



Translating Experience Gained from Inpatient Diabetes Care in the UK to India

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Disclosures

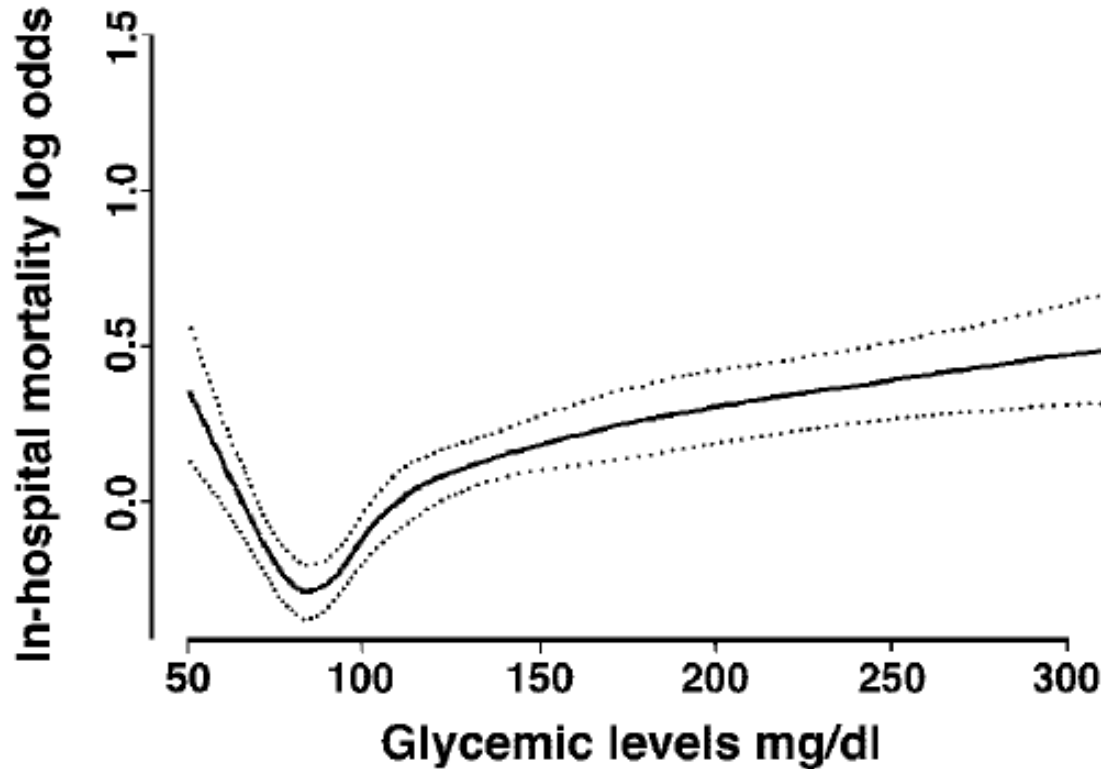
- None

Who is This Strange Man?

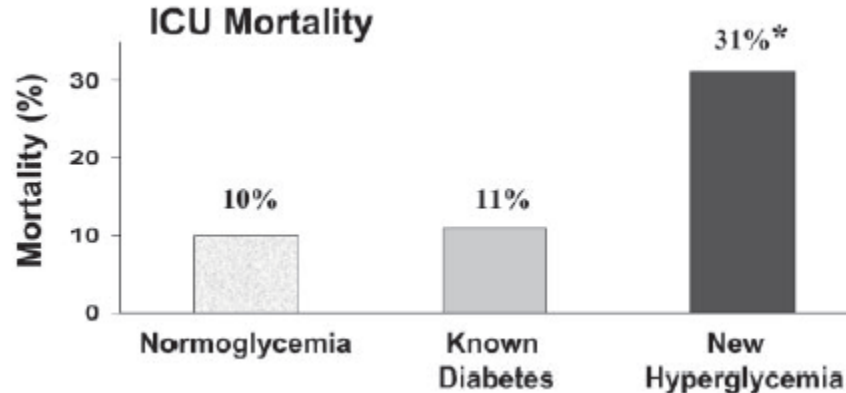
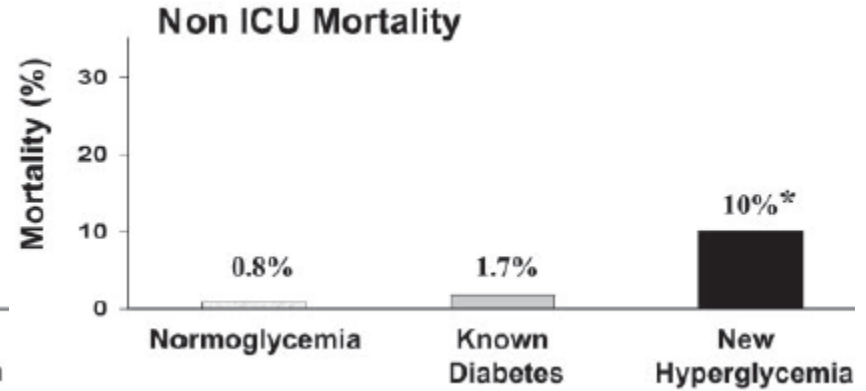
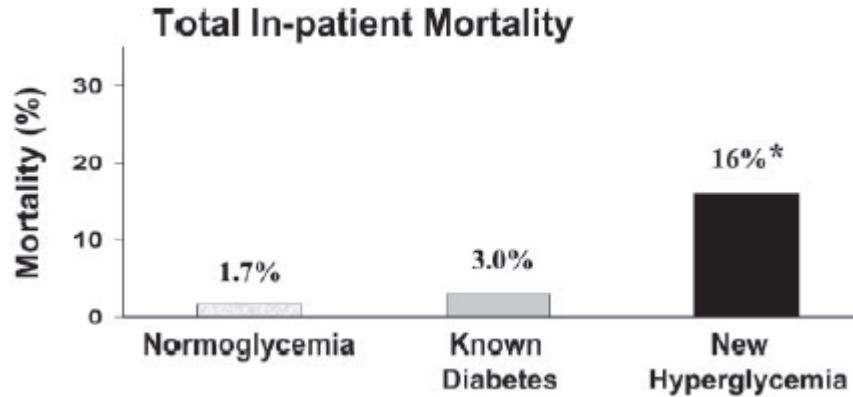
- I qualified in 1991
- I trained in D&E and G(I)M in London
- I did general practice for 2 years
- I did ITU / anaesthetics for a year
- I did research at Mayo Clinic for 2 years on DHEA
- I have been in Norwich since 2004
- Currently my other roles include
 - Chair of the Association of British Clinical Diabetologists
 - Chair of the Specialist Clinical Exam in D&E
 - **Immediate Past Chair of the Joint British Diabetes Societies for Inpatient Care**
 - Immediate Past-President of the Endocrine Section of the Royal Society of Medicine



