

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

TRIM 70461

National Subcutaneous Insulin Form Pilot

Meeting 1

2.00pm to 4.00 pm Monday 19 November 2012

By Teleconference and Webex

Teleconference Number: 1800 440 012

after a couple of rings you will be answered with two rapid beeps, enter

PIN: 1166

(WebEx instructions sent separately)

For assistance dial 02 6289 8000

Agenda

	Item		
1	Welcome to the National Subcutaneous Insulin Form Pilot		
2	Hospital introductions	<i>Discussion</i>	
3	Project Overview		<i>Report</i>
4	Introduction to the National Subcutaneous Insulin Form		<i>WebEx presentation</i>
4	Project timelines		<i>Report</i>
6	Data Audit Elements and Audit Tool Application		<i>Report WebEx Demonstration</i>
7	Project Resource Materials		<i>Report</i>
8	Questions	<i>Discussion</i>	
9	Other business	<i>Discussion</i>	
10	Next meeting		

Agenda Item 1 – Welcome and apologies

Recommendation

THAT ATTENDEES NOTE APOLOGIES

Purpose

To welcome members and note apologies

Attendees

ACSQHC	Margaret Duguid (Chair)	
Calvary Mater Hospital	Dr Annalise Philcox Jeanette Upton	NSW
Grafton Base	Luke Flindall	NSW
Mater Misericordiae Mackay	Jane O'Shannessy	QLD
Northeast health Wangaratta	Jennifer Lowe	VIC
Peter MacCallum Cancer Centre	Senthil Lingaratnam	VIC
Rockingham Hospital	Maxine Schlaepfi	WA
Southern Health	Wendy Ewing	VIC
St Andrews Hospital Toowoomba	Pam Hoadley	QLD
St Andrews War Memorial Hosp	Erin Musgrave	QLD
St Vincent's Melbourne	Kathleen Steele	VIC
Sunshine Coast Private	Brett Sweeney	QLD
Tamworth Hospital	Lynne Gilks	NSW

Jurisdictional Representatives

Fiona McIver	Medication Safety Officer, Queensland Health
Helen Leach TBC	Program Manager, Quality Use of Medicines Program Vic Health
Danielle Kerrigan TBC	Agency for Clinical Innovation, NSW
Kerry Fitzsimons	Pharmacy Advisor, Office and Safety and Quality in Health Care, WA

Office of the Commission

Margaret Duguid	Pharmaceutical Advisor
Helen Stark	Senior Project Officer

Apologies

Dr Merryn Thomae	Mater Adult Hospital, QLD
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Agenda Item 2 – Hospital Introductions

Purpose

To provide attendees with an opportunity to introduce themselves, their health service and reasons for participating in the National Subcutaneous Insulin Form pilot. To ensure we keep to time please keep your introduction brief.

Twelve hospitals are participating in the pilot from five states.

Agenda Item 3 – National Subcutaneous Insulin Form Pilot Project Overview

Recommendation

THAT ATTENDEES NOTE THE PROJECT OBJECTIVES AND METHODOLOGY

Purpose

To provide attendees with an overview of the project including project objectives and methodology

Report

Background

Insulin prescribing and administering in acute care, and blood glucose level (BGL) management, are national safety and quality issues. Insulin is a high risk drug. It accounts for around 15% of the highest risk incidents (actual and potential) experienced in acute care. Errors in insulin prescribing and administration often occur as a result of unclear prescribing and unclear documentation of the dose administered, as well as the need to review multiple documents to administer an insulin dose and monitor its effect on a patient's BGLs.

The development of a national form for ordering, administering and monitoring insulin is a priority for the Australian Commission on Safety and Quality in Health Care (the Commission).

To progress the development of a national form, the Commission contracted a heuristic analysis of a large number of insulin forms used in Australia. All seven evaluators independently selected the Queensland Health form for subcutaneous insulin. Information on deficiencies identified in the form, was used to modify the current version. It is this version that is being piloted nationally.

Project aim

The primary aim of the *National Subcutaneous Insulin Form Pilot* is to demonstrate improvements in the safety of insulin prescribing and administering for adults in acute care without compromising glycaemic control. Improving in-hospital glycaemic control is a secondary outcome which will be explored.

Project objective

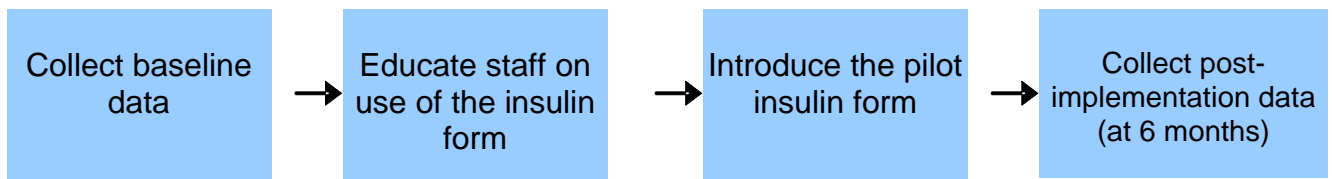
The objective of the pilot is to test the hypothesis that the use of a standard form for subcutaneous administration of insulin, when combined with planned implementation and education, can:

1. Reduce the opportunities for error in subcutaneous insulin prescribing and administration documentation; and
2. Not result in inferior blood glucose level control.

