



JBDS Peri-operative Guidelines' Impact on Elective Diabetes Care

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A Bit of Revision - Why Were They Developed?

Excess Mean Length of Stay in Diabetes Inpatients Aged 18 – 60 Years

269,265 Diabetes Discharges and 4,411,593 Matched Controls

	Mean LOS (days)			Excess LOS (days)			n		
	E10	E11	C	E10	E11	E10	E11	C	
Surg.	5.4 (0.1)	5.1 (0.1)	4.2 (0.2)	1.2	0.9	18,032	32,135	1,501,453	
T & O	4.8 (0.1)	5.3 (0.2)	4.6 (0.1)	0.2	0.7	8,178	12,203	885,606	
GM	4.8 (0.2)	5.4 (0.2)	4.4 (0.1)	0.4	1.0	70,988	82,446	1,709,553	
Card.	4.2 (0.1)	4.2 (0.1)	3.8 (0.1)	0.4	0.4	5,307	15,009	229,784	
MFE	4.8 (0.2)	5.6 (0.2)	4.7 (0.1)	0.1	0.1	2,444	4,549	85,197	

E10 = Type 1 diabetes E11 = Type 2 diabetes c = controls

English Hospitals, 4 consecutive years of discharges 2000-2004

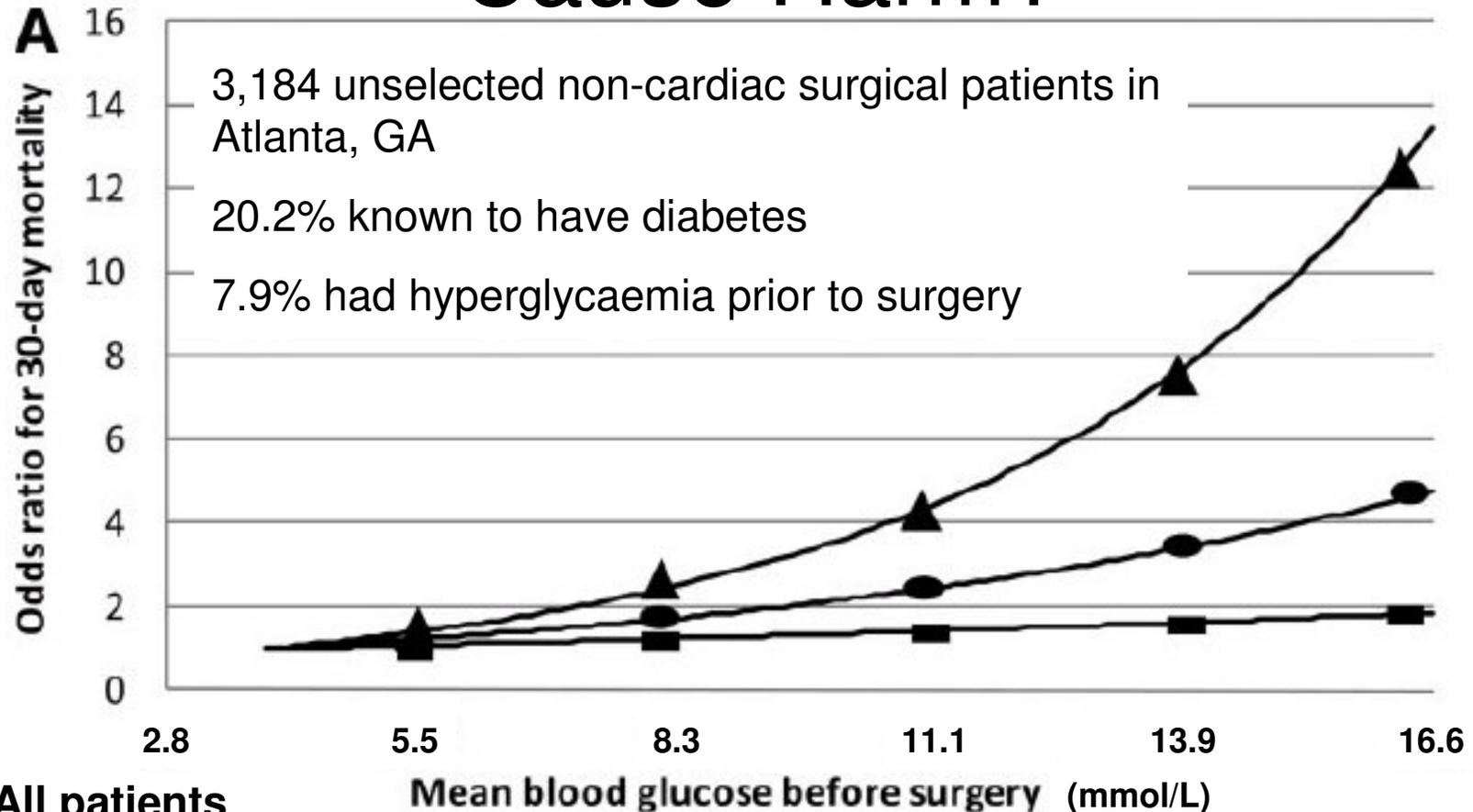
Sampson MJ et al Diabetes Research & Clinical Practice 2007;77(1):92-98

Translating that into ‘NHS’ Speak

- Estimated excess expenditure on inpatient care related to diabetes admissions in one year (2009 – 2010) in England

