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HCA Insulin and Home Management

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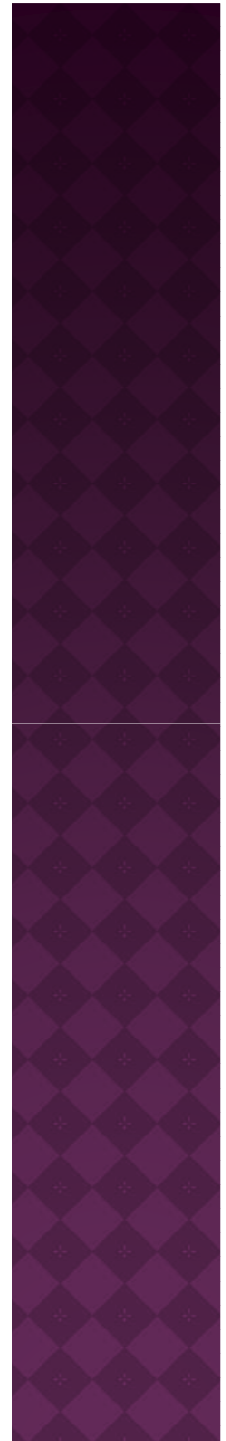
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H.C.A. INSULIN AND HOME MANAGEMENT

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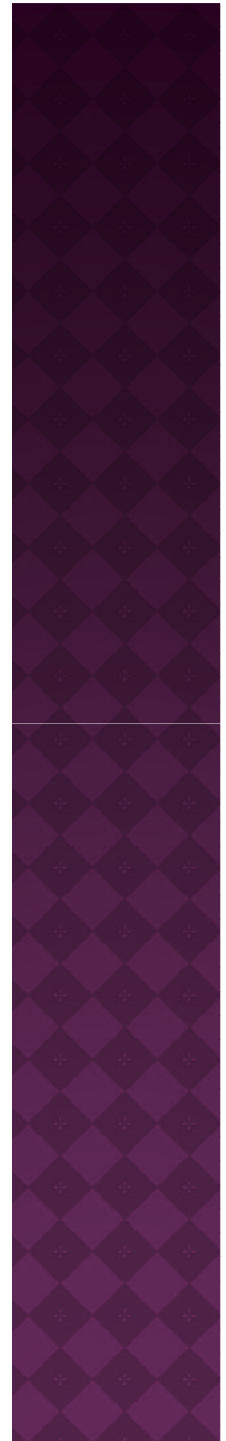
RECOGNISE THE NEED FOR CHANGE

- ◉ Local and National Policy Drivers(NICE 2004)
- ◉ Changes to skill mix (RCN 2004)
- ◉ Change of team dynamics (D.A.W.N. Questionnaire 2001)
- ◉ Changing requirements of the local population Calderdale Trust guidelines on Administration of insulin (2006).
- ◉ Change to financial service provision (Liberating the talents 2005).



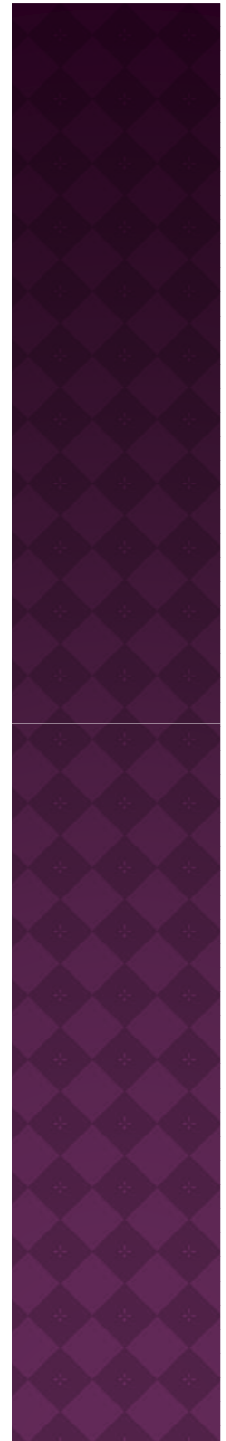
IDENTIFY THE MODEL FOR CHANGE

- ◉ A model that helps you move to a new development.
- ◉ Use of **Mabey, Mayon and White (1993)** change model was considered appropriate.
- ◉ Uses a bottom up service provision approach
- ◉ Simple six stages
- ◉ Adaptation from Lewins (1951) force field analysis,



