Peri-operative management of surgical patients with diabetes study – Info for Local Reporters and Ambassadors

Introduction

The care of patients with diabetes is complex and this is particularly true of those undergoing surgical intervention. More than 15% of patients undergoing surgical procedures are known to have diabetes and poor control is associated with poorer results.

The pathway of care crosses numerous clinical boundaries and it is essential that all staff caring for this group are competent and confident to provide co-ordinated and appropriate care. Training and education of all staff who will care for patients with diabetes is very important. Whilst the adequate monitoring of blood glucose to detect hyperglycaemia and hypoglycaemia - both of which can be serious and life-threatening complications is very important, the management goes beyond the control of blood glucose alone. Indeed, the elective patient pathway starts long before the patient reaches the operating theatre. It starts with the patient's own control of their diabetes which also involves their GP and local diabetes team before progressing through to pre-assessment, the hospital admission, discharge and follow-up.

For patients admitted for emergency surgery the pathway is less clear and the need to be aware and confident to manage a patient's diabetic status is equally important[5].

There are existing national guidelines for the care of this patient group. The Joint British Diabetes Societies (JBDS) for inpatient care (JBDS-IP) is supported by Diabetes UK, the Association of British Clinical Diabetologists (ABCD) and the Diabetes Inpatient Specialist Nurse UK Group and their aim is to improve inpatient diabetes care throughout the UK. They have developed detailed evidence and consensus based guidelines,[1] the Association of Anaesthetists of Great Britain and Ireland,[2] British Association of Day Surgery[3] and NHS Diabetes[4] have also produced guidelines, however, despite all these guidelines the proposers of the study have raised concerns about aspects of the clinical care provided to patients across the UK and have questioned how well the guidelines are being adhered to.

Primary aim: To identify and explore remediable factors in the process of care in the peri-operative management of surgical patients with diabetes across the whole patient pathway from referral for surgery (elective or emergency) to discharge from hospital.

Objectives

The following areas will help address the primary aim of the study

- Timing, assessment (including pre-assessment and optimisation for elective patients) and urgency of admission/referral
- Appropriate documentation, record sharing and management of diabetes mellitus
- Multi-disciplinary review and follow-up throughout admission
- Escalation of care decisions and planning including step down from critical care and enhanced recovery after surgery
- Management of nutrition, fluids, critical incidents and medications
- Management of delays in the process, and risk assessment
- Appropriate discharge planning, communication to primary care including relevant information in the discharge letter, and planned follow-up
- Organisational aspects of the pathways of care of elective and emergency patients with diabetes including aspects of staff training, patient education, administration of medicine and the management of day surgery.

Sites
All hospitals in England, Scotland, Wales, Northern Ireland and public hospitals in the Isle of Man, Jersey and Guernsey where surgery is carried out on patients with diabetes.

Data collection

Patient identifier spreadsheet

Data will be collected on all adult patients (aged 16 and older) with a diagnosis of diabetes mellitus that were admitted as an elective/ emergency admission between the time period 1st February 2017 – 31st March 2017 inclusive and who had a surgical procedure with a one night stay in hospital post-surgery. A list of OPCS codes for minor procedures which should be excluded will be provided on the spreadsheet.

The spreadsheet will collect data on a number of fields, many of which are **key** to the study. Please try and complete all fields requested on the spreadsheet, if you have any problems then please contact our office.

A sample of ~2000 patients (with a maximum of 8 patients per hospital) will then be selected for questionnaire dissemination and peer review.

Clinician questionnaire
A clinician questionnaire regarding the inpatient episode will be sent to the consultant surgeon responsible for the patient at the time of their procedure.

Anaesthetist questionnaire
A questionnaire will be disseminated to the responsible anaesthetist to collect data on pre-assessment and anaesthesia.

Case note extracts for peer review
Photocopied case note extracts will be requested for each patient included in the study sample.

Organisational questionnaire
Information regarding facilities, equipment, policies and guidelines relevant to the management of surgical patients with diabetes and the management of day case patients.

We would be grateful if you could return the completed password protected patient identifier spreadsheet to our nhs.net account ncepod@nhs.net by **Friday 23rd June**.

Further information about the study can be found on our website http://www.ncepod.org.uk/pd.html or please contact the office on 020 7251 9060 or by email pd@ncepod.org.uk