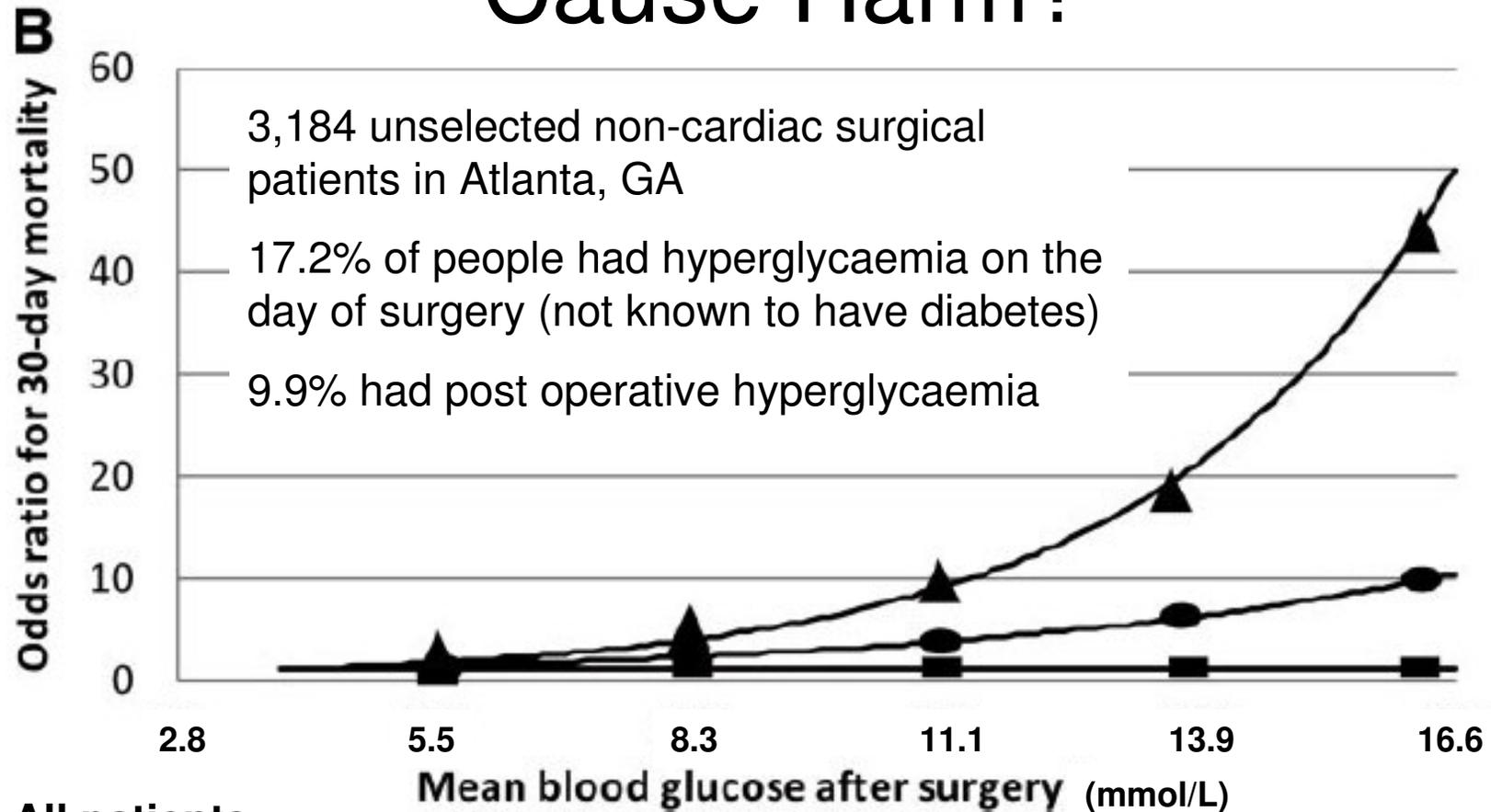
	Activity	Expenditure (£M)
Excess admissions	164,361	£434.1
Lower rates of day case surgery	41,906	£9.3
Excess LOS (days)	574,326	£129.2
Total		£572.7

Do High Admission Glucose Levels Cause Harm?



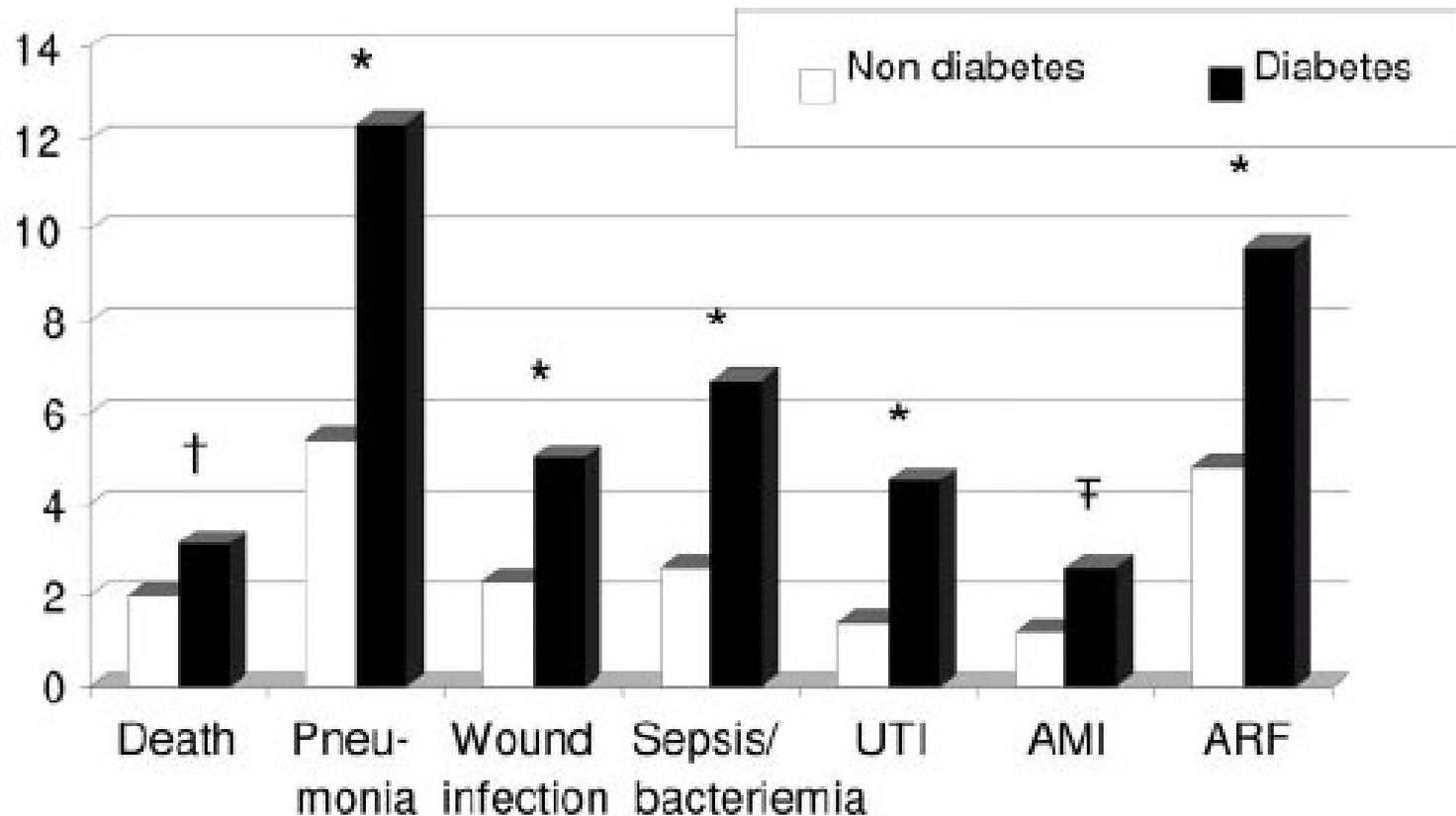
- All patients
- Patients with diabetes
- ▲ Patients without diabetes

Do High Admission Glucose Levels Cause Harm?

