



Northern Lincolnshire and Goole NHS Foundation Trust

Consultant Paediatrician

DPOW: Dr Kavitha Tharian,

SGH: Dr Madhavi Madhusudhana

Speciality Doctor

DPOW: Dr Latha Radhakrishnan

SGH: vacant

Diabetes Specialist Nurses

SGH: Anne Foster, Jeannette Burson-Thomas,

DPOW: Rebecca Bennett, Deborah Kemp

Dietitian

Debbie Crawford

Psychology team

Dr Nikki McCloud, Dr Sarah Banbury

Jane Snowdon, Adrianna

Admin

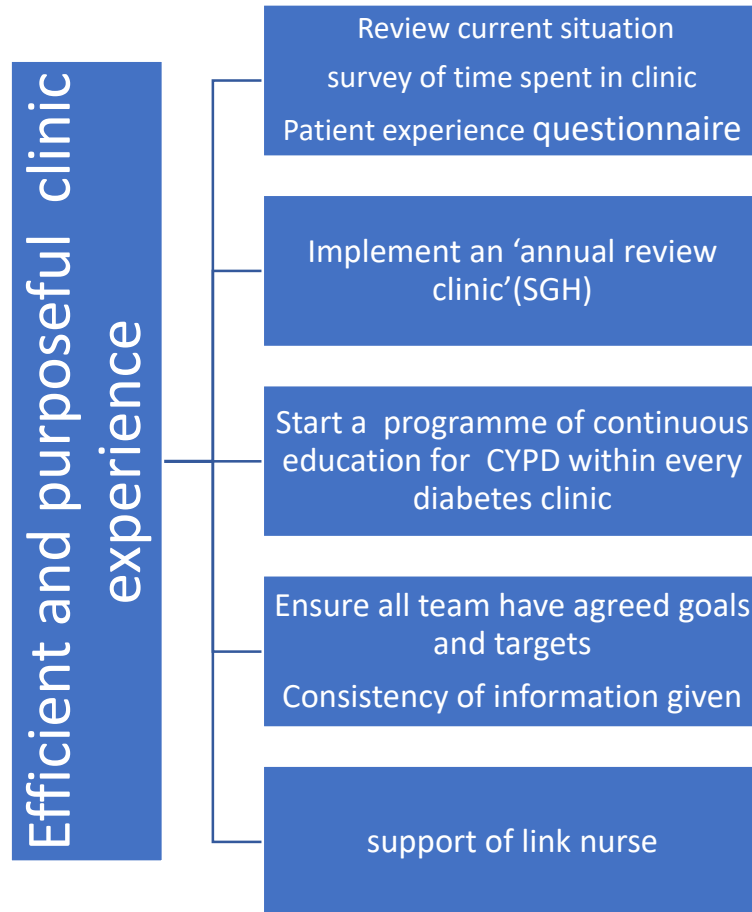
Lindsey Peak,

Jo Coome,

Jane Ogg

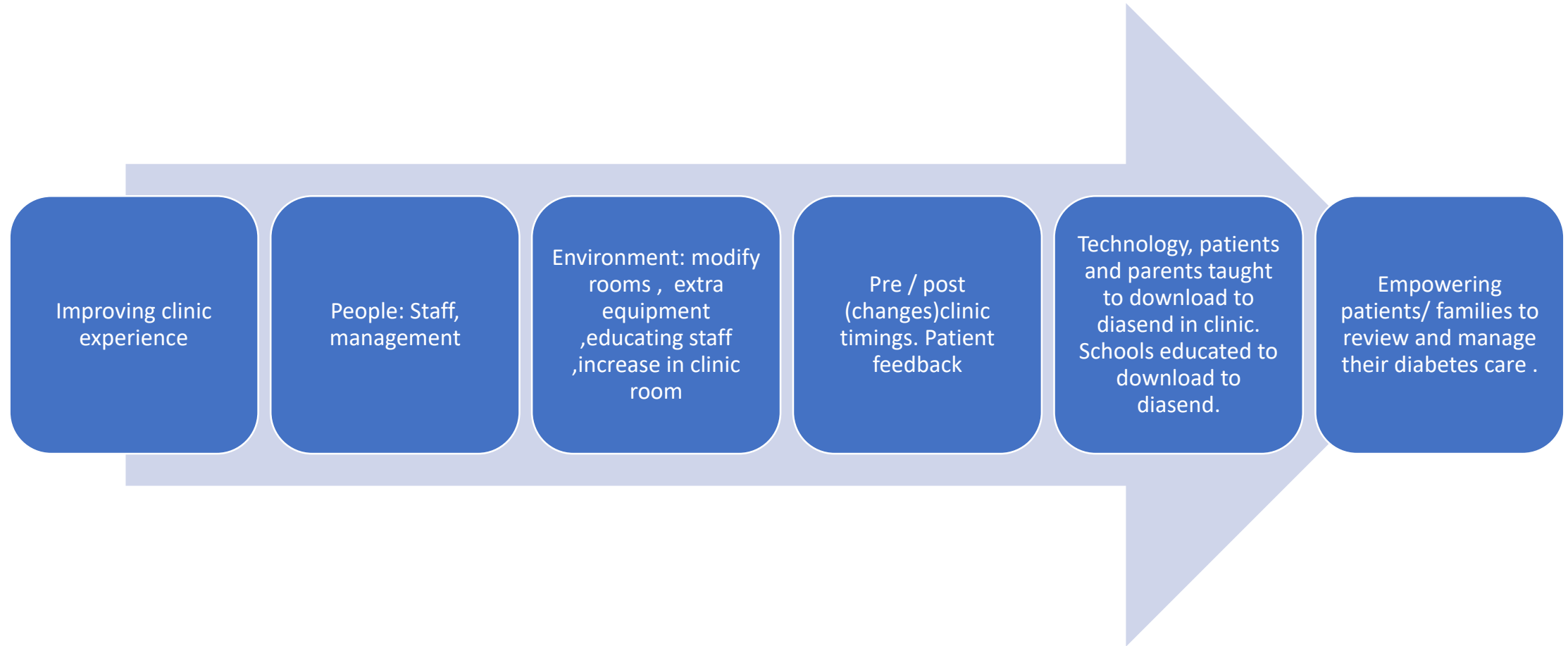


Our purpose and our areas of work



- **The one idea we have progressed the furthest with**
- SGH: Rolling programme of education in clinic – started with increased use of families uploading own devices to diasend and clarity, increasing self management
- DPoW: Improving the clinic experience
- **Give idea**
- SGH: teach all families how to upload devices to diasend, to use the information appropriately, start virtual clinics
- DPoW: to ensure a more time effective flow for patients and families through clinic , teach all patients and families to download to diasend, reach more difficult patients through downloading in school.
- **Series of adaptations we made**
- SGH: ordering cables for families, involving school staff to upload devices
- DPoW: more clinic rooms, all equipment for initial assessment in clinic in one room: height , weight , bp, hba1c and download. Agreed plan of work processes- ie who , when , where. Teaching of downloading in clinic. Teaching school staff to download in school through school staff teaching.
- **Time scale of work done**
- November - March
- **How you have measured that it is improving care**
- Database of families accepting / declining diasend downloading teaching in clinic. Reviewing monthly numbers of families uploading data
- **How you are sustaining progress**
- Preparing and discussing in advance for clinics. Admin support. HCA support. School staff support.

Our improvement journey- the steps we took



Images that show our work/work place - what it **was** like and what it is like **now** !

Before DPOW



Now DPOW



Separate clinic rooms for observations & HBA1C

New Clinic Room set up

Data- that show the impact so far

- Data on processes
- DPoW
- Feb data: 26 patients have been offered teaching in clinic to download.
- 15 families refused for various reasons- no availability of computer at home, not the families responsibility, don't like IT. (60%)
