



Making Surgery Safer in Patients with Diabetes

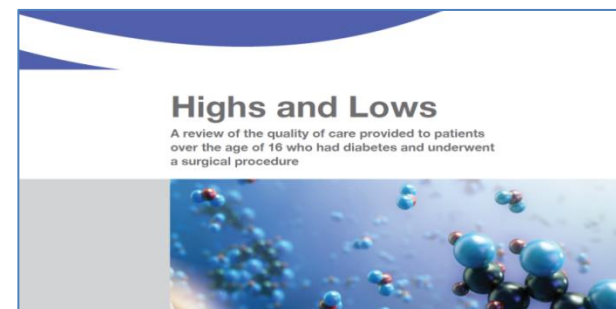
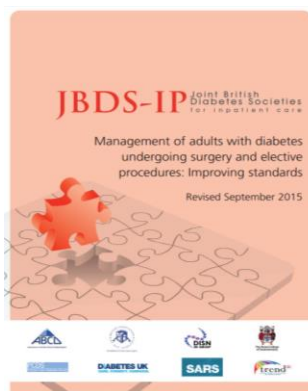
**An example of success through collaboration
and integrated leadership**

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National priority and patient need

- In-patients with diabetes = £10 billion
- 1 in 6 beds
- Surgical wards unsafe (NADIA 2010-18)





What are the risks across the country for patients with diabetes on surgical wards?

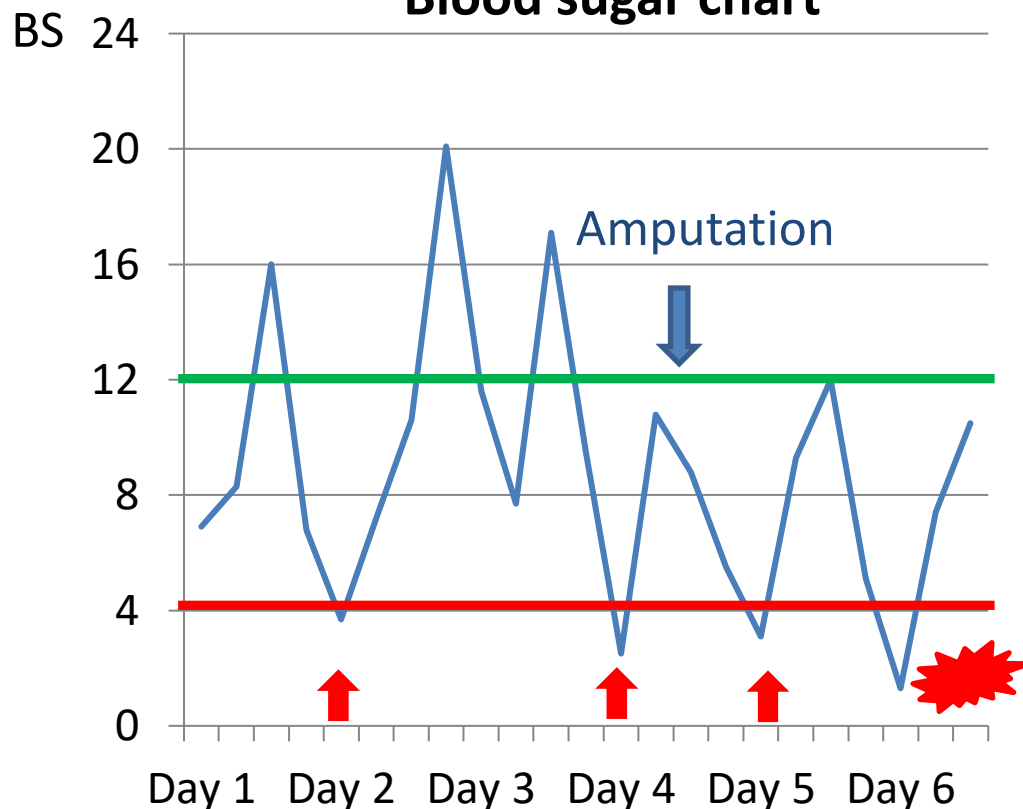
Patients with diabetes	Patient safety risk NaDIA 2018
1 in 3	Medication error
1 in 6	Hypoglycaemia
1 in 12	Severe hypoglycaemia

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Patient harm event

Blood sugar chart



Type 1 diabetes patient

Recurrent hypoglycaemia
not treated = **insulin error**

Day 6 – patient found
comatose 02.00, BM 1.3.