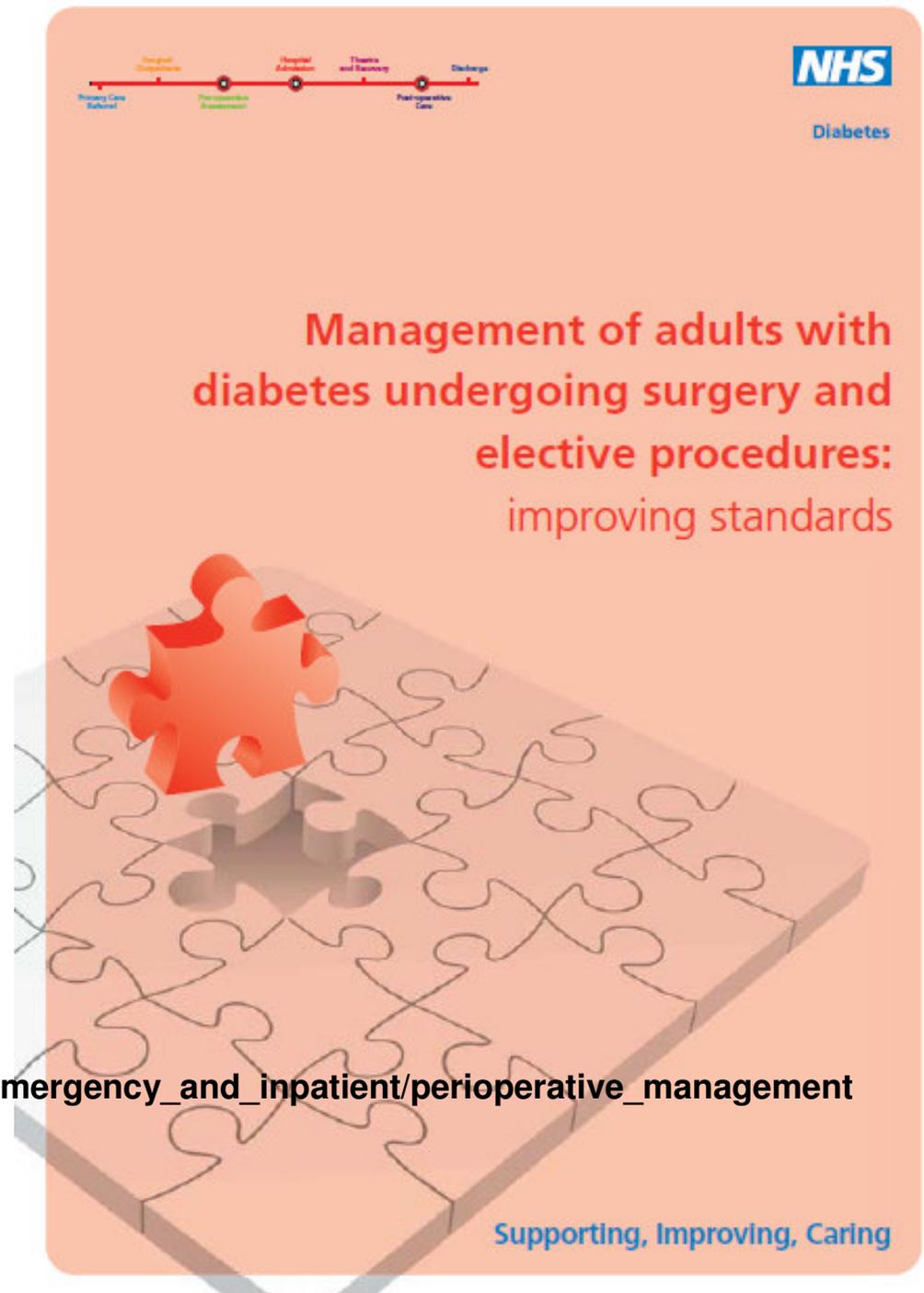


- All patients
- Patients with diabetes
- ▲ Patients without diabetes

Do High Glucose Levels Cause Harm?



Along Came This.....



http://www.diabetes.nhs.uk/areas_of_care/emergency_and_inpatient/perioperative_management

And This.....

Diabetes UK Position Statements and Care Recommendations

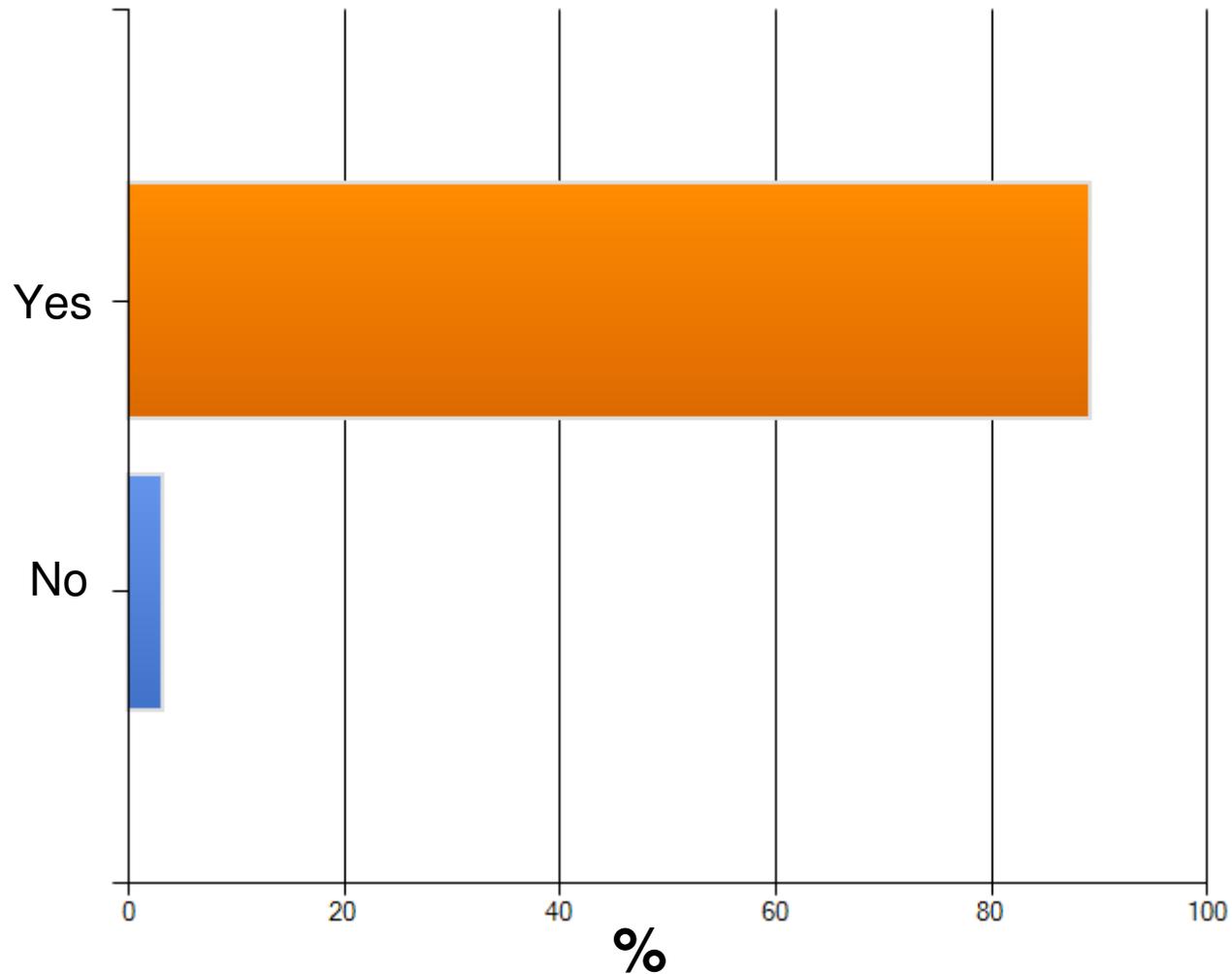
NHS Diabetes guideline for the perioperative management of the adult patient with diabetes*