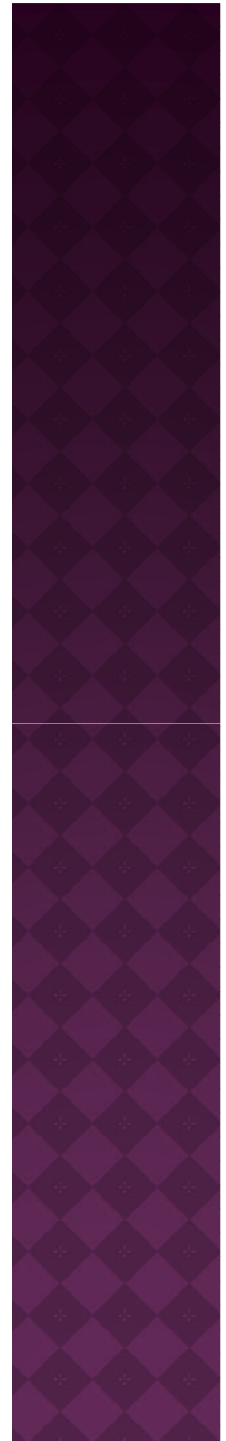
SET UP THE GROUP

- ◉ Initial group 6-8 members -encourage dialogue
- ◉ Non hierarchical approach- value all judgements and concerns raised.(Lewins 1951).
- ◉ Involve management on peripheral level so they are aware but cannot influence the process.
- ◉ Develop Agenda from the group. Use a SWOT analysis, rule out negative points before starting the event.
- ◉ Assign roles to all members. Adopts ownership of the process by involvement.



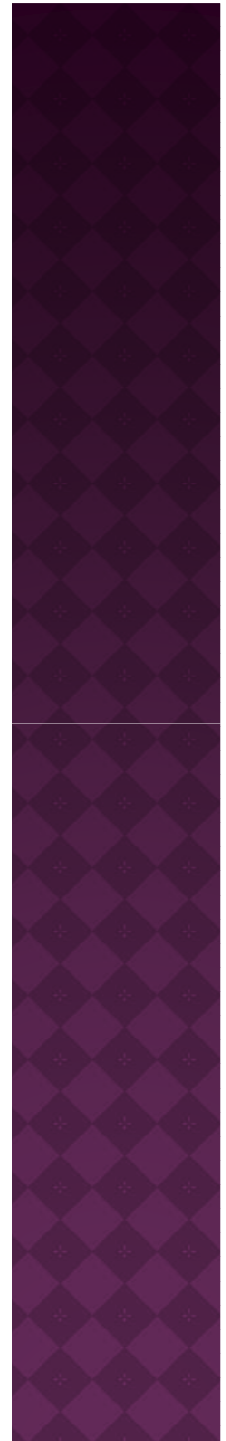
SIX STAGE MODEL USED WITH THE STEERING GROUP

- ◉ Define the problem.
- ◉ Develop a shared vision
- ◉ Foster consensus
- ◉ Spread revitalisation
- ◉ Institutional revitalisation
- ◉ Monitor /adjust the strategy in response to problems encountered.



UNFREEZE OLD PRACTICE

- ◉ Steering group members took relevant documentation and evidence base back to peers for review.
- ◉ Use of established networks to bring in the ideas and listen to any concerns, i.e. use of DN monthly meeting etc.
- ◉ This fosters wide inclusion and breaks down the resistance to change in ideas and reduces the threat of having to learn something new.



DATA COLLECTION AND ANALYSIS

- We were able to identify for successful implementation of the HCA insulin package then we needed to build in a programme that covered 3 distinct themes.
- 1. Education for the mentor and the HCA.
- 2. Competency framework and how to link this to practice mentors.
- 3. Resource allocation in order to complete the process

EDUCATION FOR THE MENTOR AND THE HCA.

