

### THE DIABETES TEAM

Dr N Hopper Consultant	Dr J Flowers Consultant	Dr V Whi consulta		Dr S Gray Consultant		
Lisa Wilson Specialist Nurse	Allison Young Specialist Nurse	Anne Be Specialist I		Julie Evans Specialist Nurse		
Heather Allaway Dietitian		Robertson ietitian		Sam Moffatt Dietitian		
	Hanratty re Assistant		Trenerry ical Therapis			
	ne Robson Secretary		Doughty n Support	Sunderland Child Young persons diabet		



## Our first QI day experience





## **Our Purpose and Our Areas of Work**



## Empowering

## Measuring

urpose

## Evaluating

## Learning

- Encourage families to download at home
- Empower them to review their download and think about how to self-adjust
- Team have changed language used with families
- Collecting data in clinic and qualitative data direct from the families.
- Regular meetings and updates, sharing our positive experiences and challenges
- Clinical in house training session on Empowerment and Motivational interviewing by our Psychological therapist.



## Our Improvement Journey- the steps we have taken

1/ To empower our young people and families to download their equipment, review their results and self manage their diabetes 2/ Revised the initial plan to roll out the initiative to whole case load, instead focused on new patients and a select few motivated families 3/ Developed survey to assess level of home downloading and self-adjustment amongst whole case-load 4/ Gathered initial Qualitative data from talking to newly diagnosed families around home downloading, reviewing and making changes

5/ Dose adjustment document developed in collaboration with patients and families

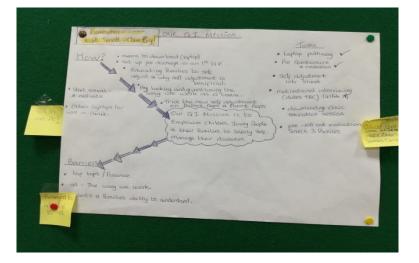
6/ Training session with Psychologist on Empowerment, Motivational Interviewing and questioning style

7/ All new patients are now following protocol and the way we communicate with other patients is adapting too

Sunderland children and Young persons diabetes Service

# What our work place was like before and what it is like now

### Before



#### Now











## **Training session with Psychologist**

- Session implemented following reflection from team on the challenges of empowering patients and families to selfadjust
- Agreed main learning outcomes to be around the core principles of empowerment, motivational interviewing technique and questioning styles

- Session attended by 90% of team
- Team are now attempting to roll out learning and new skills with families
- General reflection so far is this approach has been well received, especially by new patients
- Agreed to do a second session to revisit learning



## Data- that show the impact so far

- We gathered data during the initial phase of QI development via a survey – found not too helpful
- Subsequently developed section on our Wellbeing Questionnaire
- We receive ongoing Qualitative feedback from talking to newly diagnosed families who are following the new Empowerment Protocol

- Staff reporting confidence in Empowerment improving. Reflected in more patients appearing motivated to make changes independently
- Long-term Goal is to review the changes in HbA1c with new patients in the first year post diagnosis.





Name



			DoB:			/		/			Date completed:			/		/	
--	--	--	------	--	--	---	--	---	--	--	-----------------	--	--	---	--	---	--

Please add as much information as you can. It will help your team to understand what is going well, but also



Thoughts about what might help to make things easier? What might help to make life more enjoyable?

## Sunderland children and loung persons diabetes Service

#### Things that are causing concern and which you might have questions about or want to talk about today?

Name:	DoB:	Date completed:	/	<b>ر</b>	/	

For each of the following areas please indicate which traffic light colour best matches your level of concern.

No Concerns Does not limit joining in everyday activities or enjoying life.

Some Concerns

rns Regularly or intermittently limits joining in everyd ay activities or impacts on ability to enjoy life.

Serious Concerns Frequently limits joining in everyd ay activities or impacts on ability to enjoy life.

Areas of Interest / Concern	No Concerns	Some Concerns	Serious Concerns
Physical health concerns			
Trouble with your feet			
Eating, carb counting, food, appetite, weight concerns			
Sleep			
Hypos (low blood sugars)			
High blood sugars			
Equipment issues (blood monitors or pumps not working)			
Difficulties doing injections / cannulas or problems with injections sites (lumps)			
HbA1c – Overall Blood Glucose control			
Sick Days – what to do?			
Self-management of diabetes – insulin dose adjustment			
Risks of long term complications			
Alcohol / smoking /drugs			
Exercise			
Going on Holiday – being prepared			
Transition to Adult Services			
Emotional issues (mood, anxiety)			
Self-injury / self-harm / suicidal thoughts or ideas			
Disruptive or challenging behaviour			
Friendships and relationship difficulties			
Family issues, disagreements or stress			
School issues, bullying or trouble with teachers			
Do you have enough information about diabetes and services available to you?			
Other (please specify):			

#### About Insulin Dose Adjustment

When was the last time you made a change in your/ your child's insulin doses?.....

- Did you do this
  - on your own ?
  - on the advice of a member of the diabetes team ?

How confident do you feel in making dose adjustments? - Please tick on the scale (1= Not confident, 9= Very confident)

lot confider	nt						Very	confide
1	2	3	4	5	6	7	8	9

Please turn over

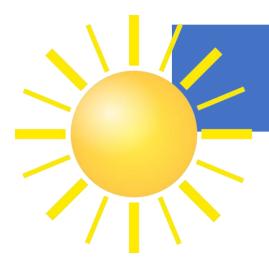
How can we help you best to make independent changes?.....

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

- We have seen the benefit of how self management from diagnosis has a positive effect on patient/family confidence around their diabetes.
- We feel this project has brought us all together as a team more effectively.
- Learned the importance of collective responsibility.

 Following the successes with new patients, we are starting to share our QI project with the whole case load. We are working to gradually empower those who are interested so they too will see the benefits of self management.





### Barriers that are bugging us

- One of the main barriers for new patients is access to home downloading, living in a socially deprived area not all families have computers.
- Recent agreement with the trust that we can use NHS England Diabetes Transformation Fund to purchase some laptops for those families in this set of circumstances.
- Barrier for existing case load is changing the culture of their behaviour after them having relied on the team making clinical decisions for them.