K. Dhatariya¹, N. Levy², A. Kilvert³, B. Watson⁴, D. Cousins⁵, D. Flanagan⁶, L. Hilton⁷, C. Jairam⁸, K. Leyden³, A. Lipp¹, D. Lobo⁹, M. Sinclair-Hammersley¹⁰ and G. Rayman¹¹
for the Joint British Diabetes Societies

Survey Monkey Questions

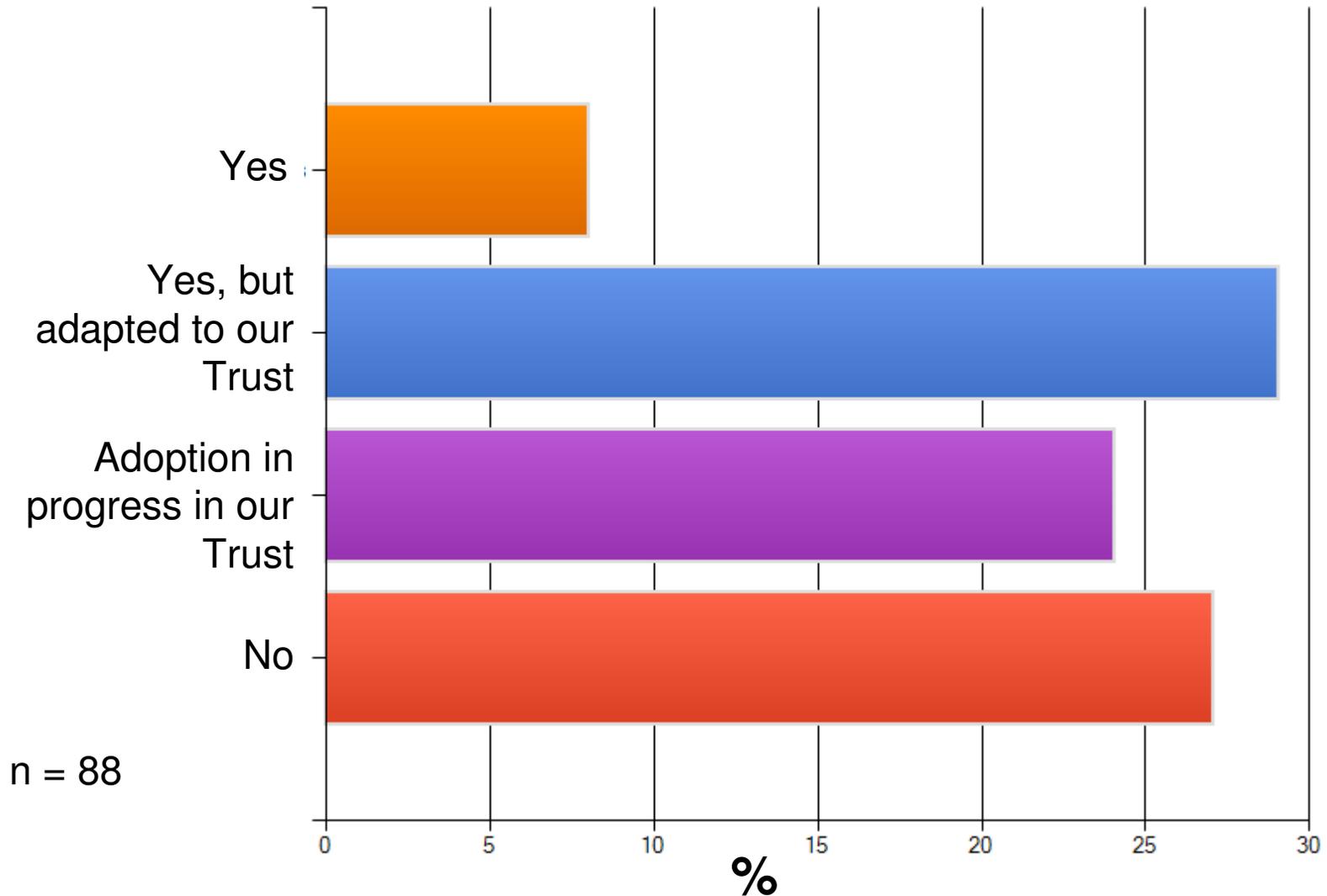
- Were you aware of the guidelines?
- If you are aware of these guidelines, have you adopted them for local use?
- If you have adopted these guidelines, did you get support from your Trust?
- If you have used these guidelines, have you audited the results of their implementation?
- If you have not adopted them, why not?
- If you have not adopted them, what do you feel of their quality?
- If you have adopted them what do you think of them?
- If you have not adopted them what do you think of them now?

