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**'If you have been given this ThinkGlucose Executive Leaders' Guide, it is likely that you are seen by frontline staff as someone who is pivotal in influencing and driving diabetes pathway improvement in your trust'**



# Why diabetes?

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## Why diabetes?

Diabetes is a growing disease. It is expected that the numbers of people with diabetes will grow by 50,000 per year – that means that even now one person is diagnosed with diabetes every three minutes. (Diabetes UK, Press Notice, Jan 2009). Quality diabetes care needs to be a central part of your governance and patient safety agenda.

Increasingly patients are admitted to acute trusts for routine operations or care where their diabetes is a secondary condition. Did you also know...

- ▶ in the three years from 2005 -2008, the number of people with diabetes increased by 18%. Over 4% of the population in England now has diabetes
- ▶ people with diabetes are twice as likely to be admitted to hospital as people without diabetes
- ▶ between 10 and 20% of acute trust beds are occupied by a patient with diabetes
- ▶ patients who have diabetes and are admitted for routine surgery (such as hip or knee replacement) stay on average 2.6 days longer than a similar patient without diabetes. Our own early tests show this could be even longer
- ▶ insulin is one of the drugs most frequently involved in medication-related adverse incidents in the NHS.

Further statistical information about diabetes can be found within your postcard pack.

This is why at the ThinkGlucose team in the NHS Institute for Innovation and Improvement, we have been working closely with frontline NHS diabetes teams and ward teams to develop a practical, hands-on resource that can help acute trusts:

1. Reverse some of these trends
2. Significantly improve care for the growing numbers of patients with a secondary diagnosis of diabetes whilst in hospital.

### ThinkGlucose and the Diabetes National Service Framework

ThinkGlucose will also help you to meet the objectives for diabetes NSF which was published in 2001.

A matrix in the appendices of the Implementation Guide demonstrates the links to help you with your strategy and service development.



Why you?

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Patients of

## Why you?

If you have been given this ThinkGlucose Executive Leaders' Guide, it is likely that you are seen by frontline staff as someone who is pivotal in influencing and driving pathway improvement in your trust. One of the first actions we are asking teams to take in their ThinkGlucose campaign is to identify an executive sponsor – someone they feel will support them and champion the benefits of ThinkGlucose at every level and at every opportunity in the organisation.

If you are reading this guide, it is important for you to know that five ThinkGlucose Toolkits and one ThinkGlucose Resource Box have already been delivered to your organisation.

But first, we know YOU will have to be convinced about the benefits of ThinkGlucose too.

We think there are two things you might be very interested in:

- ▶ the hard benefits other teams have already achieved using the ThinkGlucose Toolkit
- ▶ the clear fit between the ThinkGlucose Toolkit and *Focus on: Inpatient care for people with diabetes* (see section 7 of this guide for more on this).

These are the seven key characteristics that we observed right across the diabetes pathway in a number of well-performing trusts. The characteristics are the result of detailed observation and feedback from stakeholders. Many trusts are now working to implement these.

### The fit with Focus on

As we've mentioned, this toolkit is underpinned by the document *Focus on: Inpatient care for people with diabetes*. This good practice guide tells you about the NHS Institute's wider diabetes project and explores in detail the seven key characteristics needed to achieve high-quality inpatient diabetes care. These are:

- ▶ Patient Experience: clear focus on the patient
- ▶ Early Identification: fail-safe system for early identification of people with existing diabetes and with hypo / hyperglycaemia
- ▶ Assessment: early comprehensive and standardised assessment of the patient's relevant diabetes needs
- ▶ Care Pathway: jointly agreed and effectively implemented care pathway
- ▶ Inpatient Specialist Team: effective use of inpatient specialist diabetes team
- ▶ Staff Education: appropriate training using adult learning models
- ▶ Commissioning and Planning: good communication between diabetes specialist team, hospital management and commissioners.

Download the Focus on document at: [www.institute.nhs.uk/thinkglucose](http://www.institute.nhs.uk/thinkglucose)







What are the  
hard benefits?

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## What are the hard benefits?

