Hospital insulin safety starts in the community Ways you can help people with diabetes and why

Insights from SHINE Study Why this is important: Co-designed with people with diabetes and frontline staff. How & why errors happen? Inpatients with diabetes treated with insulin experience at least one insulin error Insulin is a high-risk, time-critical drug Insulin errors can lead to: Potential harm Acute diabetes emergencies: from errors can be Timing is crucial Hypoglycaemia, DKA, HHS severe, including for safe & effective life-threatening Impact on patient experience: treatment outcomes Common contributing factors **A** anxiety in errors include: stress Name of insulin professionals Breakdown in ↑ complications and communication Lack of access to hospital length of stay information on usual insulin treatment Self-administration of At transitions insulin not always facilitated Equipment at Of care point of care

Disjointed process

and systems

Busy workload

Staff knowledge

and confidence

gaps

Staffing

What to do about it?

Doses

• Timings

Devices

Clinical/Cognitive

status

Expectations

Understanding

Complex

medical history

and assumptions

Patient

factors

Social

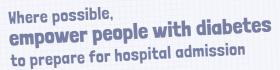
factors

Communication

difficulties

At clinical reviews:

- Check with your patient how they manage their insulin treatment
- Document usual insulin treatment details, including insulin name, devices, doses, and timings



- This may include safety netting advice on:
- What to take with them to hospital What to tell hospital staff
- The possibility of self-administration of insulin in hospital
- How to ensure their diabetes is managed safely in hospital
- How to prepare for planned surgery

Please see the '5 tips for safe hospital stay' infographic

This is essential for:



People with planned admissions or surgery



Older adults and/or individuals with frailty



People at higher risk of hospital admission