Awareness

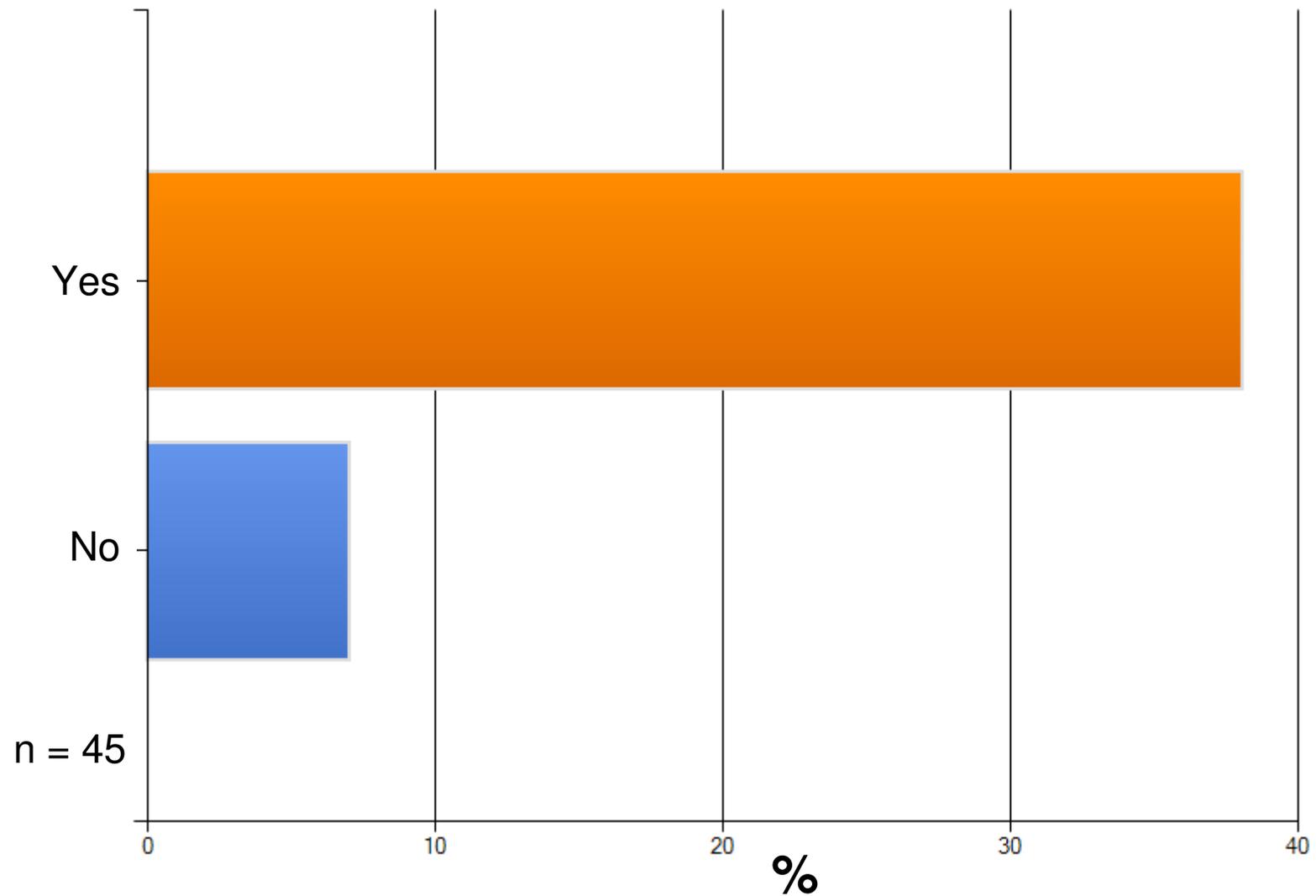


n = 92

Local Adoption?



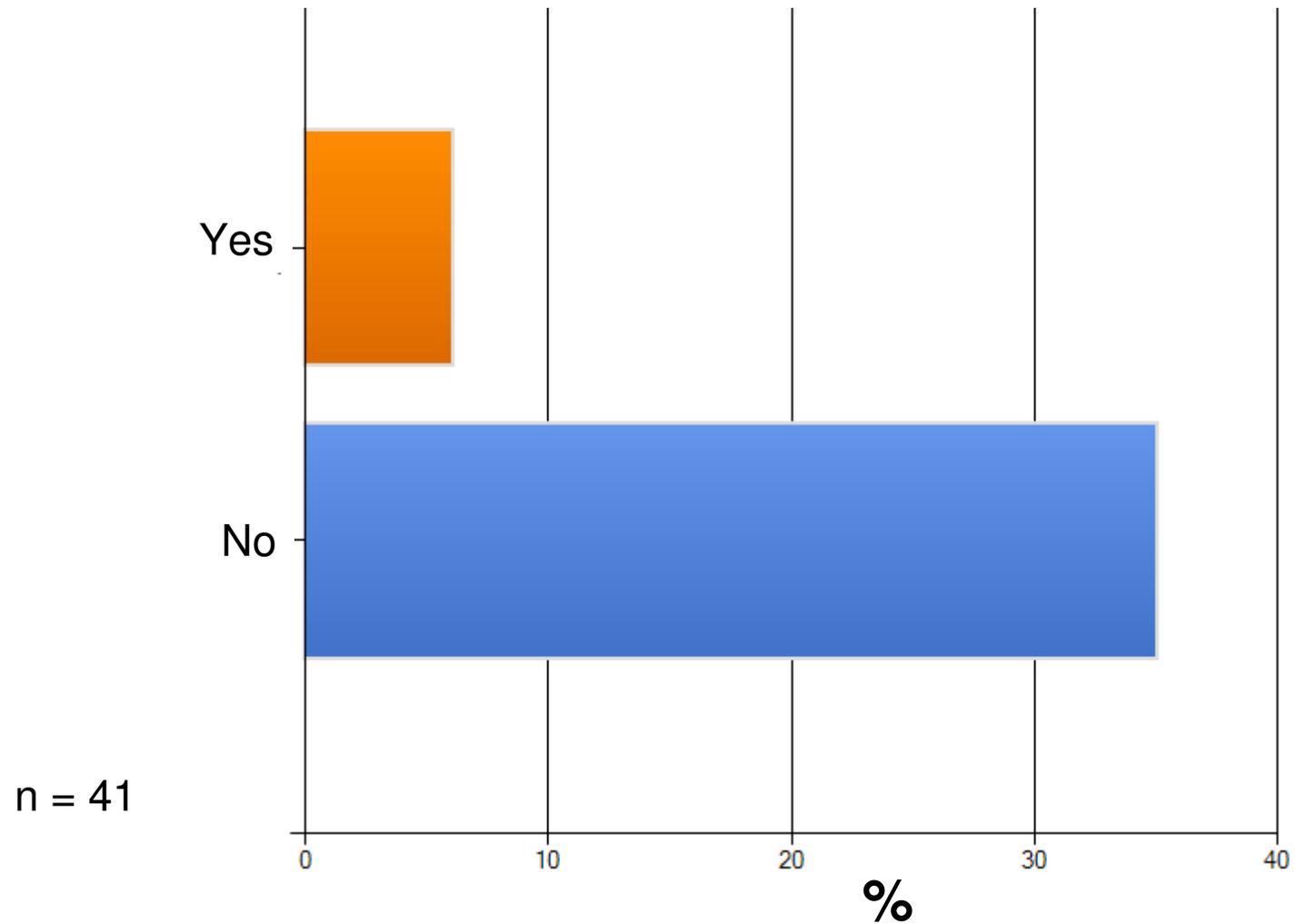
Trust Support?