The NHS teams who have played such an important part in helping us develop and test this toolkit have reported a range of benefits in terms of patient safety, quality of care, efficiency, staff and patient engagement and patient experience – especially when the ThinkGlucose Toolkit is used alongside the other good practice set out in the *Focus on: Inpatient care for people with diabetes* report.

### What went up...

- ▶ overall quality of care
- ▶ patient safety
- ▶ bed efficiency
- ▶ diabetes team utilisation
- ▶ knowledge and awareness among hospital staff
- ▶ patient satisfaction
- ▶ income (due to more accurate coding)
- ▶ staff satisfaction
- ▶ resource efficiency.



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Inpatient care for people with diabetes

### What came down...

- ▶ length of stay
- ▶ insulin drug errors
- ▶ other adverse incidents
- ▶ cancelled operations/procedures
- ▶ complaints
- ▶ delays in discharge
- ▶ inappropriate referrals to the specialist team.



It worked for  
these teams...

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## It worked for these teams...



### From our test sites:

'In our baseline audit, only 2 out of 21 patients were appropriately referred to the specialist diabetes team, and a further 9 patients should have been referred based on the ThinkGlucose traffic light system. While using the Assessment Tool, the follow-up audit showed 9 of 19 patients were referred, with only two inappropriate non-referrals'

**Specialist Registrar,**  
**University Hospitals Bristol Foundation Trust**



### From our test sites:

'We identified £48k in lost income over the year by using the Top Tips for Clinical Coding Tool'

**Specialist Registrar,**  
**University Hospitals Bristol Foundation Trust**



### From our test sites:

'In our tests, after introducing the ThinkGlucose Safe Use of Insulin Tool, minor errors with insulin decreased from 3 to 1 in a 12-week period'


**Diabetes Specialist Nurse (DSN),**  
**University Hospitals Leicester NHS Trust**



### From our test sites:

'There was a 25% increase in early glucose testing for patients following the introduction of the ThinkGlucose Assessment Tool and the Measures for Improvement Tool'

**Clinical Auditor,**  
**Queen Elizabeth Hospital Kings Lynn NHS Trust**



What will it mean  
to be an executive  
sponsor?

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## What will it mean to be an executive sponsor?

For some leads starting on a ThinkGlucose campaign, this will be the first time they have managed or led a project. Therefore, they will need some help, guidance and support.

We know from our testing programme and other initiatives (including Productive Ward) that success and sustainability is greatest where higher-level executives and managers support the delivery of the project.

As an executive leader you are able to:

- ▶ raise the profile of the project across your organisation
- ▶ identify areas where the project would be most likely to succeed
- ▶ make vital links with colleagues who can support the work and spread it.

The progress and momentum of any project seldom run in a straight line; while initially the project can have lots of energy, it can slow and decline as it hits obstacles and challenges. Your contribution, and the ongoing drive and enthusiasm you bring as executive sponsor, cannot be underestimated here.

The following actions will help with the success of the project:

- ▶ schedule regular catch-up sessions with the project lead
- ▶ identify support for communications and marketing across your trust
- ▶ invite a non-executive director to become involved in the project ('fresh eyes' are very helpful, as is reporting to the board)
- ▶ ask for regular action plans from the team - you may need to guide them on project planning and help them set achievable targets
- ▶ have an input into the ThinkGlucose *Making a Case for Improvement Tool* - this part of the toolkit provides a framework for service improvement and can aid rollout of the project across the organisation, or take services beyond the ThinkGlucose tools.

### From our test sites:

The ThinkGlucose toolkit is visually pleasing, easy to read, informative and compelling'

Deputy Director of Nursing, Acute Trust - Southwest of England





More about what  
the project team  
will be doing

6

aveno  
insulin last  
only a few  
minutes

**Narrow the  
food-insulin  
gap – timing  
of insulin  
injection with  
meals is  
important**

think  
glucose



## More about what the project team will be doing

As part of the ThinkGlucose Toolkit there is an *Implementation Guide* which is intended to be used by the project lead.

