

Appendix 1: Focus Group Discussion Guide

Introduction:

1. Welcome
2. Ground Rules
3. Turn on audio-recorder

Focus group 1 (guideline developers):

Let's begin:

- How did you develop the guidelines for IV insulin infusions?
Prompts: personnel, process, purpose, materials/content/policies, did anybody lead this development
 - ✓ If they only mention one guideline... can you discuss why this guideline?
- What factors were taken into consideration?
Prompts: patients, healthcare providers, availability
- How do you think the guidelines to be used?
- Who will oversee the implementation of the guidelines?
Prompts: roles, each ward
- Are there any circumstances where you expect staff might deviate from the guidelines?
- how do you evaluate the use of the guidelines?
Prompts: reporting systems
- How will you refine them?
Prompts: personnel, process, materials

In the last 10 minutes, the researchers will provide a case scenario for the focus group to discuss how they would use the IV insulin guidelines to the case.

CASE SCENARIO

AA a 55-year-old, obese woman, admitted to the hospital with a sudden, severe headache which was described as the "worst headache" ever experienced associated with nausea, vomiting and blurred or double vision. After examination, she was diagnosed with brain aneurysm and admitted for emergency surgery BUT it is weekend, so she was on the emergency list and was prepared for surgery.

Past medical history

Hypertension, type1 diabetes, peripheral vascular disease, dyslipidaemia.

Admission blood test:

Glucose (11.7 mmol/L)

Haemoglobin A_{1c} (HbA_{1c} 8.6%).

K 4mmol/L

Diabetes medications:

Lantus 22 units subcutaneously at bedtime

Novorapid 2-4 units with each meal

Vital signs: BP 135/85 mm Hg, HR 80 bpm, temperature 37 C, weight 99.8 kg, BMI 32.5

AA is euvolaemic and last ate lunch; it is now 4:30pm.

Let's focus on glycaemic control. How do you think healthcare practitioners will treat this patient. (Target BG, home medications, type of insulin, using fluids, monitoring, conversion to SC)

Focus group 2 (managers):

Let's begin:

1. How do you know about the new guidelines?

Prompts: meetings, email, courses

2. When there is a new guideline, what do you do with it?

Prompt: Who does this and when? How do you introduce the guidelines to your staff?

Prompts: one to one, meetings, training days, email, ward handover meeting

3. Is there a given timeline to introduce the new guidelines or to do something about it?

4. How do you ensure the guidelines are being used by the staff?

Prompt: Can you give examples?

Prompts: monitoring, reporting, training, understandable

5. What has been your experience of using the guidelines?

Prompts: successes, good practice, incidents, accidents, concerns, non-conformities, complaints

In the last 10 minutes, the researchers will provide a case scenario for the focus group to discuss how they would use the IV insulin guidelines to the case.

CASE SCENARIO

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Focus groups 3 (healthcare practitioners working in the Vascular Surgery unit):

Let's begin:

- Are you aware of any OUH guidelines for IV insulin infusion?
- What do you think of the OUH guidelines for IV insulin infusion?
Prompts: language, training, content
- When do you use IV insulin infusion guidelines?
Prompts: presentation of patients
- How do you use the guidelines?
- Are there any challenges with the use of these guidelines?
Prompts: gaps, barriers, understanding
- What are the challenges you encounter when treating patients on IV insulin infusions?
Prompts: knowledge, time, staffing

In the last 10 minutes, the researcher will provide a case scenario for the focus group to discuss the treatment plan using IV insulin infusion based on their understanding of IV insulin infusion guidelines in their hospital.

CASE SCENARIO (Neuroscience ICU)

AA a 55-year-old, obese woman, presented to the hospital with progressive right leg weakness and right lower abdominal pain of one-month duration. The MRI scan revealed an S1 extradural tumour. She was referred to Neuroscience for advice and they had agreed to take over her care. The neurosurgical consultant recommended to prepare her for emergency surgery and to be NBM. She was to be admitted to Neuro ICU postoperatively.

Past medical history

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Diabetes medications:

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Vital signs: BP 135/85 mm Hg, HR 80 bpm, temperature 37 C, weight 99.8 kg, BMI 32.5

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Let's focus on glycaemic control. How do you think healthcare practitioners will treat this patient. (Target BG, home medications, type of insulin, using fluids, monitoring, conversion to SC)

CASE SCENARIO (Vascular Surgery)

AA a 55-year-old, obese woman, admitted to the hospital with pulsating sensations in the abdomen and pain in the lower back. After examination, she was diagnosed with abdominal aortic aneurysm and admitted for emergency surgery BUT it is weekend, so she was on the emergency list and will be prepared for surgery.

Past medical history

Hypertension, type1 diabetes, peripheral vascular disease, dyslipidaemia.

Admission blood test:

Glucose (11.7 mmol/L)

Haemoglobin A_{1c} (HbA_{1c} 8.6%).

K 4mmol/L

Diabetes medications:

Lantus 22 units subcutaneously at bedtime

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That concludes our focus group. Thank you so much for coming and sharing your experience with us.