Dangers of High Inpatient Glucose



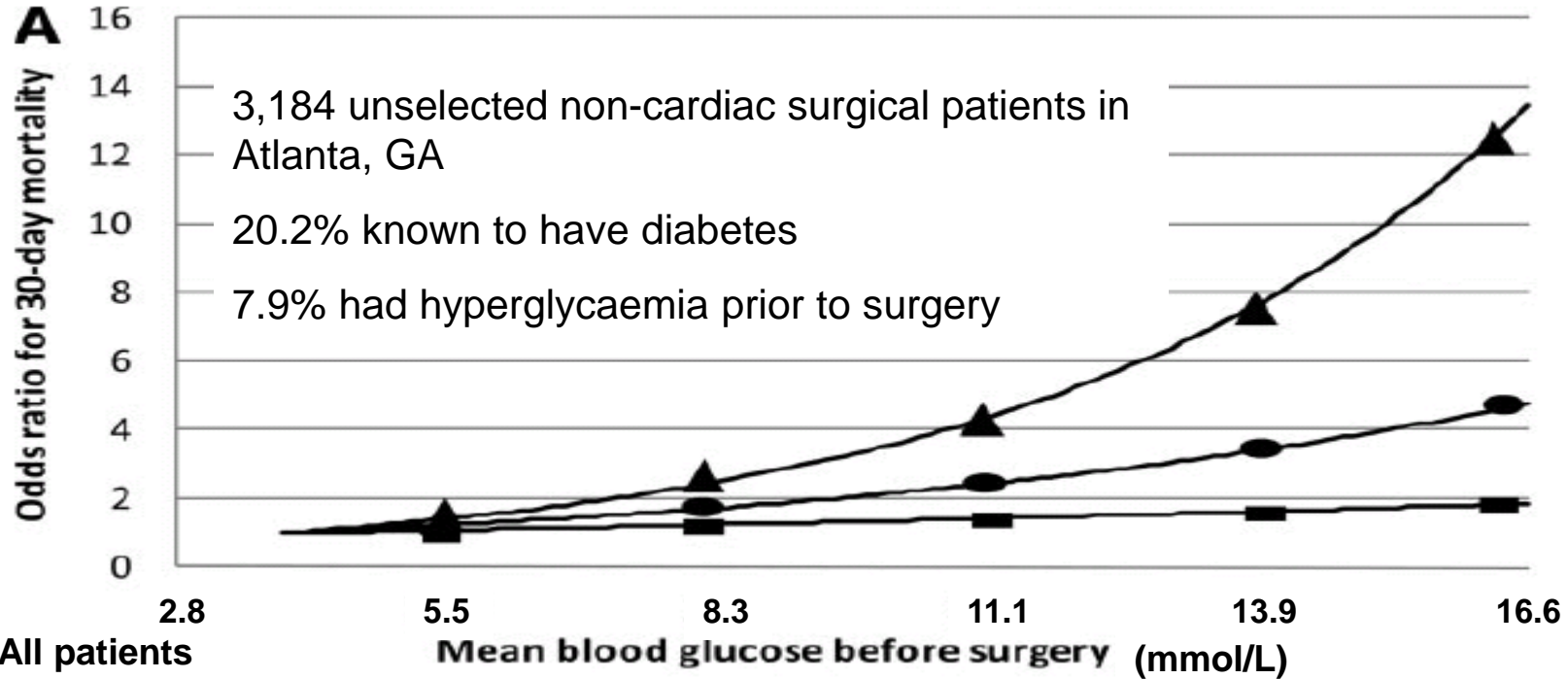
Dangers of High Inpatient Glucose



* P<0.01

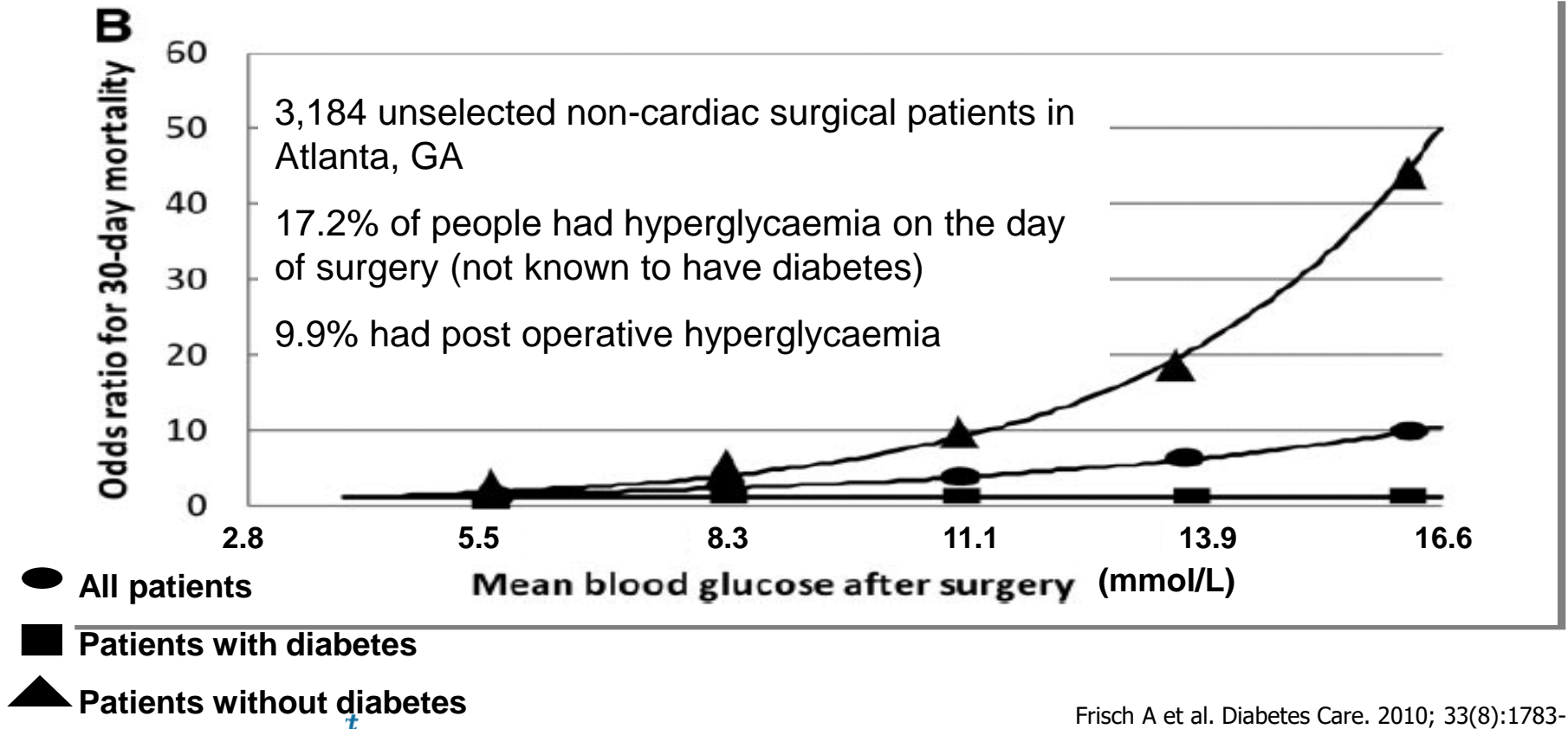
2030 consecutive admissions to 1 institution

The Dangers of Not Identifying?