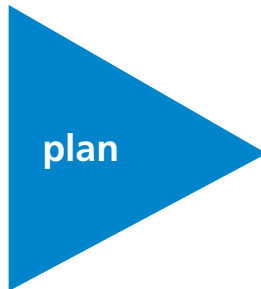
It is designed to guide the project lead through the key steps of a ThinkGlucose campaign – including forming a project team, collecting baseline data and preparing a communication plan. It also includes simple planning templates that can help the project team focus on the service aspirations and the actions and tools needed to achieve these.

The *Implementation Guide* is really a route map to a successful campaign and it's built around these three fundamental steps:

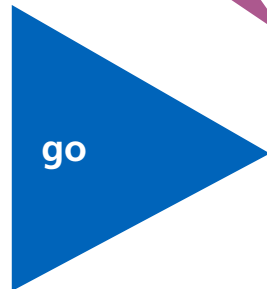
'Your contribution, and the ongoing drive and enthusiasm you bring as executive sponsor, cannot be underestimated right across this process'



Identify executive sponsorship and get the right people involved



Plan your ThinkGlucose campaign: start small



Go for it: launch, learn and keep going...

Communicate well at every stage...

# An overview of the ThinkGlucose tools

7

Self  
Narrow the  
food-insulin  
gap – time  
of insulin  
injection vs  
meals

**Manual dexterity**  
Does the patient currently use their manual dexterity currently to self-administer insulin (with or without help)?

**Risk factors**  
Does the patient have no other risk factors currently that makes him/her not suitable for self-managing his/her own insulin? (ie. no unresolved mental health issues, no alcohol abuse / overdose, no smoking, self-harm, non-adherence to medication or suspected non-adherence to their insulin)

**Patient willing to self-medicate**  
Would the patient like to self-medicate his / her insulin?

**Knowledge level**  
Does the patient have the knowledge and skills about insulin and diabetes to self-medicate?

- YES** (red heart icon)
- NO** (red play button icon) not suitable, more support needed from diabetes team for...

## An overview of the ThinkGlucose tools

All the tools included as part of the ThinkGlucose Toolkit are available for the project team to download free, either from the CD in the ThinkGlucose Toolkit, or from our website at: [www.institute.nhs.uk/thinkglucose](http://www.institute.nhs.uk/thinkglucose)

Most of the materials and tools can be adapted and customised to meet your own local needs.

For instance:

- ▶ adding a team or trust logo and colours
- ▶ offering the resources in different sizes or languages
- ▶ tweaking categories on some of the templates to reflect your local service.

As executive sponsor, it's worth spending a bit of time familiarising yourself with the ThinkGlucose tools. The next few pages will give you a brief introduction to each tool as well as the ThinkGlucose *Promotional Pack*.





member

Consider this and look for a  
member of our family  
The people with diabetes, the friends  
and family of our members  
are the heart of our organization

Remember

think  
glucose

THINKGLUCOSE

www.thinkglucose.com

## Promotional Pack

### What's in it?

- ▶ reversible posters with key messages
- ▶ mouse mats, pens and more
- ▶ CD with a PowerPoint presentation (also explaining the tie-in with the seven key characteristics).
- ▶ ThinkGlucose DVD called *ThinkGlucose: A Different View* shows some of the outcomes from the test sites

### What will it do?

The ThinkGlucose *Promotional Pack* will be really useful in helping you raise awareness of the importance of high quality diabetes care. The pack contains a variety of posters which have been co-produced with frontline NHS staff and which reinforce the key points that lead to effective glucose management, for patients with a secondary diagnosis of diabetes.

There is also a PowerPoint presentation, with supporting notes for the presenter. You can use this to promote the aims and benefits of ThinkGlucose to staff at all levels. And then there's some fun stuff too – such as a mouse mat, pen, magnetic displays and other promotional material to keep ThinkGlucose in everyone's mind.

### Who is it for?

- ▶ clinical staff
- ▶ patients
- ▶ public.



