



The Paediatric Diabetes QI Collaborative: A National Pilot of 10 Paediatric Diabetes Units in England

National CYP Diabetes
Quality Programme

ABCD Autumn Meeting November 9th 2018

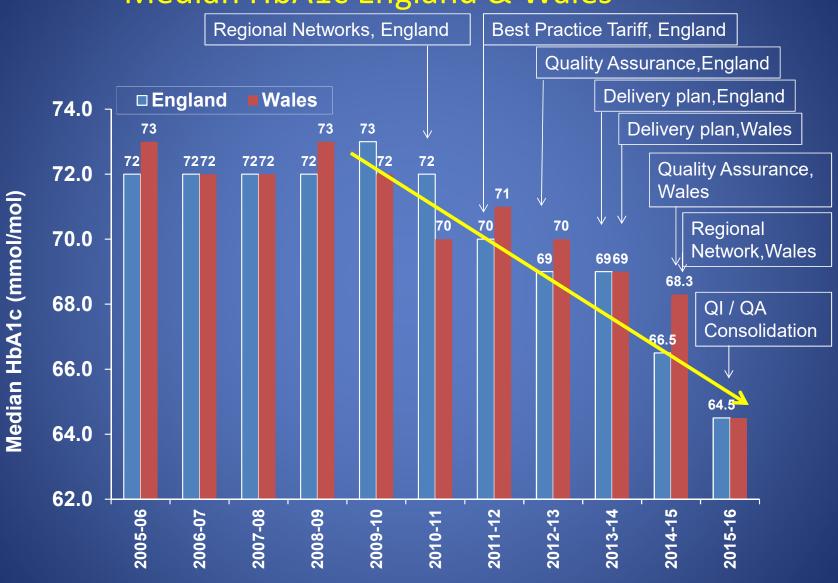
Dr Megan Peng

Objectives

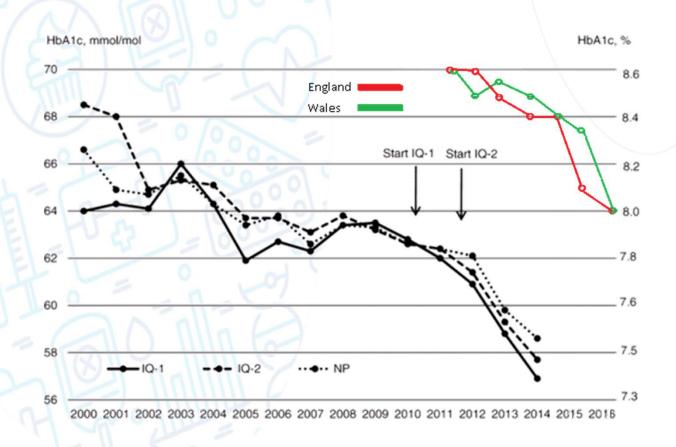
- Timeline of Quality Improvement initiatives so far
- Overview of Swedish QI Collaborative (QIC) initiative
- Overview of the UK pilot QIC initiative 2017-2018
- Snapshot of the achievements of the 10 pilot QIC teams
- Outcomes and Feedback from 10 pilot QIC teams
- Post-pilot QIC plans beyond 2018



Median HbA1c England & Wales



Swedish CYP Diabetes Outcomes



What Worked in Sweden?

- Clear and consistent messages from every member of the Multi Disciplinary Team
- Every staff member felt involved and valued
- Positive 'can-do' attitude from the team
- Perception of a well-functioning team
- Reduced targets for HbA1c
- Robust national audit and identifiable unit comparisons
- Supportive regional networks prepared to share good practice with a view to improving outcomes and reducing regional variation



First Steps – Phase 1 Pilot Outline



16 teams applied
10 units selected (100 healthcare professionals)



Training Event 1: November 2017

- Microsystems at work and improving outcomes in complex systems
- A focus on team dynamics the values and behaviours of high performing teams
- Improvement methods in healthcare
- Process mapping and fishbone analysis
- The PDSA cycle

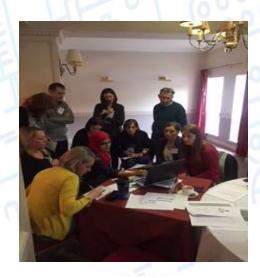






Training Event 2: February 2018

- Team sharing The World Café
- Human Factors in clinical practice
- The 'Six Thinking Hats' principle
- Time ordered data and outcome measures





Training Event 3: April 2018

- Shared the Swedish experience with Dr Lena Hanberger, Linkoping University
- Team presentations about their QI journey
- 'Making improvement our core business'
- 'How to sustain and spread improvement'