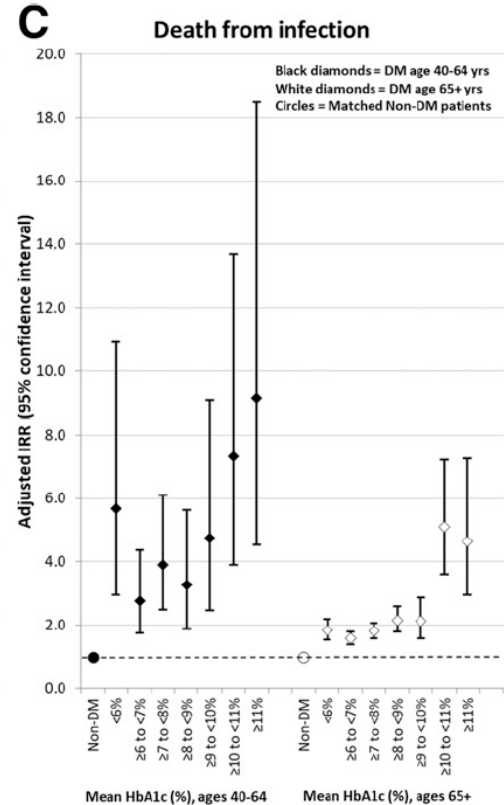
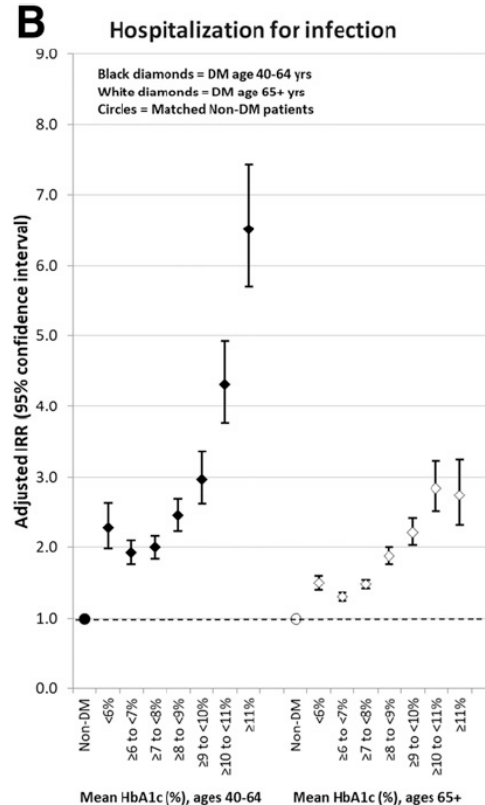
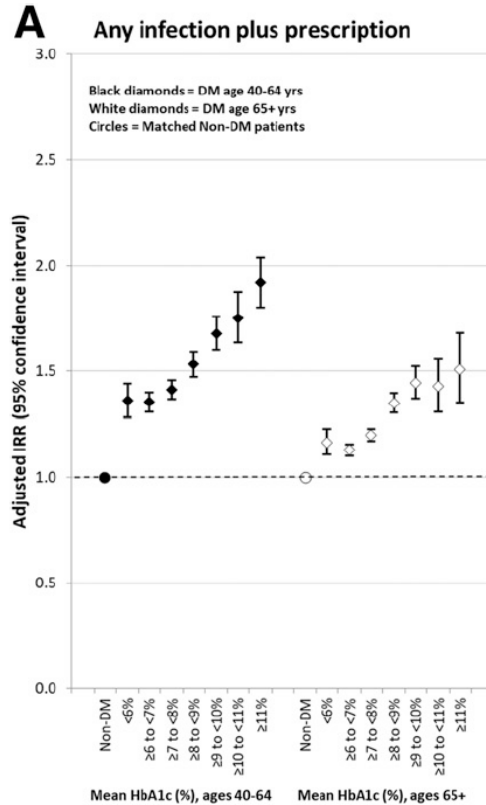


- All patients
- Patients with diabetes
- ▲ Patients without diabetes

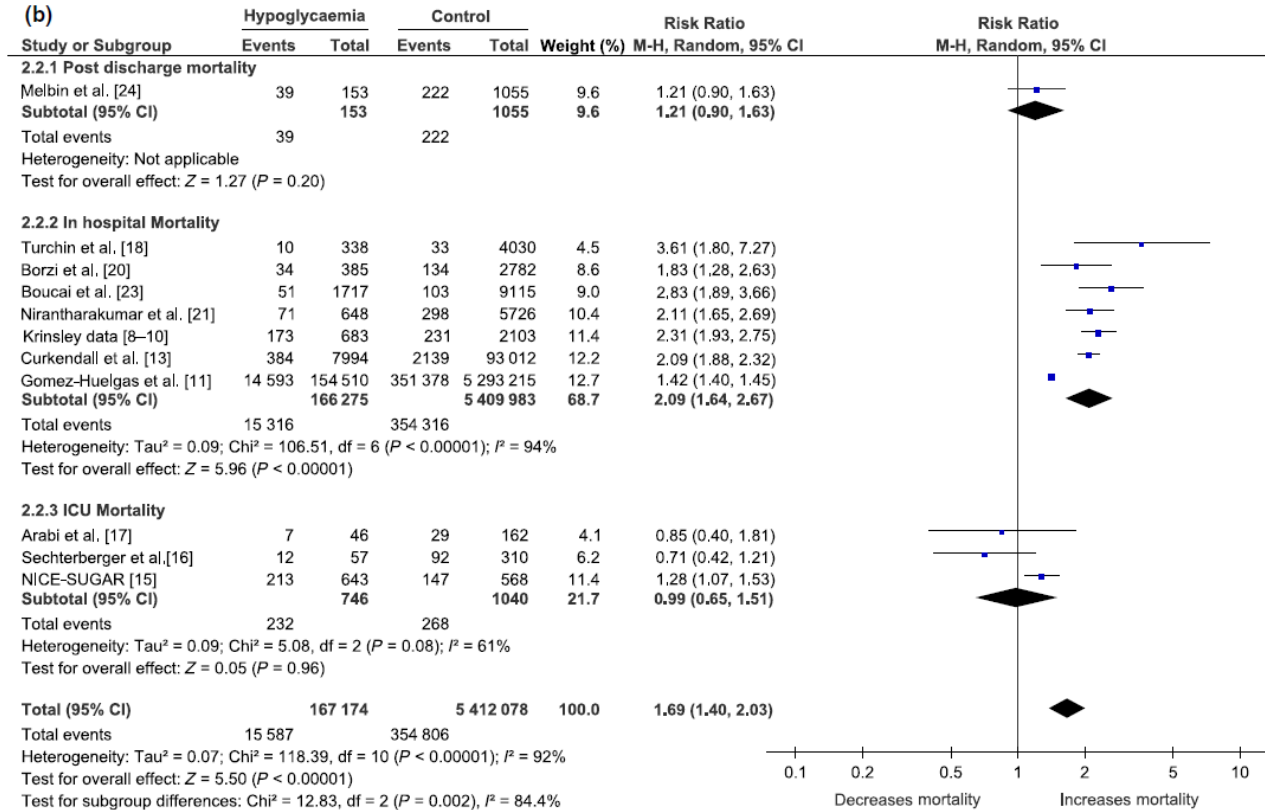
The Dangers of Not Identifying?



