



Safe staffing levels working group

[www.bit.ly/JBDS-IP](http://www.bit.ly/JBDS-IP)

Upstream

# JBDS inpatient diabetes staffing requirements

Downstream

Use prevalence as a guide

Factor in the model of care used on each site

Stages



Pre-admission  
Admission

Acute  
management

Management of  
acute  
emergency,  
escalation

Discharge planning  
OP review  
Tel/TM reviews

Aims

Admission avoidance  
(shared with OP services)  
Ambulatory care  
Acute assessments

Advice, liaison, support

Discharge planning  
Advice, liaison, support  
Outpatient reviews (42 vs 52  
weeks model)

Models

Emergencies assessment (wait for referral), proactive sweeps, in-reach, etc

Tasks

List: e.g. triage, advice on dose adjustment, insulin/BG monitoring start, tech initiation, VRIII switch, feeds, etc

7 days  
working

Yes/No to adjust the calculations

Workforce  
distributio  
n

Multidisciplinary team  
Take each task and identify time required, then distribute across workforce

Calculation

A combination of tasks \* time required = total time needed for the team

How can it be measured

Where we are today



Audit and service evaluation

How can we get it better?



Continuous quality improvement

Tomorrow: Research and  
innovations



Scaling up  
Implementation  
Publications