Coping with the burden of administration

I decided to become a nurse to spend time caring for people, offering education and reassurance in their time of need. Little did I realise with that came the burden of administration from documenting every aspect of that education and advice, in case of litigation or complaint.

Diabetes care is often delivered by a long-term conditions team, in which administrative support is frequently shared with other specialist services. With increasing numbers of patients and the wider availability of new diabetes technologies, how can administration be effectively and safely managed?

A clinic conducted by a Diabetes Specialist Nurse (DSN) who is deflated, stressed and overwhelmed with administration does not match the ideal of patient-centred care. So inviting and including stakeholders to observe what a clinic is really like can provide benefits for service analysis and development. It can help stakeholders to identify gaps in the service and, potentially, to put forward business cases for more administrative assistance, where required.

Each region differs in the consultation time it offers a patient. In the region in which I work, we allocate 60 minutes per new patient and 30 minutes for a follow-up appointment. From my own experience, I find the key to fulfilling the patient's needs, completing the DSN's required key performance indicator templates and completing the admin is, where possible, to provide the patient with 70% of your undivided attention, while the remaining 30% is used to complete the administration. Owing to the growing complexities of patient care, this is not always possible. However, if used appropriately, it can allow the DSN to stay on track with their clinics, while providing some much-needed time at the end of the day to catch up.

Making the documentation process as simple as possible should be a top priority for us all. One idea to consider is using generic, pro forma comments to copy and paste into patient notes. These, of course, can be adapted to the individual at every consultation. Doing this saves time and allows you to focus on the clinical data. It also provides consistent documentation for all patients, and will often provide the basis for CGM updates, as required (see *Box 1*).

Asking for administration support staff to assist with technology can be as simple as creating password-protected spreadsheets to record insulin pump patients' updates and upgrades. This may include components such as patient identification, technology model, serial number and upgrade due date. Administrative staff can then conduct monthly reviews of the spreadsheet to ensure that patients have booked appointments in time for their updates and upgrades.

It is also worth remarking on the responsibility of not only appeasing the local medicine management team with updates, but also the updating data that needs to be sent directly to pump and CGM companies. Conversations with these companies may lead to negotiation in timings and frequencies of their own updates, and reduce the need for unnecessary ones.

Finances are tight in the UK and there is a drive locally to think "outside of the box". The use of volunteers is top of the agenda,

Box 1. Libre consultation template.

Libre review completed.
90 days' data reviewed:
- Average glucose level
- Above target range
- With target range
- Below target range
- Low alarm set at
- High alarm set at
- Low glucose events
- Scanning percentage

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and this may be useful in easing the burden of administration. There will be local guidelines on the tasks volunteers can be involved in, but it's worth considering whether they can help with aspects such as the administration of education. Volunteers could help ensure that education packs and leaflets are printed and prepared, so that DSNs in clinic and providing education have resources fully accessible.

As a registered nurse, it is imperative to uphold the Nursing & Midwifery Council's code (NMC, 2018a). Often poor record-keeping is a major theme when incidents or complaints arise. Keeping clear and accurate records is so crucial that it is included as part of the NMC's revalidation proficiencies (NMC, 2018b). Recording patient-agreed plans in the notes, so that any health professional following-up can see your thought processes and actions, is vital. Documenting when things have not gone to plan can also be used as validation. One example used in notes is, "This consultation overran the allotted time, and *x* and *y* areas were not discussed and will be picked up at next appointment."

Under current circumstances, with the prevalence of diabetes increasing while the number of DSNs decreases, the level of administration that our roles require us to conduct will not be reducing. In fact, it may increase as new technologies are made available, so be sure to look for support from colleagues, and be self-aware of your emotional and physical health going forward. ■

Nursing & Midwifery Council (2018a) *The Code*. Available at: https://www.nmc.org.uk/standards/code (accessed 02.02.23)

Nursing & Midwifery Council (2018b) *Future nurse: Standards of proficiency for registered nurses*. Available at: https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses (accessed 02.02.23)