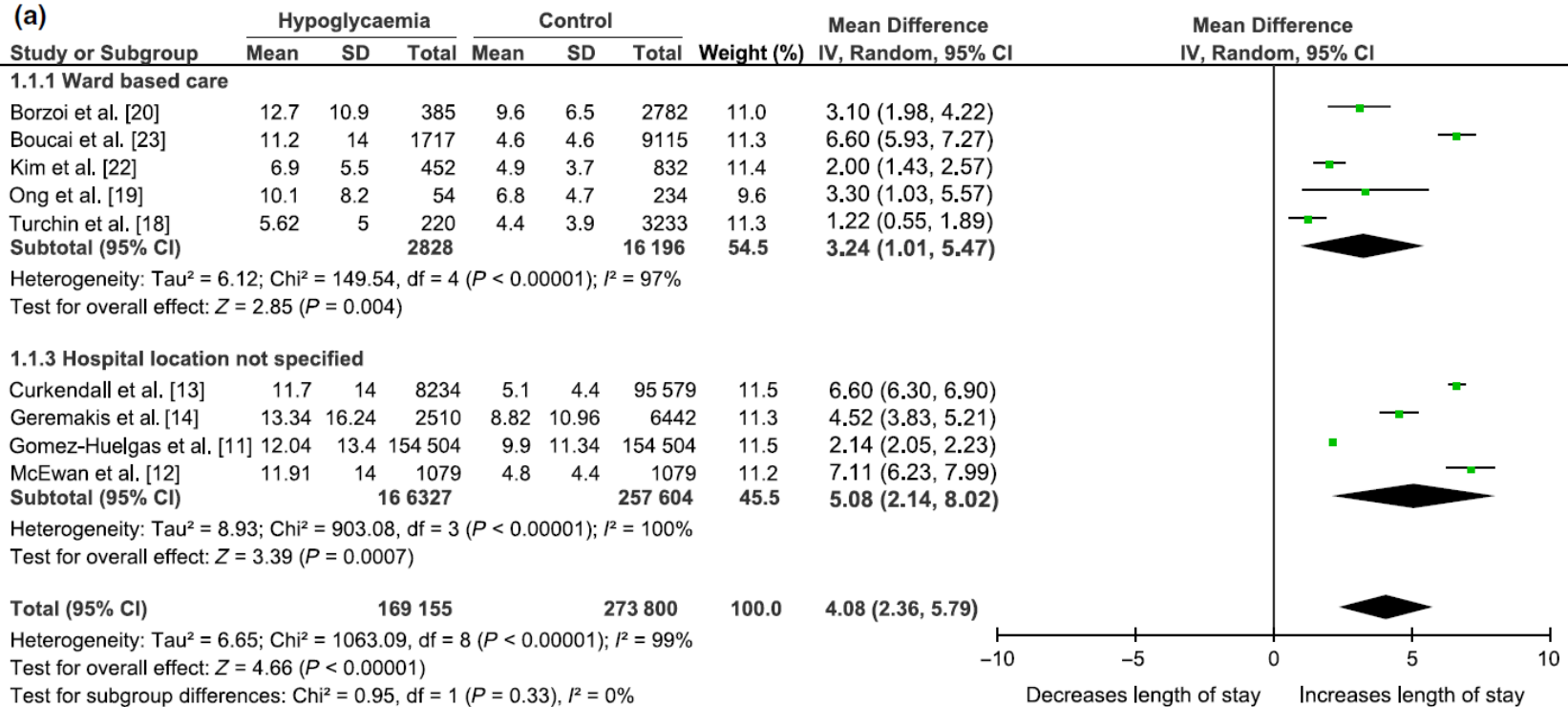
Post Surgical Infections



Hypoglycaemia – Mortality



Hypoglycaemia – Length of Stay



What is a Guideline?

- Any guide or indication of a future course of action

Why Are They Needed?

- To standardise the care people receive

Standardisation

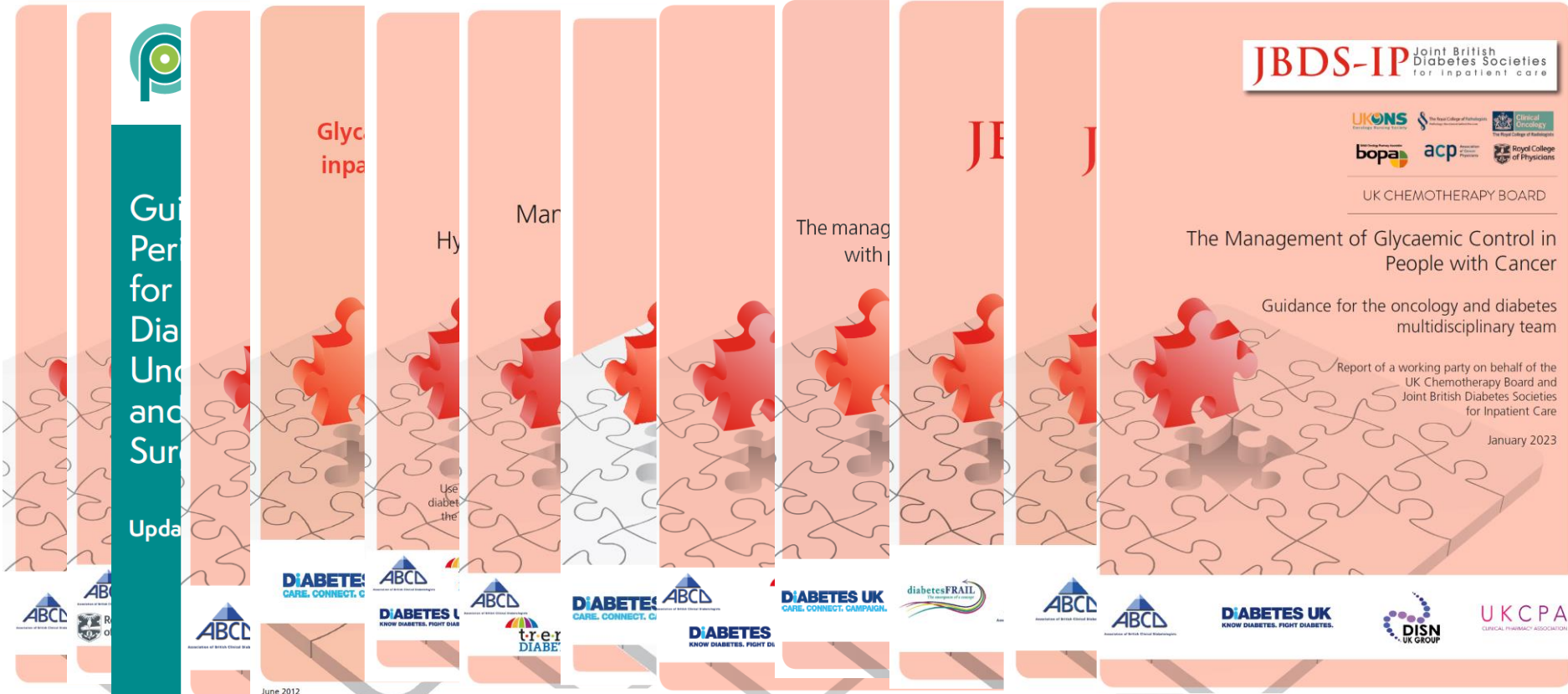
Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