### From our test sites:

'ThinkGlucose has helped us raise awareness of diabetes. It is so important as patients can have a number of diabetes-related complications, which is a huge financial burden'

**Consultant Diabetologist,**  
**University Hospitals Leicester NHS Trust**





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# Executive Leaders' Guide

## What ThinkGlucose can do for your organisation?

### What's in it?

The *Executive Leaders' Guide* (this document) provides information about the importance of diabetes, and it explains what changes to expect as a result of ThinkGlucose. Importantly, it stresses how the strategic role of an executive leader is pivotal to large scale change, within your organisation.

An overview of each of the tools familiarises the executive lead with what ThinkGlucose contains.

### What will it do?

The *Executive Leaders' Guide* helps to publicise ThinkGlucose at the very senior levels within your organisation. Being informed in this way, executive leaders are able to disseminate their support for ThinkGlucose strategically.

It sets out the issues for people with a secondary diagnosis of diabetes, along with the functions of the Executive Leader and the ThinkGlucose project team.

### Who is it for?

- ▶ chief executives
- ▶ medical directors
- ▶ directors of nursing
- ▶ other trust board colleagues
- ▶ senior managers.



### From our test sites:

'ThinkGlucose has helped us raise awareness of diabetes. It is so important as patients can have a number of diabetes-related complications, which is a huge financial burden'

**Consultant Diabetologist,  
University Hospitals Leicester NHS Trust**



2

# Implementation Guide

## What ThinkGlucose can do for you?

### What's in it?

The *Implementation Guide* provides direction about where to begin with ThinkGlucose. It suggests a range of colleagues to involve and how they could help you.

Additionally, it includes an overview of the contents of the ThinkGlucose toolkit.

### What will it do?

This is a practical resource for the ThinkGlucose Implementation Lead and the ThinkGlucose Project Team. It provides tips that will help ThinkGlucose be a success.

### Who is it for?

- ▶ ThinkGlucose implementation lead
- ▶ ThinkGlucose project team
- ▶ clinical leads
- ▶ managers
- ▶ other interested colleagues across your trust.



# 3



# Measures for Improvement Tool

How are we doing?

## What's in it?

▶ a step-by-step measurement guide in both paper and electronic formats.

## What will it do?

The 10 measures outlined in the Focus on report are expanded in this tool. The step-by-step guide will support specialist diabetes teams, helping them develop a better understanding of their services through measurement. It will help teams identify differences over time as well as across the organisation.

Effective measures will also help teams with their initial baseline audit, as well as helping them decide where to focus improvement efforts first.

## Who is it for?

- ▶ clinical staff
- ▶ management groups
- ▶ administration staff
- ▶ patient advice and complaints teams.



## From our test sites:

'There was a 25% increase in early glucose testing for patients following the introduction of the ThinkGlucose Assessment Tool and the Measures for Improvement Tool'

**Clinical Auditor,**  
**Queen Elizabeth Hospital Kings Lynn NHS Trust**

## The fit with Focus on

This tool will help you achieve Focus on: Key Characteristic 4 – Care pathway...  
**'Jointly agreed and effectively implemented care pathways are in place to support the individual needs of patients.'**

...you will only know you are improving your pathway if you can measure it.



4



# Making a Case for Improvement Tool

## Service Transformation - the next level

### What's in it?

- ▶ a step-by-step template that will help teams build a sound business case for implementing ThinkGlucose.

### What will it do?

This tool will help specialist diabetes teams analyse their service and make the case for improvement to senior hospital managers and commissioners.

The template, which can be adapted to suit local needs, will guide teams through the key steps of compiling a good business case, reminding everyone that resources aren't just about money.

### Who is it for?

- ▶ clinical staff
- ▶ management groups.



### From our test sites:

'This tool has helped frontline staff here understand more about the business planning process'  
**Dr James Kennedy, Joint Clinical Lead for ThinkGlucose, NHS Institute for Innovation and Improvement**

### The fit with Focus on

This tool will help you achieve Focus on: Key Characteristic 7  
- Commissioning and planning ...