- From the 11 families who have received teaching – 6 families are now downloading. (26% uptake)
- SGH
- 64/109 families registered to use diasend
- 16 families uploaded devices to diasend in last 2 weeks
- 18/22 families use clarity – daily automatic use
- Data on outcomes if available/ or identify what you are looking for and how you will see it
- DPoW: Improvement in patient download , patient contact, improvement of overall HbA1c and clinic experience.
- Audit clinic data- downloading teaching/ uptake.
- Audit diasend download uptake
- Audit clinic timings post changes
- SGH: Median HbA1c Jan – Mar 2018 = 64.5
- Median HbA1c Jul-Oct 2018 = 61
- Median HbA1c Jan-Mar 2019 = 62

What have we learnt and how are we building that learning into our daily work

- SGH:

To focus on QI plan and progress.

Fortnightly meetings – not all team can be present – change date and time.

Review original plan: are we moving forward? what needs to change? who will do this? when? Gentle persistence

Lots of bite sized changes

Try out new ways of working – encourage ideas from lots of sources, patients, HCA's, all team, ..learning from and influencing each other

- DPoW:

- The need for closer team working .Regular meetings every Monday afternoon to discuss the QI plan and how we are progressing. Looking each week at our achievement, possible barriers, ways forward and continual persistence in trying to get others onboard.
- To appreciate each other and everyone's contribution.(Doctors ,Nurses, HCAs and Admin).
- Making small changes, adapting and not becoming disheartened if things don't work the first time.

One barrier that is bugging us

SGH: lack of time to review data regularly

DPoW: unable to gain a link nurse

- SGH: We have tried reviewing data weekly if HbA1c raised, or when parents text us to inform us of upload or on an adhoc basis if time allows
- DPoW: Emails to matrons / managers/ face to face meeting
- Approaching interested staff , discussing ideas in order for them to be released from their current roles :including working in own time with the goal of succession planning for the future

SGH: Formalise / protect time for a virtual clinic and arrange a time for phone calls

DPOW: SGH matron could advise DPOW matron how this could be achieved as a link nurse is already available in the SGH Team.

:Interested staff in the link post approaching the Matron.