The Intervention

Participating hospitals will be required to:

1. Complete a baseline audit of insulin ordering and documentation on the participating hospital's *National Inpatient Medication Chart* (or local insulin form) and BGL monitoring form;
2. Educate medical, nursing and pharmacy staff on the draft *Subcutaneous Insulin Form* using educational materials provided by the Commission. These will include:
 - A powerpoint presentation
 - Posters explaining the use of the form;
3. Introduce the *Subcutaneous Insulin Form* across the hospital; and
4. Complete a post-implementation audit six months after commencing implementation.



The form should be implemented throughout all wards and units of the hospital. Implementing into a small number of units can lead to leakage of the form into areas that have not received education, and the need to transcribe onto the usual form if a patient is transferred either from a piloting ward to a non-piloting ward or vice versa.

Evaluation

The intervention will be evaluated by auditing for indices to measure opportunities for errors in prescribing and administration of insulin.

While the pilot is unlikely to be sufficiently powered to demonstrate improvements in BGL control, the effect of the form's safety features on BGL control will be examined.

The evaluation of the pilot comprises three components:

- A qualitative study;
- A hospital implementation experience questionnaire; and
- An issues register.

1. Quantitative Study

The quantitative study will comprise two audits:

- a. A baseline audit of:
 - i. insulin ordering and documentation on the participating hospital's *National Inpatient Medication Chart* (or local insulin form); and
 - ii. BGL monitoring form

This must be completed prior to introducing the *National Subcutaneous Insulin Form* and before any education on the *National Subcutaneous Insulin Form* begins. The audit will be further discussed in Agenda item 5.

- b. A post-implementation audit six months after commencing implementation. This should be completed and forwarded to the Commission by mid August 2013.

Hospitals may wish to conduct a third audit at 12 months (or longer).

Timing

Data collection for both the pre-implementation audit and post-implementation audit should be completed within a 4 week period.

Sample

Sample selection will be a random sample of inpatients with an insulin form over a one month period. Minimum requirements will be negotiated and agreed with individual hospitals and depend on expected number of eligible patients. Smaller hospitals (with less than 40 inpatients prescribed subcutaneous insulin per month) should audit all patients.

The pilot is testing the form as an insulin ordering device so all audits should be of forms that have been used for subcutaneous insulin ordering and not only for monitoring blood glucose level.

Method

The method for auditing to be used by hospitals will be based on availability of resources and access to patient medical records/insulin forms. The audits can be undertaken prospectively or retrospectively however hospitals should employ the same method for the pre and post-implementation audits. The post-implementation audits should be similar to the pre-implementation in the number of forms/charts and wards audited.

It is recommended that a clinician skilled in diabetes management with some experience in conducting safety and quality audits undertake the audits where possible. Ideally the same person should do all the auditing although it is recognised that this may not be possible. Referral to an endocrinologist or general physician for clinical queries when undertaking the audits is recommended.

The pre-implementation audit must be completed before the education program is provided.

The post-implementation audits should be identical to the pre-implementation in the number of forms and wards. Wherever possible, the same person should complete both audits.

Analysis of data

Data will be analysed by ACSQHC and a report produced including recommendations. Hospitals will be provided with feedback on their own data as well as aggregate data.

2. Implementation experience survey

Feedback will be sought from pilot hospital project coordinators and others involved in the pilot on results, barriers, issues, other reflections on the pilot and its conduct and implications for national implementation of a *Subcutaneous Insulin Form*. The survey will be conducted on line towards the end of the project.

3. Issues register

A *Pilot Issues Register* will be established for sites to report issues (including adverse events resulting from use of the *Subcutaneous Insulin Form*) and suggest improvements.

The register will be reviewed and used to inform recommendations for change to the form or the associated implementation resources.

Any issues should be emailed to Helen Stark, Senior Project Officer:
helen.stark@safetyandquality.gov.au.

Hospital responsibilities

Sites are required to

- Obtain agreement from senior management for involvement in the pilot;
- Identify a senior medical clinical leader for the pilot;
- Identify a project officer; and
- Establish a local implementation team that includes an executive sponsor, clinicians involved in diabetes management and the project officer.

The role of the project officer may be shared by more than one person at each site.

Sites are also required to obtain the necessary approval to participate in the pilot. This may take the form an approval for a quality improvement project through their safety and quality unit or through their human research ethics committee.