Training Event 4: July 2018

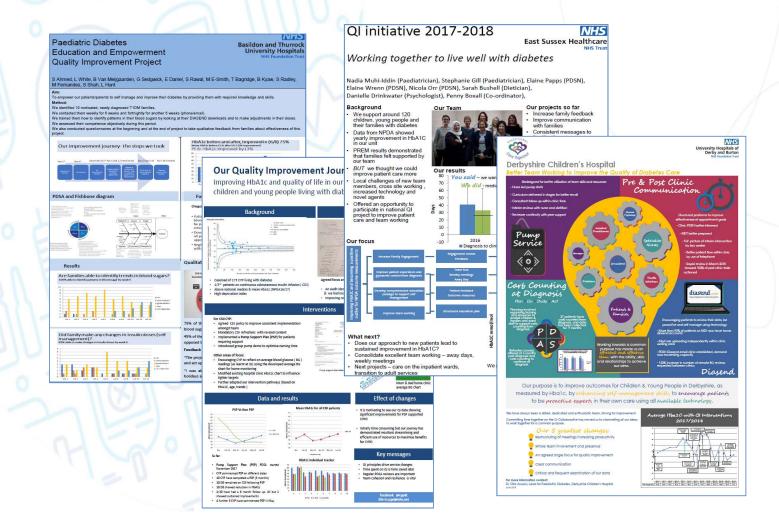
- Team feed back on progress and achievements using poster presentations
- How to disseminate learning and share within regional networks and beyond
- Learning about the habits of a continuous improver
- The engagement of children and young people with the RCPCH &Us Team







Team Posters



What Were Pilot Teams Working On?

Gloucester -

Reinventing

the clinic

experience.

Basildon – Clear targets for selfmanagement, Diasend introduction from diagnosis.

Bolton – Carb counting at diagnosis, shared purpose, pre and post clinic MDT huddle.

East Sussex – Structured education package, maintaining reduced HbA1c at 6 and 12 months post-diagnosis, increased family engagement events.

West Sussex – Improved
MDT working by video
linked meetings, high
HbA1c policy,
introduction of 'Diasend
Master Classes'.

Derby – Improved use of Diasend, a nurse-led pump process, remote Diasend email clinic, new MDT structure.

QI Team Focus and Initiatives

Sheffield – Officer of Fun in MDT, innovative newly-diagnosed pathway, trust management awareness.

Bedford – 'Self-Management', increased clinic appointments to 40 minutes, topics choice for consultation, Novo Goals for all contacts.

> Hillingdon – Reducing pump patients HbA1c by 10mmols using pump refreshers/ contracts/policy. Use of an HbA1c map.

south Tees – A patient education booklet and newly diagnosed quiz to assess knowledge prior to discharge, encouraging patients to download own meters in clinic, 'Takeover Saturday' CYP engagement event with families.

Team Feedback

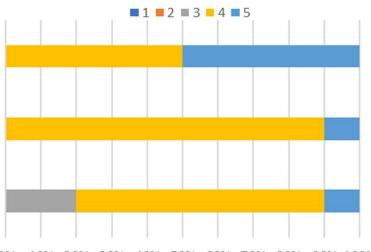
"We were able to understand the basic problems when we did the mapping exercise. We are more focused, learned a common skill set, increased team motivation, improved team cohesion and now have a common language and goals."

"We have a stronger focus now and clearer shared goals. We are giving more consistent advice to patients and families. By doing the QI we have spent more time analysing our HbA1c and tracking our progress in a more formal way, which has provided motivation and direction."

On a scale of 1 to 5, where 1 is 'not very useful' and 5 is 'extremely useful', how would you rate your overall experience of participating in the QI programme?

On a scale of 1 to 5, where 1 is 'not likely' and 5 is 'very likely', how likely are you to continue with your QI activities after the programme finishes?

On a scale of 1 to 5, where one is 'not at all' and 5 is 'significantly', how much would you say your ways of working as a team have changed in the course of the QI programme?





2018 - 2021





Post-pilot plans - Overview

- All units enrolled in the National CYPD Quality
 Programme are entitled to apply for a place in the QI Collaborative
- Application process: statement of purpose, declaration of commitment from all of the team and support from their Trust Medical Director to take part
- Two options for participation: national and regional



QI Collaborative - Waves 2 and 3

- Modelled on the pilot QIC (110 healthcare professionals)
 with the same master trainer who developed and
 delivered the pilot with support from RCPCH QI staff
- 2 National Waves starting in October 2018 involving 14 new teams (180 healthcare professionals) across all 11
 CYP Diabetes Regional Networks in England & Wales
- 1 residential weekend, 3 one-day events



Regional QI Collaboratives – Waves 4 to 12

- 2019 2021 up to 10 waves starting in March 2019
- 3 waves per year of 4 one-day events
- Expert trainer delivering the core content with support from the RCPCH QI staff
- Regional cohorts from diabetes networks:
 - South West and Wessex
 - East of England and Thames Valley
 - London and South East
 - North East and Cumbria, North West
 - Yorkshire and Humber
 - East and West Midlands
 - Wales





Dr Fiona Campbell
Dr Tricia Woodhead
Dr Justin Warner
Dr Neil Hopper
Dr Lena Hanberger
Kasia Muszynska
Sue Eardley







What is the NCYPD Quality Programme?

The last piece in the jigsaw to drive and monitor improvement in paediatric diabetes outcomes

A three-year integrated programme transforming teams to improve outcomes and deliver best practice care efficiently

National Programme benefits, supported by clinical teams, managed centrally with proven methods



- three year cycle

External Verification

- annually

Self Assessment

- annually

Quality Improvement Collaborative