Peri-operative Management of Surgical Patients with Diabetes
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Surgical Questionnaire

CONFIDENTIAL

DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE

Grade: ____________________________ Specialty: ____________________________

What is this study about?

NCEPOD is undertaking a study to identify and explore remediable factors in the process of care in the peri-operative management of surgical patients with diabetes. This study aims to review the whole patient pathway from referral to surgery (elective or emergency) to discharge from hospital.

Inclusions:
- Patients aged 16 and over:
- who have a diabetes mellitus ICD10 code (E10.0-E11.0 inclusive in any position)
- who were admitted as either an emergency, elective or unplanned admission (e.g. following day surgery)
- who had a hospital stay of at least one night post surgery
- and who had a major surgical procedure between 1st February - 31st March 2017 inclusive

Exclusions:
- Patients undergoing day surgery without an overnight stay
- Obstetric surgery
- Minor procedures - OPCS codes available on our website http://www.ncepod.org.uk/pd.html

CPD accreditation:

Consultants completing NCEPOD questionnaires make a valuable contribution to the investigation of patient care. It also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

Questions or help?

If you have any queries about this study or this questionnaire, please contact:
pd@ncepod.org.uk or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in late 2018.

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please supply your email address clearly below:

______________________________

FOR NCEPOD USE ONLY

[Barcode]

7728465563573
### CODES FOR GRADE

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<td>Staff grade/Associate specialist</td>
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<td>03</td>
<td>Trainee with CCT</td>
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<td>04</td>
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<td>Junior specialist trainee (ST1&amp;ST2 or CT equivalent)</td>
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<td>Basic grade (FY1/ FY2 or equivalent)</td>
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### SPECIALTY CODES

#### SURGICAL SPECIALTIES

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#### MEDICAL SPECIALTIES

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<td>Haematology</td>
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### DEFINITIONS

**Diabetic ketoacidosis (DKA)**

Consistently high blood glucose levels can lead to a condition called diabetic ketoacidosis. This happens when a severe lack of insulin means the body cannot use glucose for energy, and the body starts to break down other body tissue as an alternative energy source. The diagnosis is made with a pH < 7.3, bicarbonate concentration < 15mmol/L and a glucose of > 11 (or a history of diabetes), and ketosis (urine ketones more than ++ and/or blood ketone level > 3mmol/L).

**Early warning score (EWS)**

A simple scoring system in which a score is allocated to physiological measurements already undertaken when patients present to, or are being monitored in hospital. Six simple physiological parameters form the basis of the scoring system: (1) respiratory rate, (2) oxygen saturations, (3) temperature, (4) systolic blood pressure, (5) pulse rate, (6) level of consciousness.

**HbA1c**

HbA1c (also referred to as A1c or haemoglobin A1c) refers to glycated haemoglobin. It develops when haemoglobin, a protein within red blood cells that carries oxygen throughout the body, joins with glucose in the blood, becoming 'glycated'. By measuring glycated haemoglobin, HbA1c, clinicians are able to get an overall picture of what the average blood sugar levels have been over a period of weeks/months. For people with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.

**High dependancy unit (HDU)**

Level 2 (HDU) – Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When basic respiratory and basic cardiovascular support are provided at the same time during the same critical care period and no other organ support is required, the care is considered to be Level 2 care).

**Hyperosmolar hyperglycaemic state (HSS)**

HSS is a complication of diabetes mellitus (predominantly type 2) in which high blood sugars cause severe dehydration, increases in osmolarity (relative concentration of solute) and a high risk of complications, coma and death. It is diagnosed with blood tests. A glucose > 30 mmol/L, an osmolarity of 320 mOsm/L with dehydration.

**Hypoglycemia**

Hypoglycemia occurs when blood glucose levels fall below 4 mmol/L (72mg/dL).

**Intensive care unit (ICU)**

Level 3 (ICU) – Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This levels includes all complex patients requiring support for multi-organ failure. (NB. Basic respiratory and basic cardiovascular do not count as two organs if they occur simultaneously – see above under level 2 care – but will count as level 3 if another organ is supported at the same time).