**'Good communication between the diabetes specialist team, hospital managers and commissioners is allowing effective organisation and delivery of high quality, patient focused services.'**

... a good business case will be clearly linked to your organisation's wider strategic and commissioning aims and make sure everyone is working towards shared goals.



5

# Patient Stories

## Understanding the patient experience

### What's in it?

- ▶ CD showing actual diabetes patients speaking about their hospital care
- ▶ CD with a PowerPoint presentation supporting the patient stories
- ▶ a learning pack handout to use when sharing the stories with staff
- ▶ top tips on how to capture your own patient stories.

### What will it do?

This tool provides a small collection of stories where patients share their own experience of being in hospital with diabetes. These powerful stories will help teams motivate staff at all levels, persuading people that there is a need for improvement.

They'll help staff reflect as a team too, prompting them to think about their own service and what areas will be a priority for them in their ThinkGlucose campaign.

### Who is it for?

- ▶ clinical staff
- ▶ management groups
- ▶ administration staff
- ▶ patient advice and complaints teams.



### From our test sites:

The immediate response of staff has been: *"that wouldn't happen on my ward"*. When they have a chance to think about it, they realise that it does'

**Ward Sister,**  
Queen Elizabeth Hospital Kings Lynn NHS Trust

## The fit with Focus on

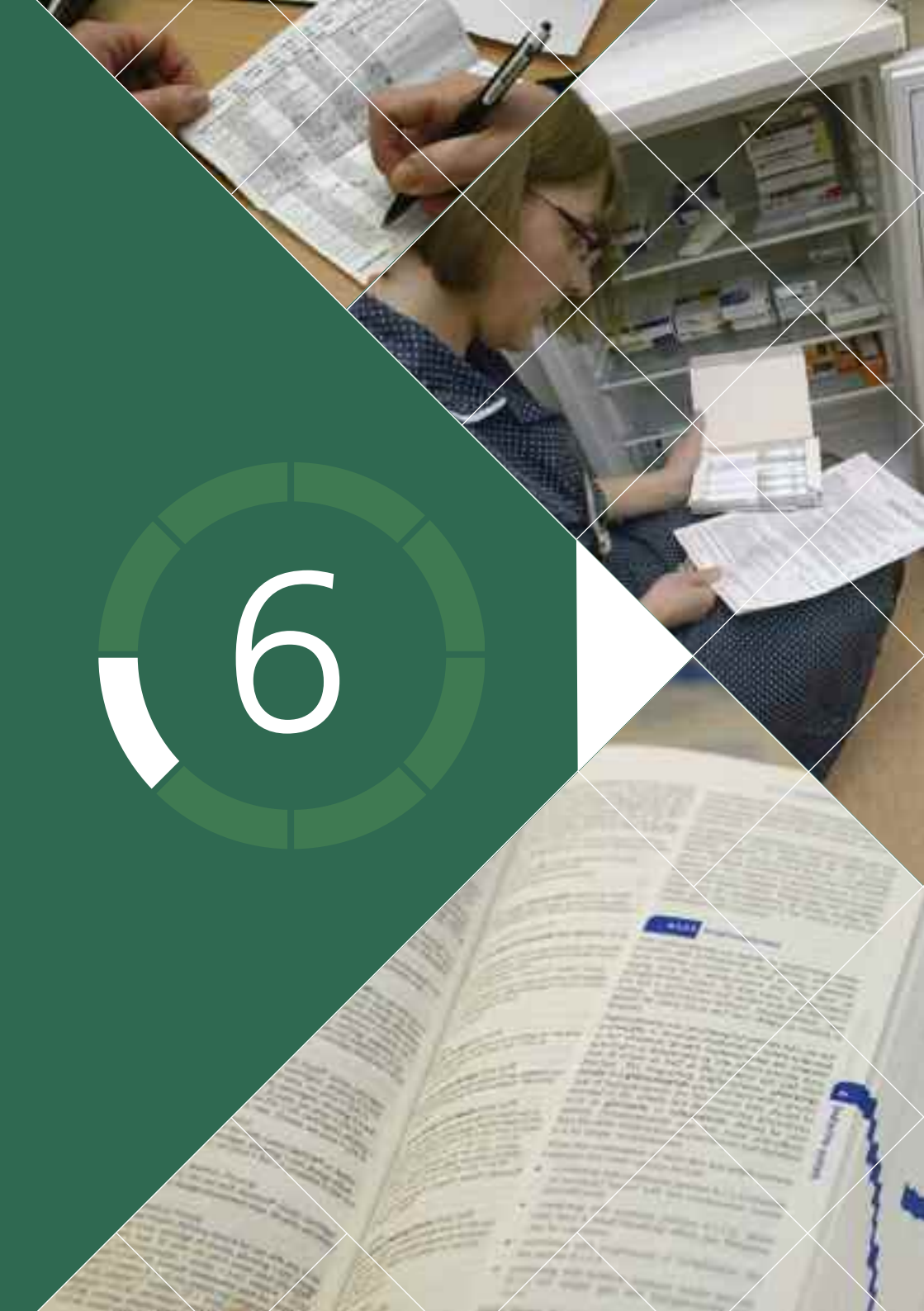
This tool will help you achieve Focus on: Key Characteristic 1  
– Patient experience ...