Commission Responsibilities

The Commission will:

- Provide artwork (design files) for the *National Subcutaneous Insulin Form*;
- Provide each hospital with a:
 - *National Subcutaneous Insulin Form User Guide*
 - Educational materials
 - Project manual
- Provide an audit tool and user guide and training;
- Provide training via teleconference and or webinar for hospital pilot coordinators at the beginning of the pilot and at regular intervals over the course of the pilot;
- Conduct regular teleconferences with all the participating hospitals; and
- Provide a final report of the project to each hospital.

All materials will be available from a secure section on the Commission website.

There will be a dedicated project officer at the Commission.

Attachments

Attachment 1: *National Subcutaneous Insulin Form*

Attachment 2: *National Subcutaneous Insulin Form User Guide*

Agenda Item 4 – Introduction to the National Subcutaneous Insulin Form

Recommendation

THAT ATTENDEES NOTE THE PRESENTATION ON THE NATIONAL SUBCUTANEOUS INSULIN FORM

Purpose

To provide attendees with an introduction to the National Subcutaneous Insulin form

Key points

An introduction to the *National Subcutaneous Insulin Form* will be provided using the power point presentation developed as part of the educational materials.

Agenda Item 5 – Project timelines

Recommendation

THAT ATTENDEES NOTE THE PROJECT TIMELINES

Purpose

To provide attendees with a timeline and to discuss issues related to timelines for the project

Report

Timelines will need to be managed by Project Coordinators at each site. The key points in relation to the timelines are as follows:

- The pre-implementation audit needs to be completed prior to the introduction of the pilot chart into the hospital or selected wards of the hospital
- Staff education should ideally be completed before the introduction of the pilot chart
- The pilot form is then introduced into the hospital or selected wards of the hospital for a period of 6 months
- Sites should complete the post-implementation audit by the end of Mid August 2013 (6 months after introduction of the *National Subcutaneous Insulin Form*)
- Sites are required to complete an on line implementation experience questionnaire in July 2013

An indicative project schedule is provided below although it is recognised that timelines may vary by hospital. However it is expected that post-implementation auditing will be concluded by mid-August 2013.

Project milestones	Date Completed
Initial teleconference/Webinar	19 November 2012
Baseline Audit completed	By 30 December 2012
Hospitals send baseline audit data to Commission	By 15 January 2013
Staff education	By 15 February 2013
2 nd hospital teleconference	3 rd week January date TBC
Subcutaneous Insulin Chart introduced	By mid-February 2013
3 rd hospital teleconference	March – April 2013 date TBC
4 th hospital teleconference July TBC	July 2013 date TBC
Implementation experience survey completed by hospitals	30 July 2013
6 month post-implementation audit completed and sent to Commission	By mid-August 2013
Data Analysis and reporting	By 30 September 2013
Final Report and Individual Hospital Reports	By 30 October 2013

Agenda Item 6 – Audit Data Elements and Audit Application

Recommendation

THAT ATTENDEES REVIEW THE DATA COLLECTION ELEMENTS AND NOTE THE FUNCTIONALITY AND USE OF THE PRE-IMPLEMENTATION AND POST-IMPLEMENTATION AUDIT TOOLS

Purpose

To provide an introduction to the data collection tools for the pre- and post -implementation audit tools

Key Points

Data will be collected using the data collection tools provided by the Commission.

The audit tool is electronic and consists of two automated excel files, one for the pre-implementation audit and one for the post-implementation audit. These will be sent to all sites participating in the project.

The pre-implementation file will be sent to sites following this meeting.

The post-implementation file will be sent to sites on request when the hospital is ready to complete the post-implementation audit.

A National Subcutaneous Insulin Form Pilot Audit Tool Application User Guide has been developed and forms attachment 1.

A WebEx demonstration of the audit tool application will be provided at the meeting. (Details on how to setup the WebEx has been emailed separately).

Sites will be followed up individually after the meeting to go through the audit tool in detail prior to commencing data collection.

Agenda Item 7 – Project Resource Materials

Recommendation

THAT ATTENDEES NOTE THE AVAILABILITY OF A NUMBER OF PROJECT RESOURCE MATERIALS

Purpose

To provide attendees with information about the range of resource materials available to assist with staff education

Key Points

The Commission will provide a number of project resources to assist hospitals with staff education including:

- National Subcutaneous Insulin Form User Guide
- Powerpoint Presentation
- Poster
- FAQs
- Audit Tool Application User Guide

These will be discussed at the meeting.

Agenda Item 8 – Questions

Purpose

To provide attendees with an opportunity to ask questions about the project

Agenda Item 9 – Other Business

Agenda Item 10 – Next meeting

Recommendation

Proposed schedule of teleconferences

17 January 2013

28 March 2013

18 July 2013