**Malnutrition universal screening tool (MUST)**

MUST is a 3 step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. It also include management guidelines which can be used to develop a care plan.

**Variable rate intravenous insulin infusion (VRIII)**

The infusion of intravenous insulin at a variable rate according to regular capillary blood glucose measurements with the aim of controlling serum glucose levels within a specified range. The VRIII is usually accompanied by an infusion of fluid containing glucose to prevent insulin-induced hypoglycaemia.
A. CASE SUMMARY

1. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. Please write clearly for the benefit of the case reviewers. You may also write or type on a separate sheet.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

[Blank space]

B. PATIENT DETAILS

2. Age (at time of procedure) ___ ___ years

3. Gender
   □ Male
   □ Female

4a. Type of diabetes
   □ Type 1
   □ Type 2
   □ Other (please state):

4b. Type of medication
   □ Insulin
   □ Diet
   □ Oral hypoglycaemic agents
   □ Other (please specify):
   □ Non-insulin injectable therapy

5. How long ago was diabetes first diagnosed?
   □ 0-5 years
   □ 6-10 years
   □ > 10 years
   □ Unknown

6. Who normally looks after this patient's diabetes care? (Please tick all that apply)
   □ General practitioner
   □ Community diabetes specialist nurse
   □ Consultant diabetologist
   □ Hospital diabetes specialist nurse
   □ Unknown

[Blank space]
7. Was this admission:
   [ ] Elective  [ ] Non-elective

8a. Date of patient's last surgical outpatient review: [ ] [ ] [ ] [ ] dd/mm/yyyy  [ ] N/A

8b. Date the patient was placed on the waiting list:
   (including emergency patients) [ ] [ ] [ ] [ ] dd/mm/yyyy  [ ] N/A

If an Elective admission please continue to 9a
If a Non-elective admission please continue to 12

**C. ELECTIVE REFERRAL AND OUTPATIENTS**

9a. Date of referral: [ ] [ ] [ ] [ ] dd/mm/yyyy  [ ] N/A

9b. Who made the referral?
   [ ] General practitioner  [ ] District general hospital  [ ] Tertiary centre
   [ ] Emergency referral (111/999 call)  [ ] Managed pathway (e.g. physiotherapist)
   [ ] Other (please specify):

10a. Was information on the management of the patient's diabetes in the community available in the referral documentation?
   [ ] Yes  [ ] No

10b. If Yes to 10a, what did it include?  (please select all that apply) *Definitions on page 2
   [ ] Evidence of regular blood sugar measurement
   [ ] Patient co-morbidities
   [ ] Community diabetes specialist nurse assessment or notes
   [ ] List of current medication
   [ ] Evidence from primary care about the need to optimise the patient's diabetes before surgery

   **Diabetes related complications**  (please select all that apply)
   [ ] Cardiovascular
   [ ] Skin problems
   [ ] Cerebrovascular (with full recovery)
   [ ] Cerebrovascular (with minor residual disability)
   [ ] Cerebrovascular (with major disability affecting day to day life)

   [ ] Neuropathy
   [ ] Retinopathy
   [ ] Nephropathy
   [ ] Peripheral vascular disease
   [ ] HbA1c* (within the last 3 months)
   [ ] Urgency of referral
   [ ] BMI
   [ ] Blood pressure
   [ ] Estimated glomerular filtration rate (eGFR)

11a. Was a recent HbA1c* (3 months prior to surgery) available?  *Definitions page 2
   [ ] Yes  [ ] No  [ ] Unknown

11b. If Yes to 11a, was the HbA1c >8.5% or 69 mmol/L?
   [ ] Yes  [ ] No  [ ] Unknown
11c. If Yes to 11b, was there an attempt to improve control, before surgery, by referral to:

- Diabetes team
- Primary care
- Admitted to secondary care for optimisation
- Dietitian
- None
- Unknown
- Other (please state):

11d. If the answer to 11c was 'None', and if the patient's HbA1c was >8.5% or 69mmol/L, was a reason documented as to why not?

