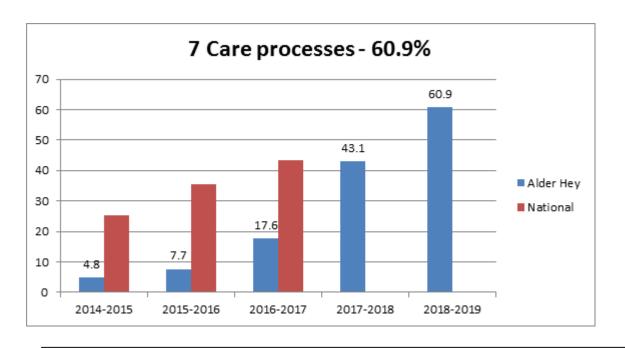
Annualised care delivery



Monthly NPDA uploads

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: Foot Blood Urinary Eye Age HbA1c BMI Thyroid Total Pressure Albumin Screening Examination 100.0% 99.4% 93.8% 93.2% Less N/A N/A N/A N/A than 12 (161/161) (160/161)(151/161)(150/161)99.5% 91.1% 99.5% 90.1% 70.8% 94.3% 60.9% 100.0% 12 & Over (192/192)(173/192)(191/192)(175/192)(191/192)(136/192)(181/192)(117/192)100.0% 99.4% 92.4% 99.5% 90.1% 70.8% 94.3% 75.6% Overall (353/353)(351/353)(326/353)(191/192)(173/192)(136/192)(181/192) (267/353)Created: Mar-21-2019 12:41:39

Improve 7 care process delivery for all >12 year olds from 60% to 75% by April 2020



QI process started January 2018

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	ВМІ	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% (136/192)	94.3% (181/192)	60.9% (117/192)
Overall	100.0% (353/353)	99.4% (351/353)	92.4% (328/353)	99.5% (191/192)	90.1% (173/192)	70.8% (136/192)	94.3% (181/192)	75.6% (267/353)
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Increase Psychology screening rate for all patients to 95% by April 2020





Process improved

- Shortened form
- Completed before clinic appointment
- Used as a prompt for clinic discussions
- Referral to psychology on back of form

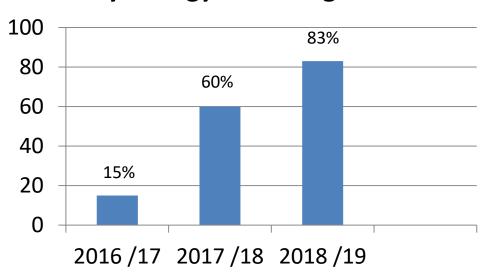
Data quality improved:

- Screening ticked in clinic
- Psychology team tick patients under active treatment

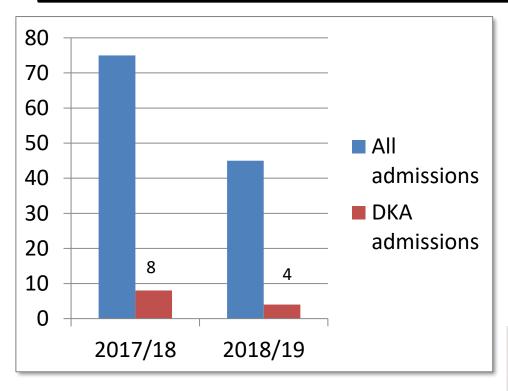
Next Step: Jackie. HCA in clinic ensuring questionnaires given out



Psychology Screening Rates



Reduce diabetes related admissions in known diabetes patients by 50% by January 2020

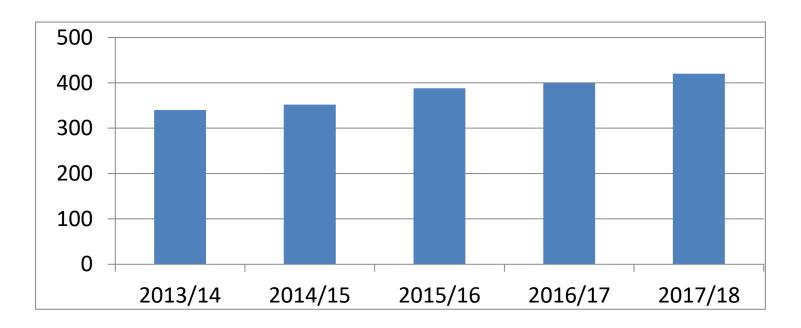


- Improved data quality with monthly coding review
- Further work to understand accuracy of data





Reduce length of in-patient stay for newly diagnosed patients by 25% by January 2020



- Challenging area short staffed within the diabetes team
- Ward training proving to be a much bigger job
- Community Nursing team difficult to engage
- Unable to secure diabetes training room
- Still an area to work on but ward training the priority



Embedding and Sustaining Quality Improvement

Celebrating Success





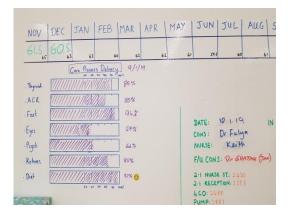




Stealing ideas



Data Data Data!!!



CYP and Family engagement