An independent report for the Department of Health
by Lord Carter of Coles

THE MID STAFFORDSHIRE
NHS FOUNDATION TRUST
PUBLIC INQUIRY

Chaired by Robert Francis QC

The Present



JBDS-IP Joint British Diabetes Societies for Inpatient care

UKONS The Royal College of Pathologists
 bopa acp Association of Anaesthetists
 Clinical Oncology The Royal College of Radiologists
 Royal College of Physicians

UK CHEMOTHERAPY BOARD

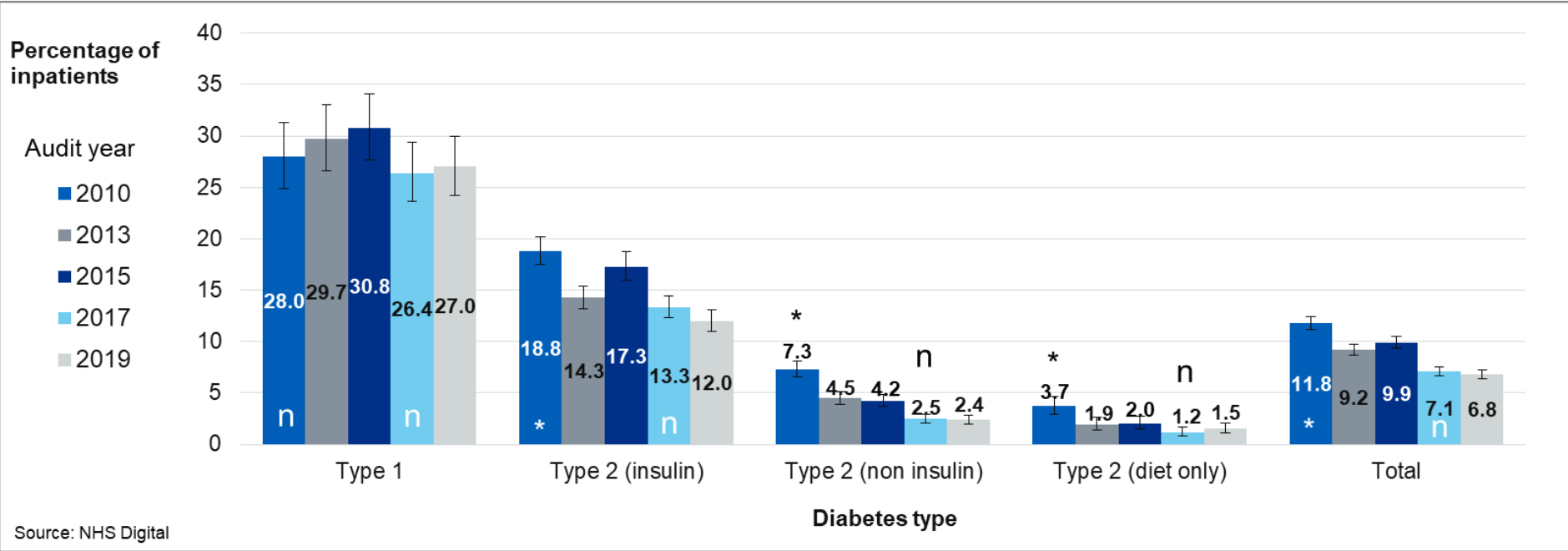
The Management of Glycaemic Control in People with Cancer

Guidance for the oncology and diabetes multidisciplinary team

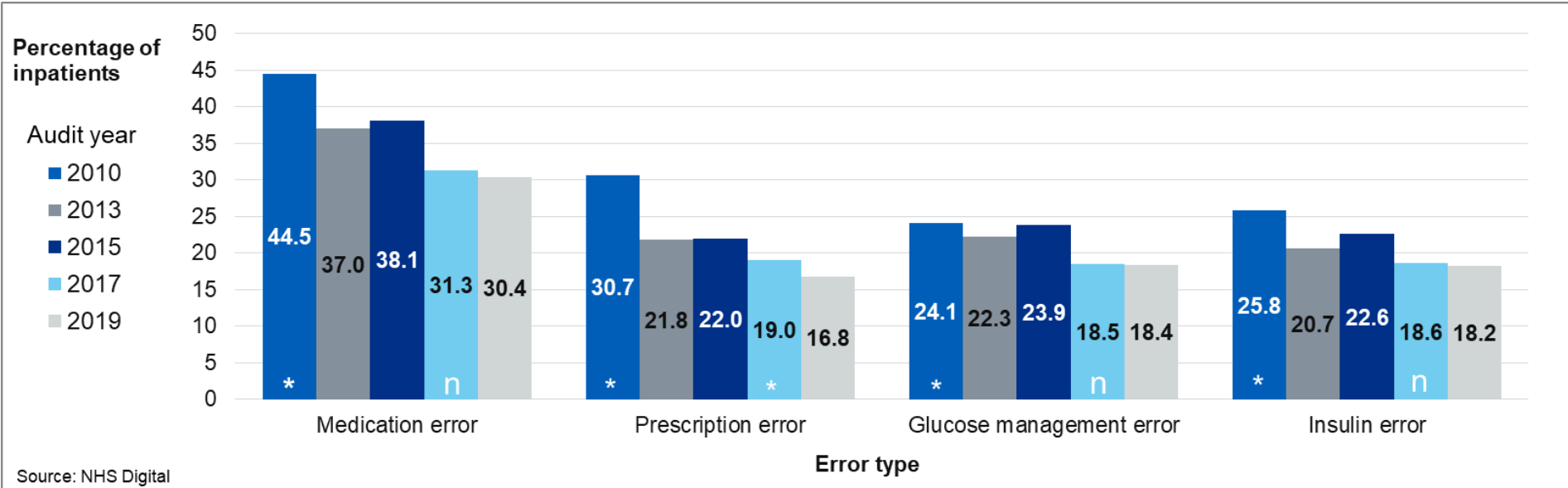
Report of a working party on behalf of the UK Chemotherapy Board and Joint British Diabetes Societies for Inpatient Care

