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.

PERIOPERATIVE DIABETES CARE AND GLUCOSE MONITORING
- 60% of patients did not have a clear plan for the management of 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.

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.

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.
To improve the care provided to patients with diabetes undergoing surgery, we need to:

1. Measure & Monitor Blood Glucose

2. Appoint a lead clinician

3. Develop policies & protocols for perioperative diabetes management

With the aim of improving:

- Optimisation for surgery
  - HbA1c
  - Co-morbidities
  - Medications
  - BMI
  - eGFR
  - Risk Rating

- Prioritisation on the elective list
  - 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