- Yes
- No
- Unknown

11e. If Yes to 11d, please provide the reason:

D. ADMISSION DETAILS

12. Date and time of arrival to hospital:

- dd/mm/yyyy
- hh:mm

13a. Date and time of decision to admit patient:

- dd/mm/yyyy
- hh:mm

- N/A elective patient

13b. Please state the grade and specialty of the clinician deciding to admit the patient:

- Grade:
- Specialty:
(Grade and specialty codes on page 2)

14. First documented assessment by a healthcare professional (excluding triage):

- Date:
- Time:
- Grade:
- Specialty:
(Grade and specialty codes on page 2)

15. Where was the patient first assessed (excluding triage)? *Definitions on page 2

- Emergency department
- Specialist ward
- Medical assessment unit
- Level 2 (HDU)*
- Level 3 (ICU)*
- Surgical assessment unit
- Other (please state):
- Pre-operative admissions unit
- General ward

16. Please specify an admission category:

- Elective
- Planned
- Emergency

A time agreed between the patient and surgical service
Within 48 hours of referral/ consultation
Immediately following referral/ consultation, where admission is unpredictable and at short notice because of clinical need

17. What was the diagnosis for this patient on admission?
18a. Did the patient have a known or newly diagnosed mental health condition on admission?
   □ Yes  □ No  □ Unknown

18b. If Yes to 18a, please state:

19a. Had this patient’s admission been cancelled on a previous occasion?  □ Yes  □ No  □ Unknown

19b. If Yes to 19a, on how many occasions?

19c. If Yes to 19a, was it cancelled for any reason other than a clinical one?  □ Yes  □ No  □ Unknown

19d. If Yes to 19c, please give details:

20a. In your opinion, did the time spent waiting for the operation affect the patient’s outcome?
   □ Yes  □ No  □ Unknown  □ N/A

20b. If Yes to 20a, please give details:

21. Date and time of arrival to admitting ward:
   □ □ □ □ □ □ □ dd/mm/yyyy  □ □ □ □ hh:mm

22a. To what specialty was the patient first admitted?  □ □ □ □ □ □ □ (Specialty codes on page 2)

22b. In your opinion, was this an appropriate specialty for the patient to be admitted to?
   □ Yes  □ No  □ Unknown

22c. If No to 22b, please state why not:

23a. Was the patient transferred to another specialty?  □ Yes  □ No  □ Unknown

23b. If Yes to 23a, was there a delay in the process of transfer?  □ Yes  □ No  □ Unknown

23c. If Yes to 23a, please state the reason for delay:

E. ASSESSMENT FOLLOWING ADMISSION

24. Please state the grade and specialty of the clinician who first assessed the patient following admission?
   Grade: □ □ □ □ □ □ □  Specialty: □ □ □ □ □ □ □ (Grade and specialty codes on page 2)

25. What was the presumed diagnosis following the initial assessment?

26. Date and time of first consultant review:
   □ □ □ □ □ □ □ dd/mm/yyyy  □ □ □ □ hh:mm

27. If the patient was not expected to survive, was an end of life care pathway initiated?
   □ Yes  □ No  □ Unknown  □ N/A
F. INPATIENT PRE-OPERATIVE CARE

28a. Was a referral made to the inpatient diabetes nurse specialist during the current inpatient admission?  
☐ Yes  ☐ No

28b. Was the inpatient diabetes specialist team consulted during the current inpatient admission?  
☐ Yes  ☐ No  ☐ N/A

29a. Date and time referred to diabetes team:  
[ ] [ ] [ ] [ ] dd/mm/yyyy  [ ] [ ] hh:mm  ☐ N/A

29b. Date and time first seen by diabetes team:  
[ ] [ ] [ ] [ ] dd/mm/yyyy  [ ] [ ] hh:mm  ☐ N/A

30. Which diabetes specialist was the patient seen by during the current inpatient admission?  
☐ Consultant diabetologist  ☐ Diabetes specialist nurse  ☐ Core trainee in diabetes

☐ Other (please state):  
☐ None of the above

31a. Was the patient discussed at a multi-disciplinary review meeting by the inpatient diabetes service?  
☐ Yes  ☐ No  ☐ Unknown  ☐ N/A