**'There is a clear focus on patient experience to guide both the organisation and delivery of care for people with diabetes.'**









# 6



# Top Tips for Clinical Coding

## Effective coding for diabetes

### What's in it?

- ▶ an information pack and teaching aid.

### What will it do?

The pack clearly explains the coding process for clinical staff and the importance of correct coding in relation to financial flows.

There are also examples of codes commonly used to record diabetes. Our test teams have found this tool particularly useful – with one team identifying £48k in 'lost' income as a direct result of the resource.

Use the pack to encourage staff to record clinical information accurately – therefore ensuring that the correct income is received for each inpatient stay.

### Who is it for?

- ▶ clinical staff
- ▶ management groups
- ▶ administration staff
- ▶ patient advice and complaints teams.



### From our test sites:

'Coders are an amazing group of detectives but they can't code an "impression" of something. Even if a person is managed as a patient with diabetes, if it's not concrete, they can't code it. This tool helps us get the income for the work we actually do'

**Consultant Diabetologist,  
University Hospitals Leicester NHS Trust**

## The fit with Focus on

This tool will help you achieve Focus on: Key Characteristic 7

– Commissioning and planning...

**'Good communication between the diabetes specialist team, hospital managers and commissioners is allowing effective organisation and delivery of high quality, patient focused services'**

...a more detailed and accurate understanding of your service costs will help you influence the wider planning and commissioning processes in your trust.







# 7



# Safe Use of Insulin Guide

## Supporting safety and choice

### What's in it?

- ▶ an aide memoire which is in A6 format as well as pocket-size for easy reference
- ▶ flash cards to use as a teaching aid
- ▶ framework for introducing and developing self-medication.

### What will it do?

This is an educational tool aimed at improving knowledge of best practice in insulin use among frontline hospital staff. It is a simple reference list of the most common insulin-related issues that healthcare professionals face on a daily basis.

Its primary use is as a teaching aid that can be introduced in a range of settings, including wards, surgical theatres and outpatient departments (eg, radiology and emergency).

It could be used as the focus for a brief teaching session or as an aide memoire that can be attached to equipment used in the management of people with diabetes (eg, IV stands, infusion pumps).

The self-medication section includes a framework to develop your own policy with a Self-medication Decision Tree for risk assessing patient suitability and self-medication.

### Who is it for?

- ▶ clinical staff.



### From our test sites:

In our tests, after introducing the Safe Use of Insulin Tool, minor errors with insulin decreased from 3 to 1 in a 12-week period'

**Diabetes specialist nurse**  
**University Hospitals Leicester NHS Trust**



## The fit with Focus on

This tool will help you achieve Focus on: Key Characteristic 2

– Early identification...

'There is a failsafe system for early identification of people with existing diabetes and those with hypoglycaemia / hyperglycaemia – enabling appropriate responses throughout their care journey.'

...and Key Characteristic 6 – Staff education...

'There is appropriate training using adult learning models.'