January 2013

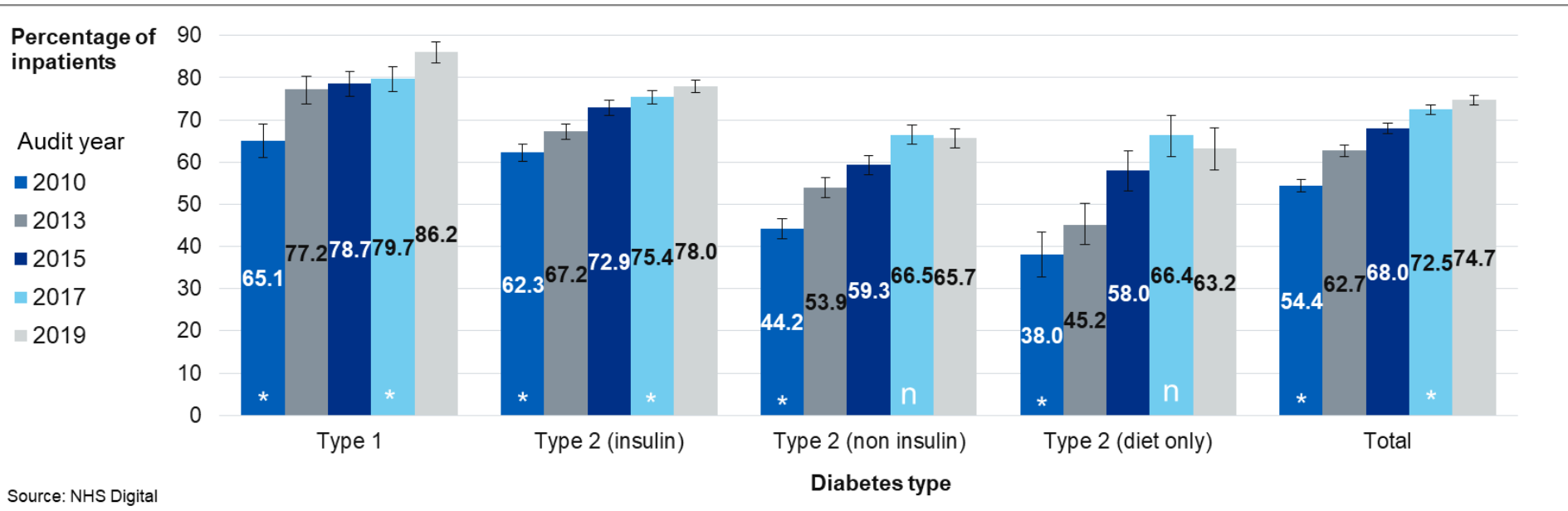
Evidence of Benefit? Severe Hypos



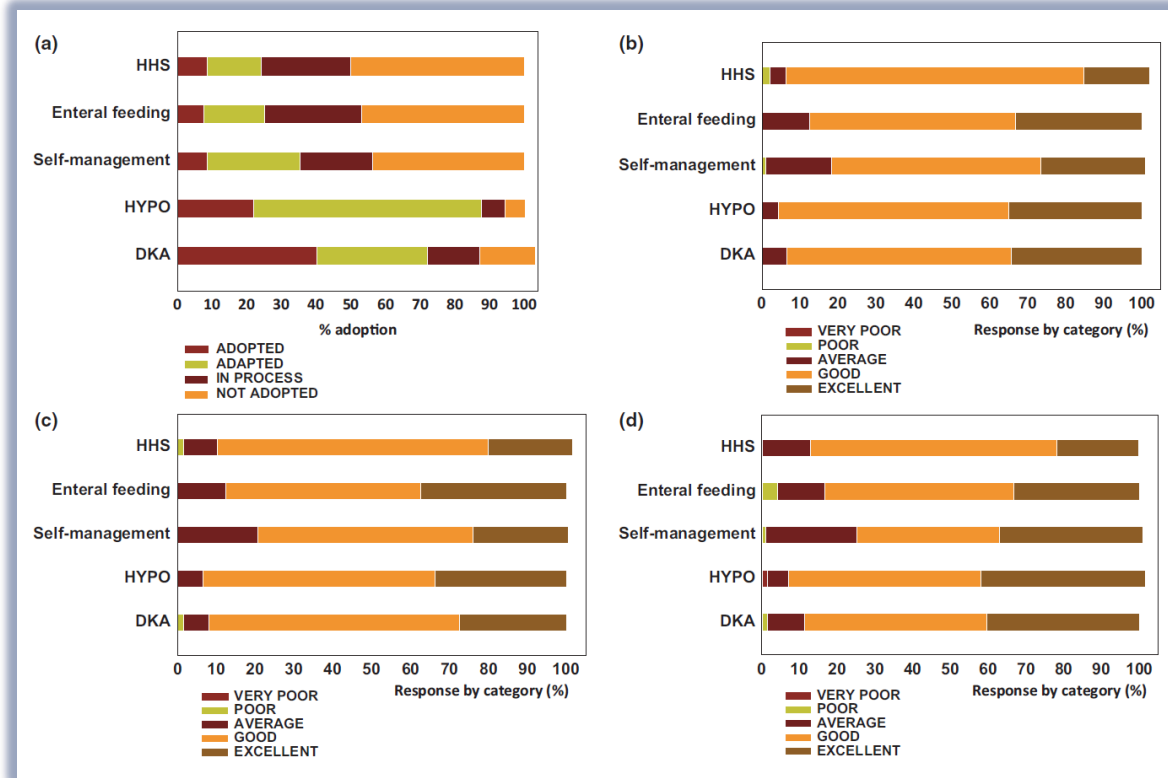
Evidence of Benefit? Medication Errors



Evidence of Benefit? Seen by the DIST



JBDS Adoption, Value, Quality, Safety



Partnerships

Making hospitals safe
for people with diabetes

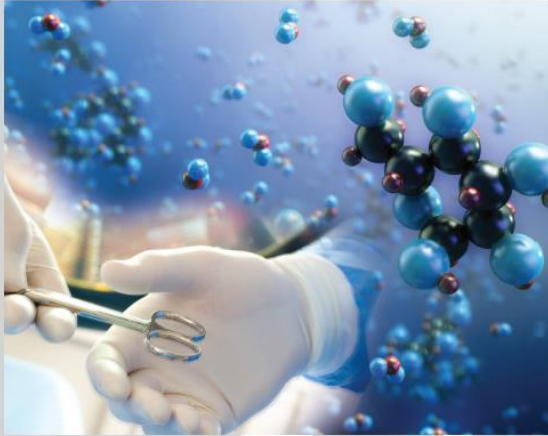


DiABETES UK
KNOW DIABETES. FIGHT DIABETES.



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



National Confidential Enquiry into Patient Outcome and Death – NCEPOD Report 2018

Factors Leading to Poor Outcomes

- Failure to identify patients with diabetes or hyperglycaemia
- Lack of institutional guidelines for the management of hyperglycaemia
- Poor knowledge of diabetes amongst staff delivering care
- Complex polypharmacy and insulin prescribing errors