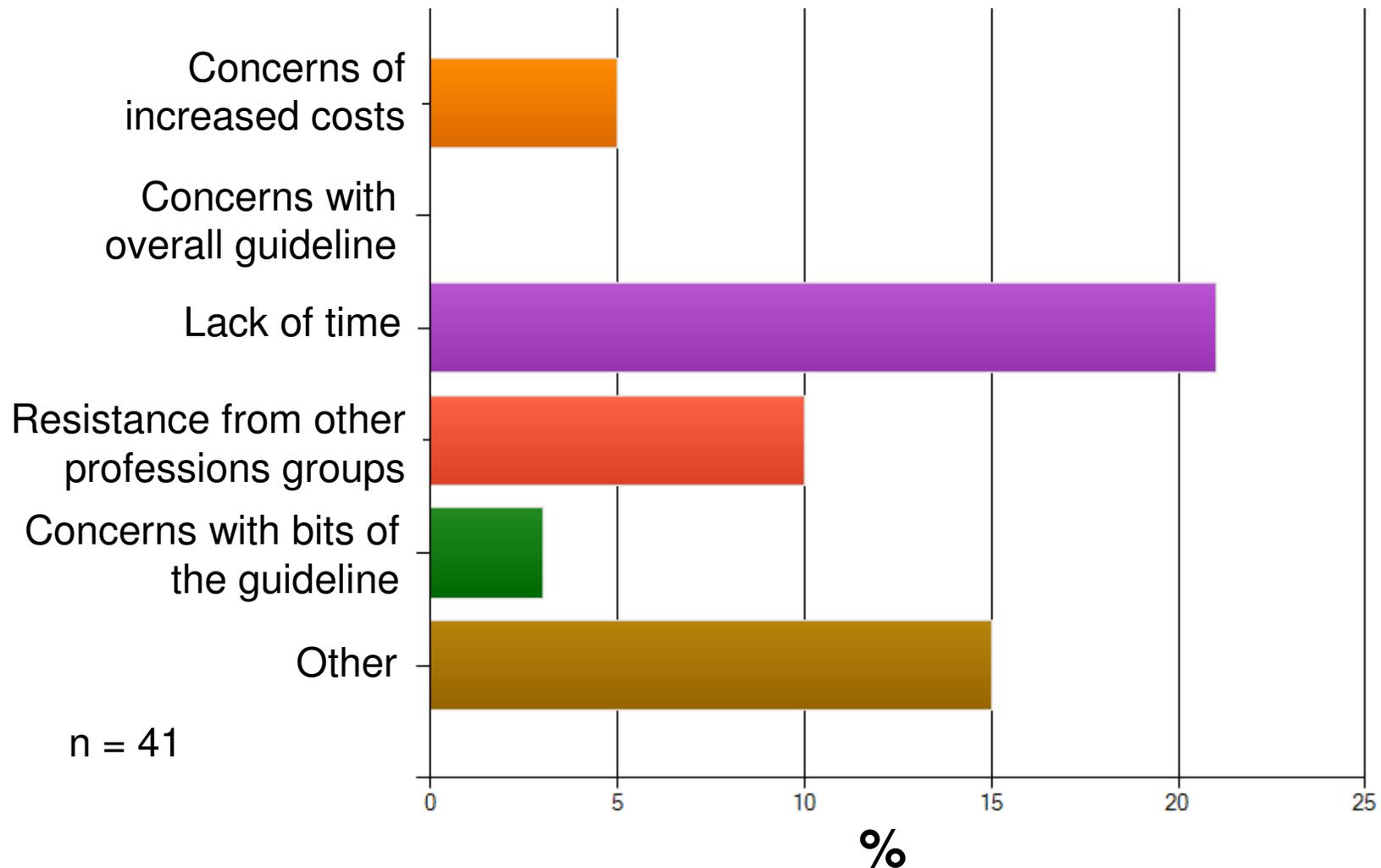
Comments Summary

- In progress
- Very similar to what we had already
- Need to get support from surgeons

Audit?



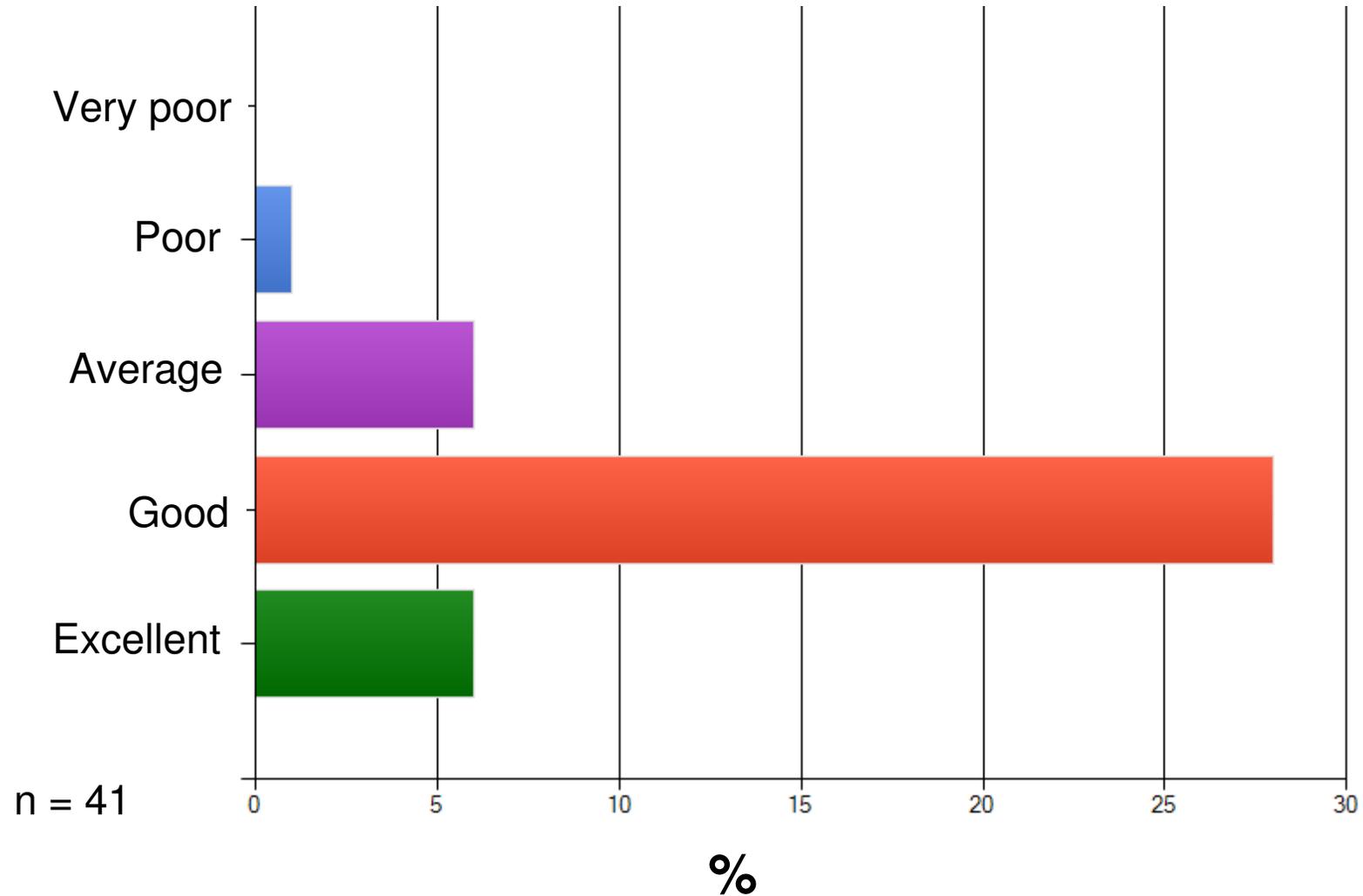
Not Adopted Because...?