**THINK GLUCOSE™**  
Inpatient care for people with diabetes

## Self-Medication Decision

Commitment to enable safe patient self-medication

Note: Self-medication means do a blood sugar check, store own insulin in locker provided and administer insulin.

**YES**  **Current self-medication**  
Does the patient medicate his / her self?

**YES**  **Mental capacity**  
Does the patient have the mental capacity to manage his / her own care?

**YES**  **Manual dexterity**  
Does the patient have the manual dexterity to handle his / her own insulin (two-handed)?

**YES**  **Risk factors**  
Does the patient have no other risk factors for self-medicating his / her self (e.g., hypoglycemia / overdose, alcohol use, suspected non-adherence)?

**YES**  **Willing to self-medicate**  
Is the patient willing to self-medicate?



# Patient Assessment Tool

Fast effective safer care

## What's in it?

- ▶ an ID-size card (that can be attached to your ID badge)
- ▶ a fold-out, pocket-size card
- ▶ a pen
- ▶ stickers for using in the patient's notes
- ▶ a handy audit measures summary
- ▶ a short guide on how to use the tool.

## What will it do?

The Patient Assessment Tool will help ward staff determine whether specialist diabetes team input is required for individual patients.

The tool guides staff using a simple traffic light system which has proved very popular with frontline teams. This ensures that referrals to the specialist team are appropriate and timely. It also helps ensure that specialist diabetes staff are able to target their efforts and focus their input on the patients who will benefit most.

We've offered the guide in four different formats, so they can be used in a variety of ways – kept in pockets or wallets for instance, or attached to the nurses' station.

## Who is it for?

- ▶ clinical staff
- ▶ all members of the multi-disciplinary team
- ▶ administration staff.



## From our test sites:

'I've only just qualified and the Assessment Tool has helped me know when to make a referral to the DSN...it's also easy to use'

**Staff Nurse,**  
Queen Elizabeth Hospital Kings Lynn NHS Trust

## The fit with Focus on

This tool will help you achieve Focus on: Key Characteristic 3 - Assessment ...

'There is early, comprehensive and standardised assessment of the patient's relevant diabetes needs in both planned and emergency care.'