31b. If Yes to 31a, who attended this?  
☐ Consultant surgeon  ☐ Consultant anaesthetist  ☐ Consultant diabetologist

☐ Diabetes specialist nurse  ☐ Consultant in intensive care

32. Was a dietitian consulted during the current inpatient admission?  
☐ Yes  ☐ No  ☐ Unknown

33a. Was a MUST* score calculated during the current inpatient admission?  
☐ Yes  ☐ No  ☐ Unknown

*Definitions on page 2

33b. If Yes to 33a, what was the score?  
☐ 0: Low risk  ☐ 1: Medium risk  ☐ 2+: High risk

34. What supplementary nutrition did the patient receive during the current inpatient admission?  
☐ Parenteral nutrition  ☐ Enteral feeding  ☐ Normal diet

☐ Other (please state):  ☐ Unknown  ☐ Nil by mouth

G. OPERATION

35a. Were there any delays caused by poor control of the patient’s diabetes between admission and the operation?  
☐ Yes  ☐ No

35b. If Yes to 35a, how long was surgery delayed by?  
[ ] [ ] days  [ ] [ ] hours

36a. Were there any other avoidable delays?  
☐ Yes  ☐ No

36b. If Yes to 36a, please state:
37. What was the patient’s ASA grade immediately pre-operatively?
- ASA I  A normal healthy patient
- ASA II  A patient with mild systemic disease
- ASA III  A patient with severe systemic disease
- ASA IV  A patient with severe systemic disease that is a constant threat to life
- ASA V  A moribund patient who is not expected to survive the operation

38. Please classify urgency of the procedure:
- Immediate  Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within minutes of decision to operate
- Urgent   Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.
- Expedited  Patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.
- Elective   Intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

39. Date and time of arrival to theatre: [ ] [ ] [ ] [ ] [ ] dd/mm/yyyy  [ ] [ ] hh:mm

40. What operation was undertaken?

41. Please state the diagnosis established at operation (if different from admission)
- N/A (same as admission)

42a. Were there any unanticipated intra-operative problems?  
- Yes  
- No  
- Unknown

42b. If Yes to 42a, please specify:

43. What type of theatre was the procedure conducted in?
- Dedicated emergency theatre
- Elective theatre
- Specialist theatre
- General theatre
- Other (please state): 

44. What was the grade of the most senior operating surgeon (as distinct from surgeons present in an assisting or supervisory capacity) at the start of this case?
Grade: [ ] [ ]  (Grade codes on page 2)

45. What level of supervision did the primary operator have if they were not a consultant?
- Consultant supervised scrubbed
- Consultant unsupervised in theatre
- Unsupervised in hospital
- N/A
- Other (please state): 

46a. Did the patient receive a blood transfusion during surgery?  
- Yes  
- No  
- Unknown

46b. If Yes to 46a, how many units were given?  
[ ] [ ] units of blood
H - POST-OPERATIVE MANAGEMENT

47. Date and time of arrival to recovery area: dd/mm/yyyy hh:mm

48a. Who managed the patient’s diabetes in the post-operative period:

☐ Patient
☐ Diabetes team
☐ Diabetes specialist nurse
☐ Other (please state): Anaesthetic team
☐ Surgical team

48b. If the answer to 48a was ‘diabetes team’, how frequently was the patient reviewed?

☐ Daily
☐ Twice daily
☐ On referral
☐ Other (please state): Before discharge

49a. Was the patient started on variable rate intravenous insulin infusion* (VRIII- previously known as sliding scale) within the first 48 hours post-operatively? *Definitions on page 2

☐ Yes
☐ No

49b. Was the patient’s blood glucose measured every hour?