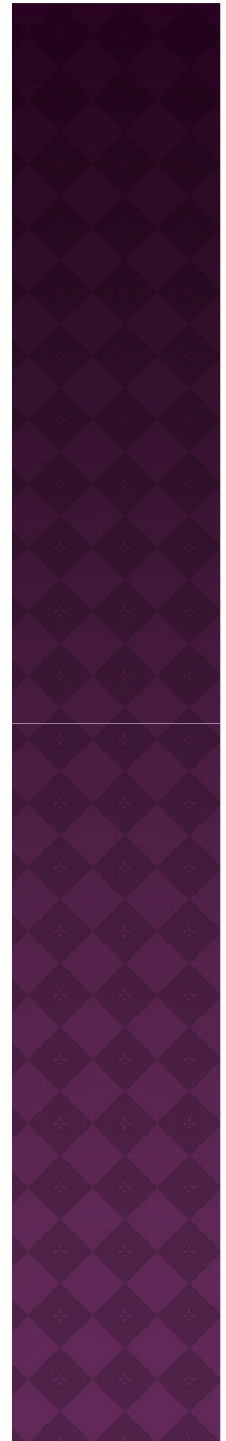
THEME 1.

- ◉ Develop a course hand book on the basics of diabetes type 1 +2
- ◉ Develop a pre event booklet that identified what was expected and how the course could benefit the patient.
- ◉ Identified 3 event dates that the mentor and student together could attend (chose half day sessions that were in the P.M. So as to minimise caseload disruption).

COMPETENCY FRAMEWORK

THEME 2

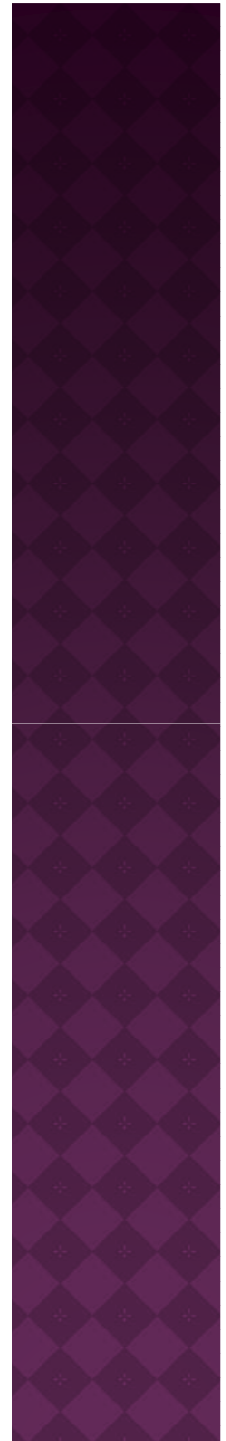
- ◉ Linked the frame work to the local Guidelines in community practice.
- ◉ Reviewed these with the DNS in order to ensure that consistency of information was established.
- ◉ Reviewed the initial work with the HCA student
- ◉ And Nurse mentors to ensure they could use the guidelines.
- ◉ Ensured legal and ethical approval by asking the Trust management team to review and ratify



RESOURCE ALLOCATION

THEME 3.

- ◉ Administration for developing and printing the new booklets.
- ◉ Time for mentor and student to study the booklets and attend sessions and hire of room.
- ◉ Back fill of staff to reduce pressure on those attending the sessions.
- ◉ Organising of equipment via asking companies to come and display there equipment and demonstrate how they work.



DEVELOPED 3 (½ DAY) SESSIONS

- ◉ Session 1 linked to A&P of digestion and role of the pancreas in relation to haemo dynamics of the body and how we maintain blood sugar levels.
- ◉ Session 2 Insulin types and why required included basic blood glucose monitoring advice. How to use insulin syringes and pens and safe disposal of sharps.
- ◉ Guide to insulin injection site management and also the advice for the ill patient.
- ◉ Session 3 was a hands on work shop of equipment, how to use it and to get to feel comfortable with various pieces of equipment and its uses

FOLLOW UP SESSION

- ◉ organised over a full day where the mentor and student attended to review the competency document and ask individual questions about the competency framework and how they were to achieve these in their practice in order to be signed off as accomplished and fit to practice.
- ◉ Competency was addressed as being reviewed in practice by the mentor and being deemed as safe in the administration of the insulin and disposal of equipment. This had to be demonstrated a minimum of 5 times and until the mentor felt the HCA was competent there after.