

Independence with Insulin: Facilitating Self-Administration on Guiting Ward

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Introduction

Self-administration of insulin by diabetic inpatients is associated with better patient outcomes and should be encouraged where possible (1). However, patients should only be permitted to self-administer insulin if they have been assessed as competent to do so, to avoid inadvertent errors. Insulin should also be kept securely locked away, in order to maintain safety on a ward environment. Guiting ward looks after patients undergoing vascular surgery, many of whom are on insulin.

Aim

To increase the number of patients appropriately self-administering insulin on Guiting ward by 50% over 4 months.

“Appropriately” here means there is documented assessment of self-administration if needed and the insulin in use is stored securely.

Interventions

Change 1 (staff education): Production and display of a reminder card on bedside lockers to remind staff about the different types of self-administration.

Change 2 (documentation and assessment): Implementation of Trust documentation, designed to assess the competency of patients to self-administer insulin, as well as a specially designed prescription chart.

Change 3 (bedside boxes): Provision of a lockable box, accessible to patients, to store insulin and equipment in. This was kindly funded by Cheltenham and Gloucester Hospitals Charity.

Measures

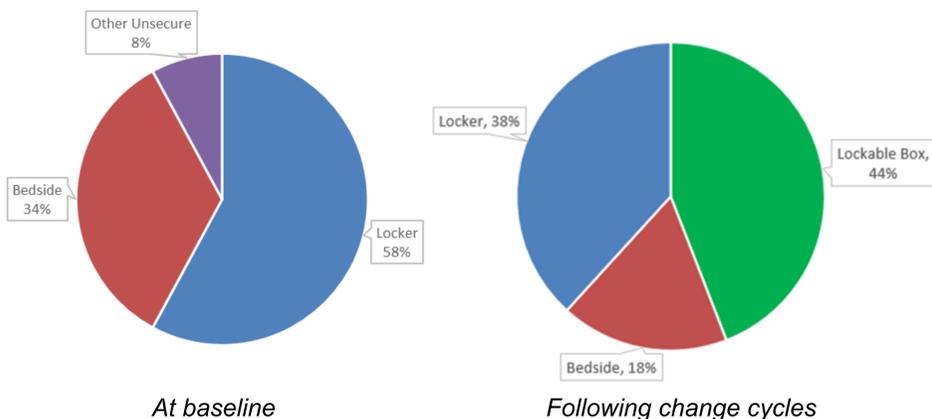
Outcome: Number of patients appropriately self-administering insulin, as a % of all patients on insulin on the ward.

Process: 1. The number of patients, as a % of all patients self-administering, whose insulin is being stored securely. 2. The number of patients, as a % of all patients carrying out independent administration, who have a documented assessment of their ability to self-administer.

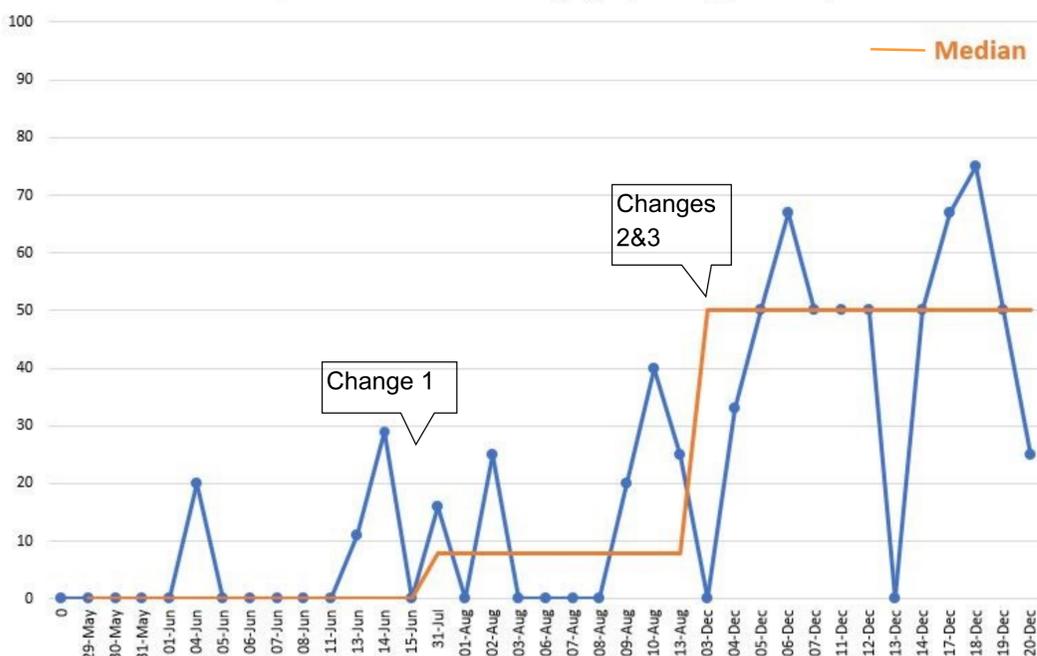
Balancing: 1. The number of patients prescribed insulin on the ward. 2. The number of hypoglycaemic events (blood glucose <4mmol/L) experienced by patients self-administering insulin.

Results

Storage of insulin by self-administering patients:



% of patients self-administering appropriately (run chart)



Assessment form and prescription chart (change 2)

Discussion & Conclusion

There was a clear increase in the number of patients appropriately self-administering. The interventions made meant that insulin self-administration could be facilitated safely by ward staff, and there was a positive response from both patients and staff. Though the project ran over time and budget, it was an overall success.

Future Work

It is hoped that the interventions made will become a permanent feature on the ward. The ward may require additional support and training, which will be determined over the next few months. If the project becomes sustainable in the long term, it could act as a model for other areas of the hospital to introduce insulin self-administration.

References

1. Joint British Diabetes Societies for Inpatient Care Group. Self-management of diabetes in hospital (online). 2012. Available from https://www.diabetes.org.uk/resources-s3/2017-09/67190-Self-management-in-hospital0312_0.pdf [Accessed 27/8/18]

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