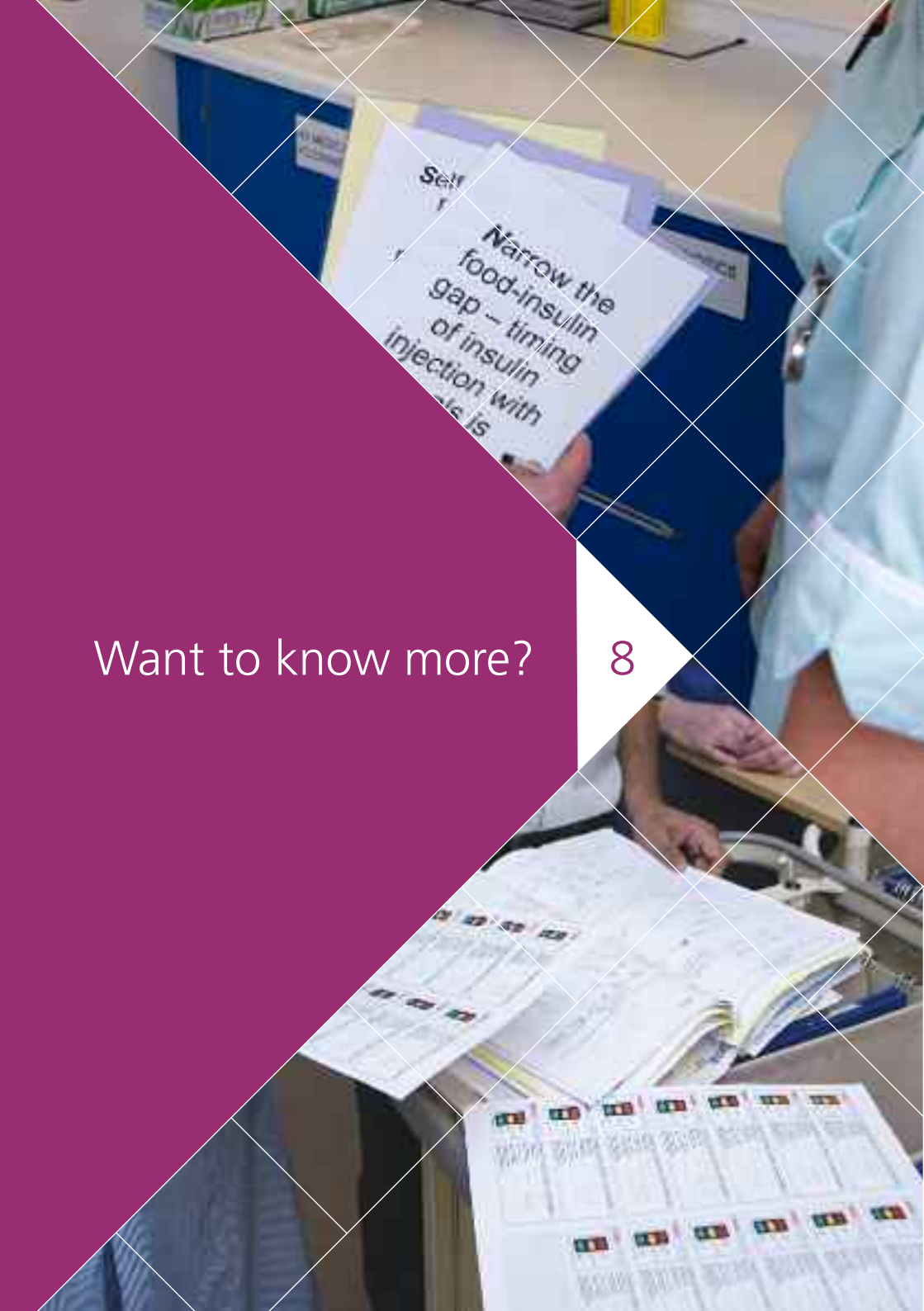
...and Key Characteristic 5 - Inpatient specialist team...

'There is effective and appropriate use of the inpatient specialist diabetes team'









Want to know more?

8



## Want to know more?

For more information about ThinkGlucose please visit our website at: [www.institute.nhs.uk/thinkglucose](http://www.institute.nhs.uk/thinkglucose).

An additional 5 copies of the ThinkGlucose toolkit may be ordered from this website by the implementation lead at your trust.

You can also download:

- ▶ Many of the tools and resources included in the ThinkGlucose toolkit
- ▶ The *Focus on: Inpatient care for diabetes* report
- ▶ The ThinkGlucose newsletter.

To share your feedback and experiences of ThinkGlucose email us in the NHS Institute Diabetes Team at: [thinkglucose@institute.nhs.uk](mailto:thinkglucose@institute.nhs.uk)

To learn more about the NHS Institute's other products, including Productive Ward, see our catalogue at: [www.institute.nhs.uk](http://www.institute.nhs.uk)

Please note that if you are not already registered on the NHS Institute website, you will need to follow on-screen instructions to create a user profile before you can download any documents from the NHS Institute's website.



## References:

<sup>i</sup> Quality and Outcomes Framework. Note: a proportion of this increase in people diagnosed with diabetes is due to improved data collection and case finding.

<sup>ii</sup> Sampson, M.J., Dozio, N., Ferguson, B. and Dhatariya, K., 'Total and excess bed occupancy by age, specialty and insulin use for nearly one million diabetes patients discharged from all English Acute Hospitals', *Diabetes Research and Clinical Practice*, 2007: 77 (1): pp. 92-98.

<sup>iii</sup> 'Prescribing for Diabetes in England: an analysis of volume, expenditure and trends', November 2007, YPHO and The Information Centre for Health and Social Care.

<sup>iv</sup> 2006/07, Hospital Episode Statistics (HES) data.

<sup>vi</sup> 'Safety in doses: Medication safety incidents in the NHS', National Patient Safety Agency, 2007.

# Notes





