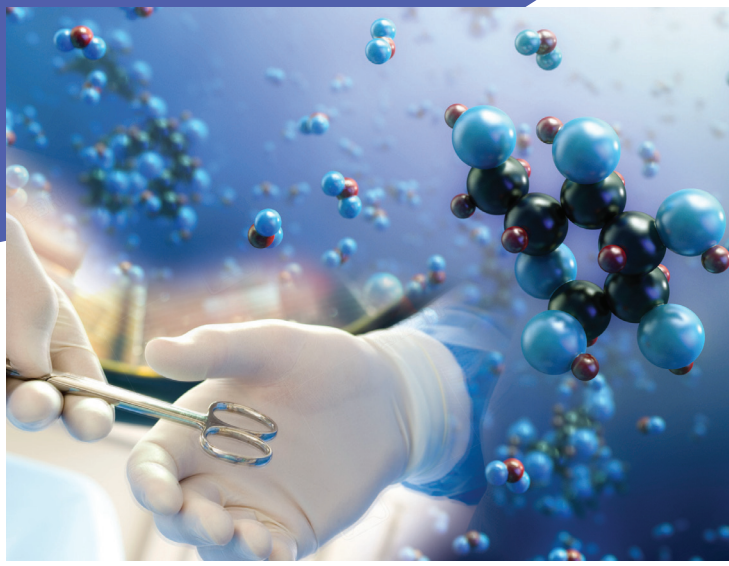
The Facts



Highs and Lows

A review of the quality of care provided to patients over the age of 16 who had diabetes and underwent a surgical procedure

STUDY SAMPLE

- Patients aged 16 years or older
- Admitted for surgery and with a diagnosis of diabetes
- 12,104 patients identified during 01/02/17 and 31/03/17
- Sampling for type 1 and type 2 and emergency vs elective a sample of 1,724 was randomly selected
- Data collected on questionnaires and peer review of case notes.

REFERRAL PROCESS

- 57% of patients referred electively in this study were from GPs
- 41% of referrals had no information on the management of the patient's diabetes in the community
- 42% of patients referred electively had HbA1c measured in previous 3 months
- 76% of patients had co-morbidities recorded at referral
- 84% had current medication recorded
- 22% had evidence of regular blood glucose measurements
- 22% had urgency of referral recorded
- 20% had eGFR; and
- 37% had body mass index (BMI) recorded at referral.

PERIOPERATIVE DIABETES CARE AND GLUCOSE MONITORING

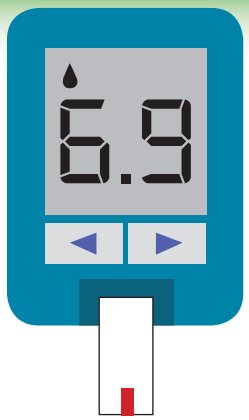
- 60% of patients did not have a clear plan for the management of the their diabetes on the day of surgery
- 12% of patients did not have diabetes medications documented on the day of surgery
- 47% of patients did not have capillary blood glucose recorded intra-operatively
- 14% of patients did not have their capillary blood glucose levels measured in recovery
- 21% of patients did not have their blood glucose managed appropriately in the post-operative period
- Diabetes was not managed by all the appropriate staff in 17% patients. Early involvement of a diabetes specialist nurse would have been beneficial in a majority of these patients (44)
- 20% of patients did not have discharge arrangements that included their diabetes care.

ORGANISATIONAL DATA

- Numerous diabetes guidelines are in existence, but are all specialty specific
- 28% of hospitals had a named clinical lead for perioperative diabetes
- 91% of hospitals had a hospital policy or guideline on managing operating lists of which 92% stated patients with diabetes should be prioritised early on the morning or afternoon theatre list.

NCEPOD

TO IMPROVE THE CARE PROVIDED TO PATIENTS WITH DIABETES UNDERGOING SURGERY WE NEED TO



MEASURE & MONITOR BLOOD GLUCOSE

BEFORE • DURING • AFTER SURGERY

AND

APPOINT a lead clinician ⟷ **TO** ⟷ **DEVELOP POLICIES & PROTOCOLS** for perioperative diabetes management

WITH THE AIM OF IMPROVING

Optimisation for surgery

- ✔ HbA1c
- ✔ Co-morbities
- ✔ Medications
- ✔ BMI
- ✔ eGFR
- ✔ Risk Rating

Prioritisation on the elective list

1st

To prevent prolonged fasting

Multidisciplinary team involvement

To ensure clinical continuity and input from all relevant healthcare team members

Referral, handover and discharge

To communicate the patient's status and needs to all in the pathway – especially THE PATIENT