13 Recommendations

1	Write and implement a national joint policy for the multidisciplinary management of patients with diabetes who require surgery. Inpatient and day surgery.	5	Ensure a safe handover of patients with diabetes from theatre recovery to ward, this should be documented in the case notes and include: a. Medications given in theatre b. Glucose level on leaving the recovery	9	Cancellation of elective surgery in patients with diabetes should be avoided, particularly for known clinical reasons. Cancellation rates should be audited locally and the results acted upon.
2	Appoint a clinical lead for perioperative diabetes care in hospitals where surgical services are provided. This person will be responsible for developing policies and processes to: a. Ensure diabetes management is optimised for surgery	6	Develop a pre-operative assessment clinic and standards for the management of patients with diabetes. These should be developed by a clinical lead for pre-operative assessment* and the clinical lead for perioperative diabetes management.	10	Develop and implement referral criteria for surgical inpatients with diabetes to:
3	Use a standardised referral process for elective surgery to ensure appropriate assessment and optimisation of patients with diabetes. This should include: a. Satisfactory HbA1c levels within 3 months of referral	7	Ensure that patients with diabetes attend a pre-operative assessment clinic prior to elective surgery.	11	Record and monitor the time at which a patient begins fasting (for surgery or clinical reasons). If a patient is unable to fast for clinical reasons, this should be documented.
4	Ensure that patients with diabetes undergoing surgery are closely monitored and their glucose levels managed accordingly. Glucose monitoring should be included: a. at sign-in and sign-out stages of the surgical safety checklist (e.g. WHO safety checklist) b. in anaesthetic charts c. in theatre recovery d. in early warning scoring systems System markers and alerts should be used to raise awareness of glucose levels, e.g. tagging of electronic medical records, use of a patient passport or unique stickers in paper based case notes. <i>(Clinical Lead for Perioperative Diabetes Management, Lead Anaesthetist for Pre-Operative Assessment, Clinical Directors, Medical Directors, Directors of Nursing)</i>	8	A clinical lead for day surgery* should be appointed at all hospitals providing day surgery services. This should be along with the clinical lead for perioperative diabetes management should be responsible for ensuring that patients with diabetes are considered in the operating list where appropriate. Policies should be developed to ensure patients with diabetes have access to day surgery. <i>(Clinical Lead for Day Surgery, Clinical Lead for Perioperative Diabetes Management, Medical Directors)</i>	12	Prioritise patients with diabetes on the operating list to avoid prolonged starvation.* Prioritisation of patients with diabetes on operating lists should be subject to local clinical audit and the results acted upon. <i>(Lead Anaesthetist for Pre-operative Assessment, Clinical Directors)</i>
				13	Provide patients with diabetes with education and information about their diabetes management at discharge from hospital as part of the discharge planning process. <i>(Diabetes Specialist Nurses, Clinical Lead for Perioperative Diabetes Management)</i>

The Future

- At EASD 2023 a new consensus document on the management of hyperglycaemic emergencies will be launched written by ADA/AACE/EASD/JBDS
- New or updated guidance is currently being written on
 - Technology in the hospital
 - Admissions avoidance
 - Diabetes in people with mental health issues
 - Use of intravenous fluids in medical and surgical patients with diabetes
 - The management of diabetes in those having enteral nutrition

The Future

- Accreditation is coming to the UK soon



Royal College
of Physicians

Diabetes Care Accreditation
Programme (DCAP)

JBDS-IP

Joint British
Diabetes Societies
for inpatient care


Areas of Uncertainty

- There are many areas of inpatient diabetes care where the optimal way of managing dysglycaemia remains unknown



Received: 21 July 2022 | Accepted: 17 October 2022

DOI: 10.1111/dme.14980

REVIEW



Gaps in our knowledge of managing inpatient dysglycaemia and diabetes in non-critically ill adults: A call for further research

Ketan K. Dhatariya^{1,2}   | Guillermo Umpierrez³

Does the UK have Advantages?

- Possibly
 - It is a small country
 - We have a National Health Service
 - The diabetes community is ‘collegiate’

Does India have Challenges?

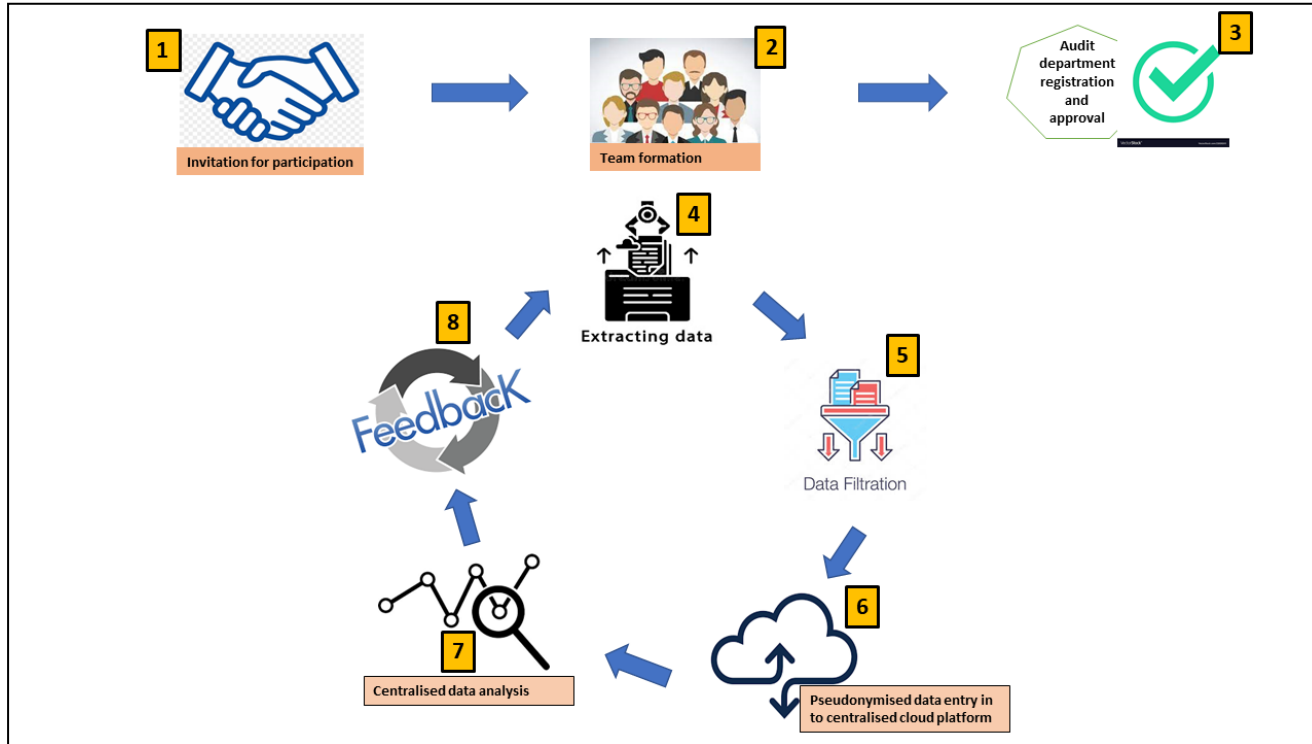
- Of course
 - Is there recognition that things can be better
 - The element of competition between hospitals
 - India is a big place
 - Language differences
 - Who paying for treatment?
 - Is physiology different?