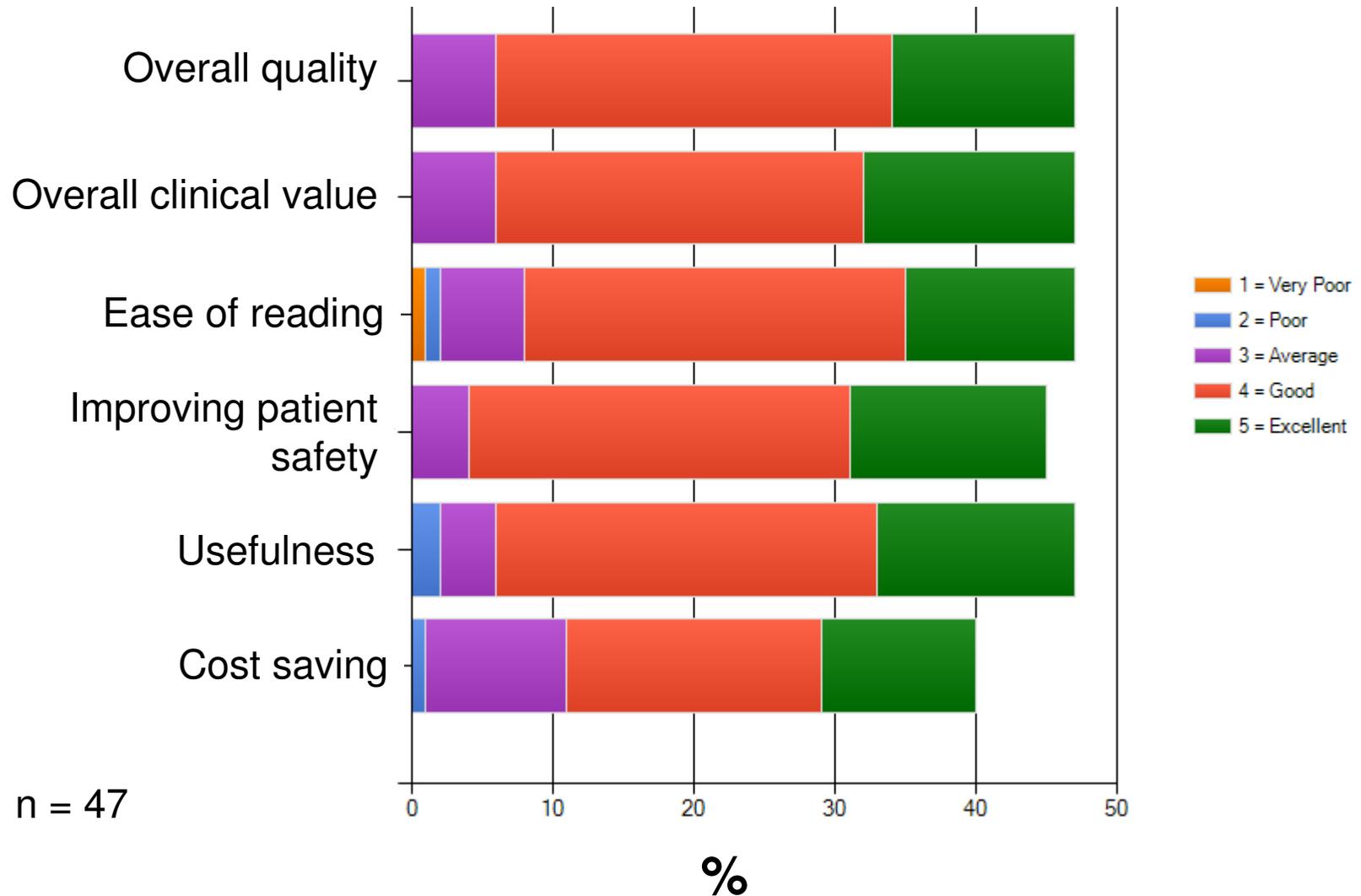
Comments Summary

- Adoption in progress
- Something similar already in place that works
- Financial constraints
- Time constraints
- Too big to go through at once
- Resistance from surgeons and other teams

Quality Assessment by Non Adopters?



Quality Assessment by Adopters?