☐ Yes
☐ No

49c. What was the lowest blood glucose measurement: mmol/L

49d. What was the highest blood glucose measurement: mmol/L

50. Was the patient started on an oral diet as early as possible?

☐ Yes
☐ No

51. Was the patient started on their usual diabetes medications as early as possible?

☐ Yes
☐ No

52. Was a nutritional assessment performed post-operatively?

☐ Yes
☐ No

53. Did the patient see a dietitian post-operatively?

☐ Yes
☐ No

54a. Was a MUST* score calculated post-operatively? *Definitions on page 2

☐ Yes
☐ No
☐ Unknown

54b. If Yes to 54a, what was the score?

☐ 0: Low risk
☐ 1: Medium risk
☐ 2+: High risk

55a. What supplementary nutrition did the patient receive post-operatively?

☐ Parenteral nutrition
☐ Enteral feeding
☐ Normal diet
☐ Other (please state): Unknown
☐ Nil by mouth

55b. How long was this given for? N/A (nil by mouth) days

55c. When was nutrition started: N/A (nil by mouth) dd/mm/yyyy

56. Was an early warning score* used post-operatively? *Definitions on page 2

☐ Yes
☐ No

57. Were areas at risk of pressure sores protected?

☐ Yes
☐ No
58a. Who reviewed the patient after surgery? (please tick all that apply)
- Surgeon
- Diabetes team
- Diabetes specialist nurse
- Physiotherapist
- Anaesthetist
- Occupational therapist
- Other (please state):

59. Please describe any post-operative complications
- N/A (no post-operative complications)

60. How were complications identified?
- N/A

61. How were complications managed?
- N/A

62a. Did the patient experience any specific diabetes complications post-operatively? *Definitions on page 2
- Diabetic ketoacidosis*
- Hypoglycaemia* needing treatment
- Other (please specify):
- Hyperosmolar hyperglycaemic state*

62b. If Yes to 62a, was appropriate action taken?
- Yes
- No
- Unknown

62c. If Yes to 62a, was this avoidable?
- Yes
- No
- Unknown

62d. If Yes to 62c, please give details:

I. DISCHARGE/DEATH

63. Did the patient die during this admission?
- Yes
- No

If Yes please complete Q64-Q65  If No please continue to Q66

64. Date of death: dd/mm/yyyy

65. Please state the cause of death as written on the medical certificate of cause of death (MCCD) or as determined by the coroner:

1a. 

1b. 

1c. 

2. 

Please go to Q71a
66. Who was involved in the patient's discharge planning? (please tick all that apply)

- [ ] Patient
- [ ] Surgeon
- [ ] Diabetes specialist nurse
- [ ] Diabetes team
- [ ] Physiotherapy
- [ ] Occupational therapy
- [ ] Other (please specify):
  - [ ] Rehabilitation
  - [ ] Dietitian

67. Date of discharge: dd/mm/yyyy

68. Final diagnosis at discharge:

69a. Were arrangements made for the patient's diabetes care post discharge?

- [ ] Yes
- [ ] No
- [ ] Unknown

69b. If Yes to 69a, what arrangements were made? (please tick all that apply)

- [ ] Diabetes team follow-up
- [ ] Self management
- [ ] General practitioner follow-up
- [ ] Other (please specify):

70a. Was the patient re-admitted within 30 days after discharge?

- [ ] Yes
- [ ] No
- [ ] Unknown

70b. If Yes to 70a, what was the reason for the re-admission?

- [ ] Unrelated to previous admission
- [ ] Diabetes complication (please specify):
- [ ] Surgical complication (please specify):
- [ ] Other (please specify):

71a. Was there a critical incident relating to the patient’s diabetes management during this admission?

- [ ] Yes
- [ ] No
- [ ] Unknown

71b. If Yes to 71a, please describe:

71c. If Yes to 71a, was this reported using your local hospital reporting system?

- [ ] Yes
- [ ] No
- [ ] Unknown

72. Was the incident discussed at a formal multi-disciplinary review/ audit/ mortality and morbidity meeting?

- [ ] Yes
- [ ] No
- [ ] Unknown
74. Please provide any further comments relating to this patient's care. With the benefit of hindsight, is there anything, in your opinion, that could have been done differently? Was this related to clinical or organisational aspects of care. Please note that all answers are confidential.

Thank you for completing this questionnaire

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into medical and surgical care.