# Cambridgeshire Community Services North West Anglia NHS Foundation Trust Our QI Journey So Far

### Cambridgeshire Community Services Now North West Anglia NHS Trust

Dr Rajiv Goonetilleke (clinical lead) Dr Madhu Easwariah Dr Kozhimuttam Ramesh Vicky Surrell (PDSN) Mel Bywater (PDSN) Victoria Williams (admin) Katy Sparrow (Dietitian)



# Our aim

To improve education and self management skills for children aged 8-12 years and their families and consequently improve time in target range and HbA1c.

# Our improvement journey Step 1 - Downloading and reviewing BG's



# Process

- Out of 16 patients, 4 of the group were downloading regularly at home and 3 were downloading occasionally out of which 2 were interpreting the data and also making changes regularly.
- Now 14 patients have access to computer at home and 1 has access in school and 1 has not started.
- 6 MDI patients were supplied with realtyme cables.
- Remaining 10 patients have insulin pumps +/ CGMS and access to Carelink or Diasend accounts.
- Currently 94% (15) are downloading data max of 6 potential downloads so far of which:
  - 15 downloaded 3 times
  - 12 downloaded 4 times
  - 9 downloaded 5 times
  - 4 downloaded all 6 times

### Our improvement journey Step 2 - Evaluating parental perceptions of the QI project



# Pre study evaluation of knowledge

### How often look at child's BG value



# Pre study evaluation of knowledge



# Pre study evaluation of knowledge



### **Challenges in participation**

- IT challenges Access to computer, uploading carelink computer data
- Ability to attend education sessions

### Our improvement journey Step 3 - Group structured education sessions for children



# **Structured Education sessions**



	1	I		
Date	Session Name	Location		
20 <sup>th</sup> February 4 :00 – 5: 30 pm	Advanced Carbohydrate Counting	Seminar Room, Children's outpatients Hinchingbrooke Hospital.		
17 <sup>th</sup> April 2019 4 :00 – 5:30 pm	Managing Physical Activity	Seminar Room, Children's outpatients Hinchingbrooke Hospital.		
19 <sup>th</sup> June 2019 4 :00 – 5: 30 pm	Advanced Carbohydrate Counting	Seminar Room, Children's outpatients, Hinchingbrooke Hospital.		
21 <sup>st</sup> August 2019 4 :00 – 5: 30 pm	Teen talk	Seminar Room, Children's outpatients, <u>Hinchingbrooke</u> Hospital.		
23 <sup>rd</sup> October 2019 4:00 – 5: 30 pm	Managing Physical Activity	Seminar Room, Children's outpatients Hinchingbrooke Hospital.		

Education Sessions – Every 3<sup>rd</sup> Wednesday, every other month.



### **Structured Education sessions so far...**

### Advanced Carbohydrate counting session

 In total 9 patients have attended the advanced carb counting session (4 from QI project).

Pre attendance questionnaire scores = 79 % (average), 90 % (mean).

- Awaiting data collection in follow up clinic from post session questionnaire
- Physical Activity
- In total 5 patients attended this session (2 from QI project).
  Pre attendance questionnaires scores = 71 % (average)71% (mean).
- Awaiting data collection in follow up clinic from post session questionnaire

Some positive feedback received!...

#### **Evaluation Sheet**

Thank you for attending the Carbohydrate Counting Workshop. Please take a couple of minutes to feedback on what you enjoyed about the session and what we can do to improve next time.

	Increased since I attended this session	Decreased since I attended this session	Not changed since I attended this session
My knowledge about how different foods affect my blood glucose has	$\checkmark$	X	
My understanding of identifying carbohydrates has	V		
My knowledge of the different methods of carbohydrate counting has	V		
My understanding of food labels has	1		

#### Question 1:

What was your favourite thing(s) about the session? Handa on

#### Question 2:

What was your least favourite thing(s) about the session?

Please feel free to write any further comments below on how you think the session can be improved. Thank you!

Comments:	love helpo	the Stick	little in	Idea My	o F mind	egy siz	e ect

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My knowledge about how different foods affect my blood glucose has	<		
My understanding of identifying carbohydrates has	/		
My knowledge of the different methods of carbohydrate counting has	/		
My understanding of food labels has	$\checkmark$		

#### Question 1:

What was your favourite thing(s) about the session?

Play your Carls right.

Question 2: What was your least favourite thing(s) about the session?

#### NA

Please feel free to write any further comments below on how you think the session can be improved. Thank you!

#### Comments:

very informative and helpful.

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#### Question 1:

What was your favourite thing(s) about the session?

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#### Question 2:

What was your least favourite thing(s) about the session?



Please feel free to write any further comments below on how you think the session can be improved. Thank you!

Comments: Really informative, thanks so much!

### Snapshot of individual journey so far



### Average of 15 patients



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

•	QI requires regular dedicated time for	•	Additional team meetings for QI every 2 weeks.
	team discussion.		
•	Presentation of the data	•	Additional help from data analysis department
			available.

	Barriers to home downloading and reviews:-					
•	Not easy to access parents to discuss downloads within PDSN working hours	•	PDSN's scheduling next discussion date and time in diaries at end of contact.			
•	Children not always available for download discussions unless scheduled as home visits or after school hours.		Encouraging child and parent to discuss. Additional workshops scheduled for learning to review downloads.			
•	Families find it difficult attending workshops.	•	Workshops open to all families and not just those in QI project group.			

### What we would like help with: How we write a guide for dose adjustment

### What we have tried

 Reviewed guide produced by Birmingham children's Hospital

### **Concerns include**

- How prescriptive to be
- How to be easy to follow yet comprehensive enough to be useful
- Different guides for pump and MDI
- Based on clinical experience/research based and referenced.

# What we would like to know from other teams

- What are other people using?
- How have they overcome the debate re: clinical experience/evidence based?