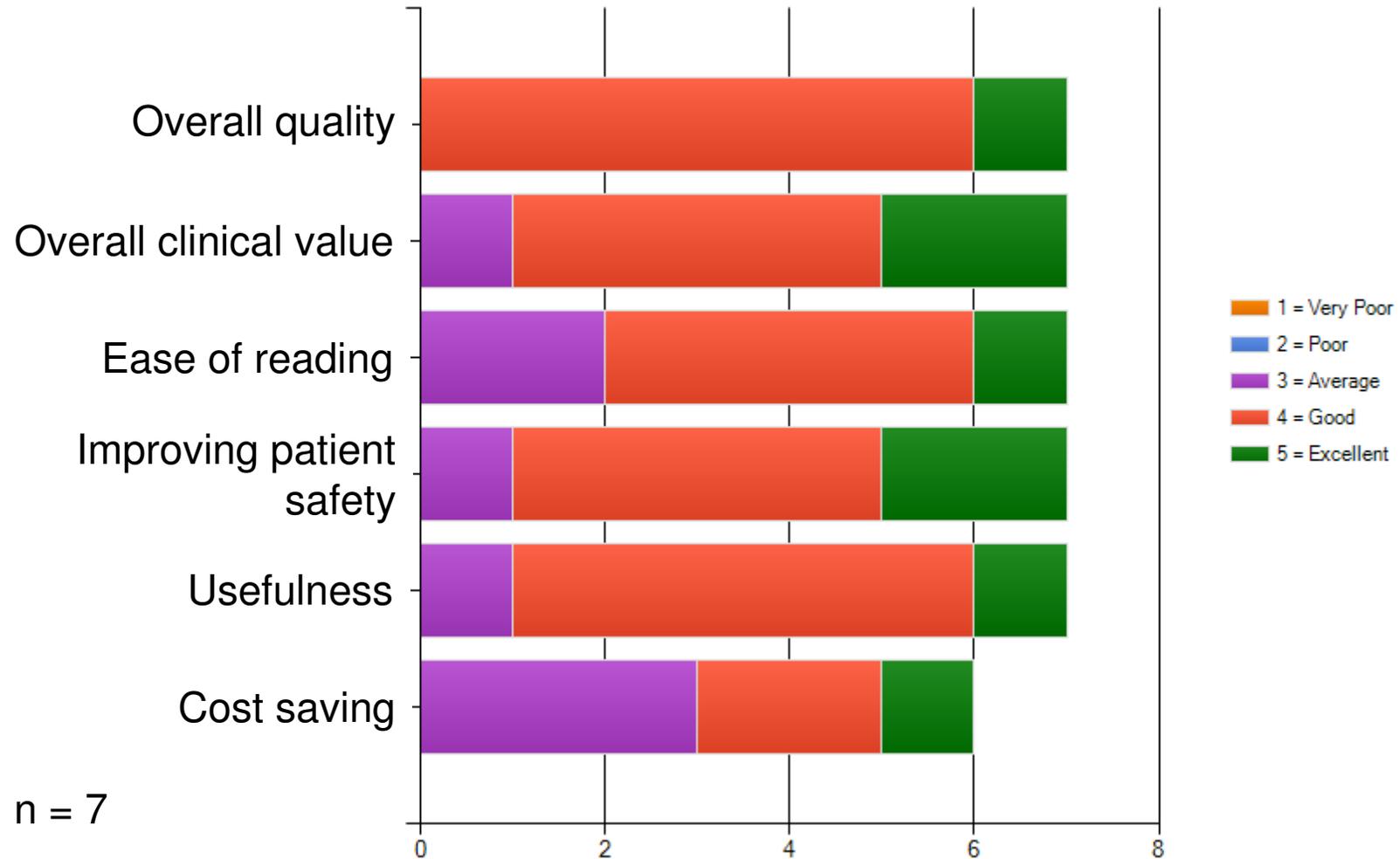


n = 47

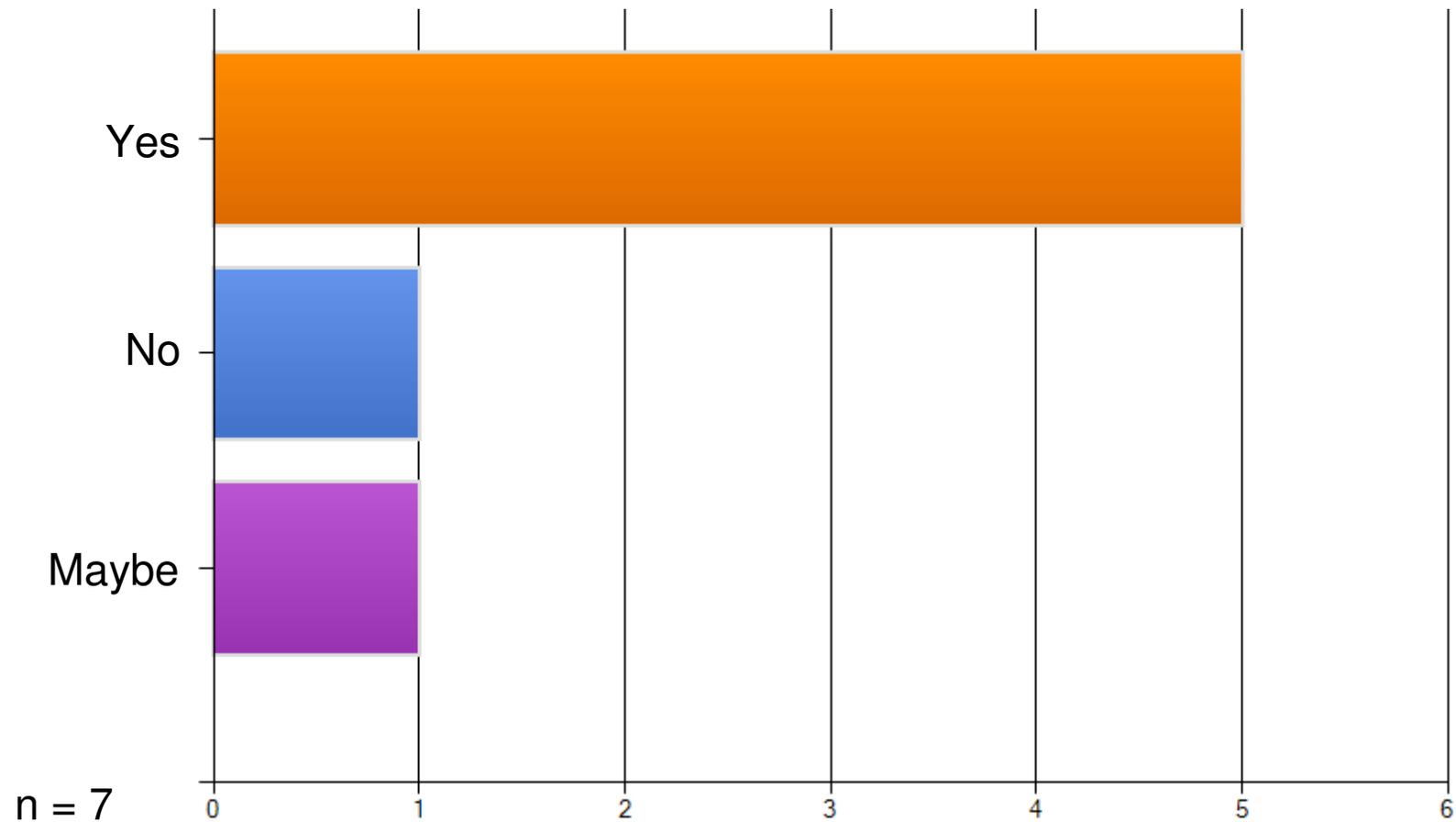
Comments Summary

- Cancellation rates have dropped from 0.8% to 0.4%
- Terms like VRIII are not useful
- Why recommend a fluid that is unavailable?

Ratings by Non-Adopters



Likelihood of Adoption?



Do Anaesthetists Use The Guidelines?

- Data from 135 out of 180 Day Surgical Units (DSUs) across England, Wales and Scotland
- 24% of all DSUs do not routinely manage patients with T1DM
- 44% and 28.8% do not have care pathways for managing T1DM and T2DM respectively
- 41% of all DSUs said that they use VRIII's, but 13% reported using a GIK regimen if required

Do Anaesthetists Use The Guidelines?

- Most units manage T2DM by minimally modifying the patients' usual regimen, and 20% of all units do not alter the patient's medication at all apart from ensuring that they are scheduled first on the operating list
- 13 units reported having managed T2DM in their DSUs for a longer time period than that for T1DM

In Summary

- We have not quite answered the question in the title
- It will take time to determine
 - if the guideline is being widely adopted
 - if it's use is making a difference to outcomes
- That's where YOU come in!
- I wondered if the title should have been different...



JBDS Peri-operative Guidelines; Impact on Outcomes in Patients Impact on Elective Diabetes Care with Diabetes Admitted for Elective Surgery

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Thank you for your attention