

Christina Lange Ferreira

Biog

Christina is a FEND Doctoral Research Fellow in Diabetes in the Faculty of Nursing, Midwifery and Palliative Care at King's College London and Nurse Consultant in Diabetes at Wye Valley NHS Trust.

Christina qualified as a registered nurse from the Universidade de Aveiro, in Portugal and moved to the UK in 2010. Clinically, Christina has over 10 years' experience of providing inpatient and outpatient diabetes specialist nursing care including leading on several service improvements.

She graduated with a Master's degree in Advancing Practice from the University of Worcester in 2016. Christina is a non-medical prescriber and was awarded a HEE/NIHR 'Silver Award' Pre/doctoral bridging programme scholarship at the University of Nottingham in 2018. In 2021 she was awarded a FEND Doctoral Fellowship to undertake her PhD research and training at King's College London. Her research interests include inpatient safety, patient empowerment and care of the older adult.

Abstract

Insulin is an essential treatment for many people with diabetes. Insulin errors in the hospital context are a common and complex problem, impacted by multiple interacting components. Errors lead to patient harm and distress, increased complications and prolonged length of hospital stay. Older adults may have additional risks which increase likelihood of an insulin error.

There is a lack of theory driven interventions addressing the several components influencing hospital insulin safety and of patient involvement in their development. System-based approaches to enhance insulin safety are needed.

Informed by a scoping review to classify insulin errors and contributing factors affecting people with diabetes in hospital, we developed a co-design study to work with older adults with lived experience of surgical admission and multidisciplinary staff involved in the perioperative care context. Initially we interviewed ten people with diabetes and twenty-three members of hospital staff. We then held feedback activities with people with diabetes and staff to validate our findings and identify priorities for intervention development. We then held three co-design workshops with people with diabetes and staff where we co-designed the conceptual model of complex system-based intervention to enhance hospital insulin safety. Our study found that the need to increase accessibility of information and lack of preparedness for hospital admission warranted further intervention. We co-designed 2 tools to address these gaps.

Our study highlighted multiple interacting components affecting hospital insulin safety for older adults and identified areas where further research is needed to inform future intervention development to increase resilience in insulin management in inpatient settings.