Thoughts for You to Consider

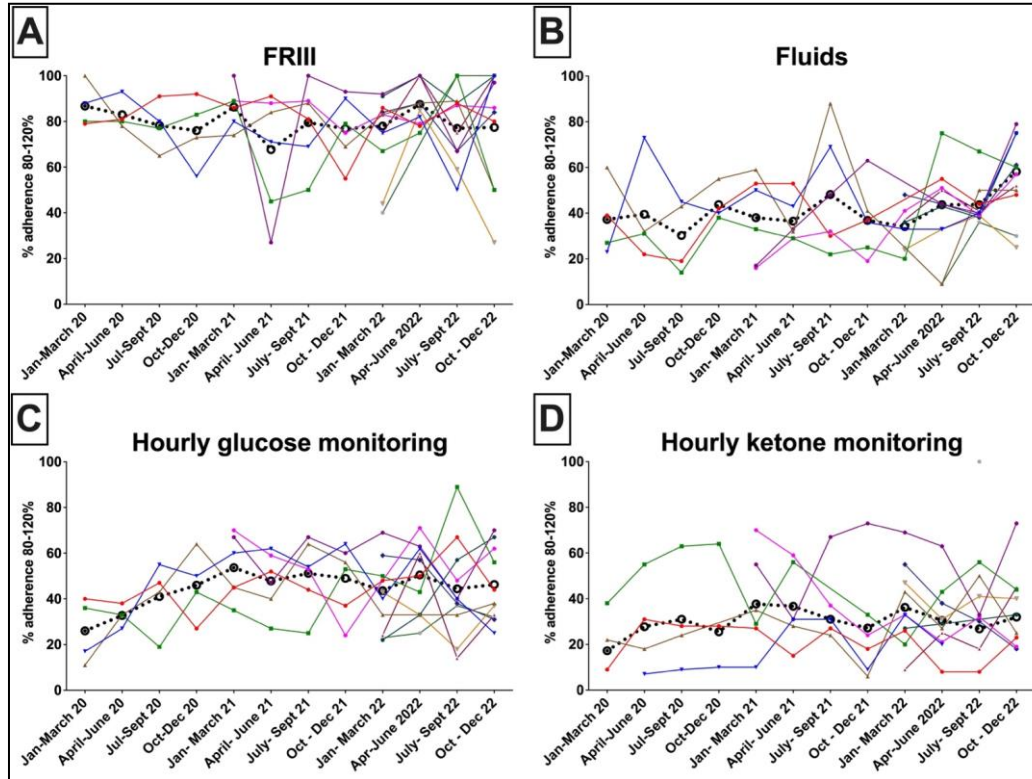
- How UK and India can work together?
- Use JBDS – adopt or adapt
- Do your own studies – ideally multi centre – pre and post introduction of the guidelines
- It's a never ending process

DEKODE Project

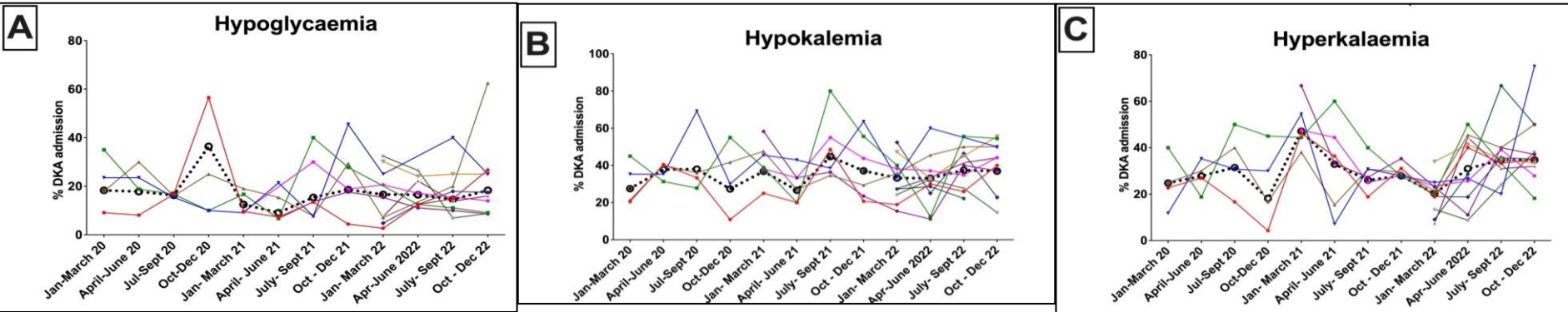
Digital Evaluation of Ketosis and Diabetes-related Emergencies



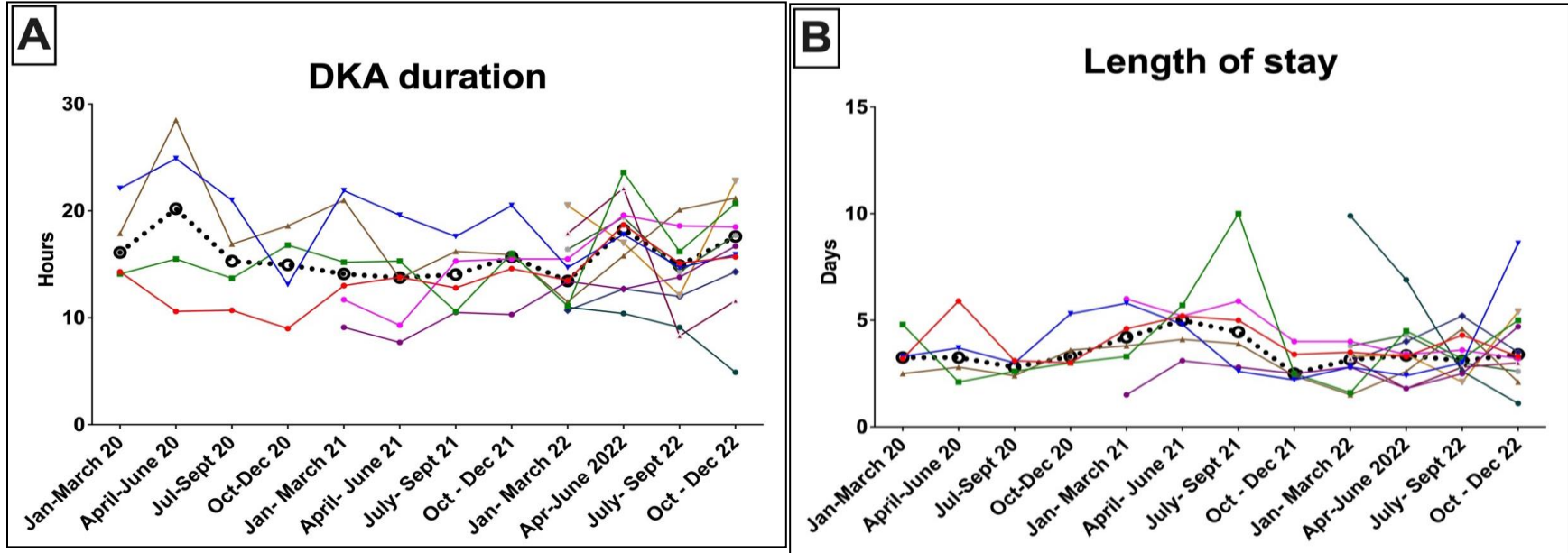
Variation in Care



Variation in Care



Variation in Care



Take Home Messages

- Standardisation of care has many benefits
- But this involves working together
- Ultimately it is for the benefit of the patient
- I and many others are willing to help



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www.norfolkdiabetes.com

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 @ketandhatariya

 @ABCDiab

 @JBDSIP