Patient harm



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Newcastle 2015

- Surgical wards unsafe
- High rates insulin errors and hypoglycaemia
- High patient harm events
- Inadequate planning and delivery high quality peri-operative care throughout pathway
- Inadequate handover
- Excessive length of stay



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Surgical
outpatients

Hospital
admission

Theatre
and recovery

Discharge

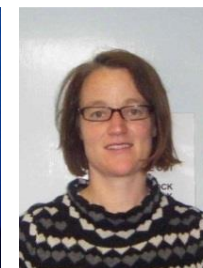
Primary care
referral

Pre-operative
assessment

Post-operative
care



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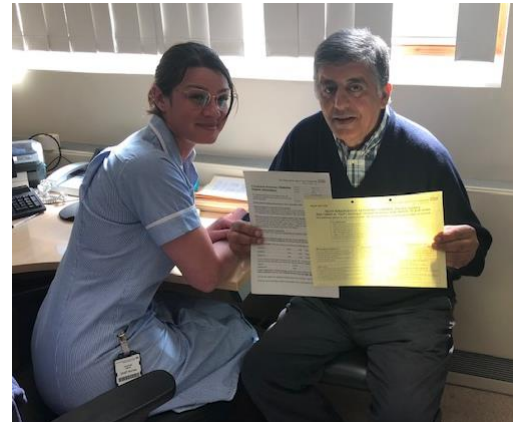


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Pre-operative planning

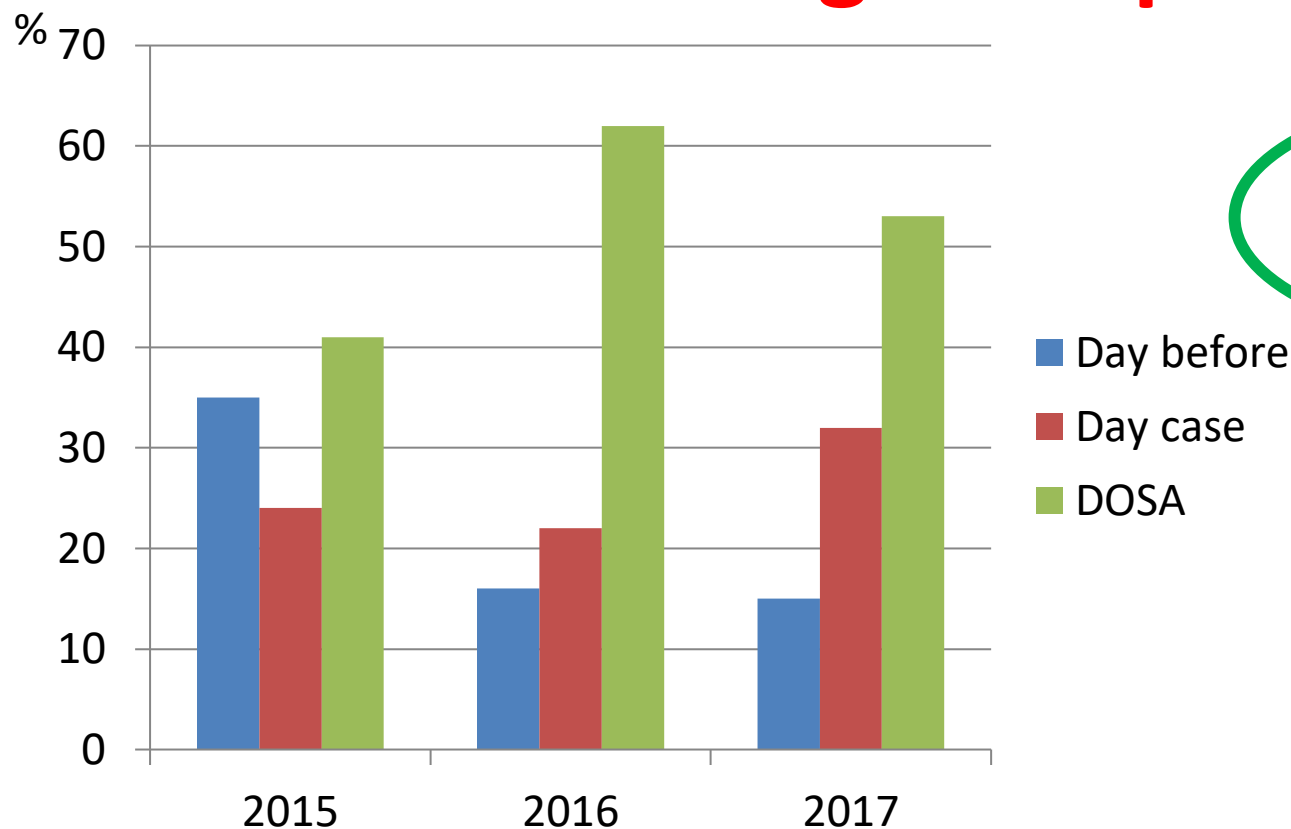
	2015	2017
Peri-op plan	34%	82%
First third list	48%	64%
Hypo on admission	14%	0%
Hyper on admission	58%	1%



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Improved day of surgery admission rates for high risk patients



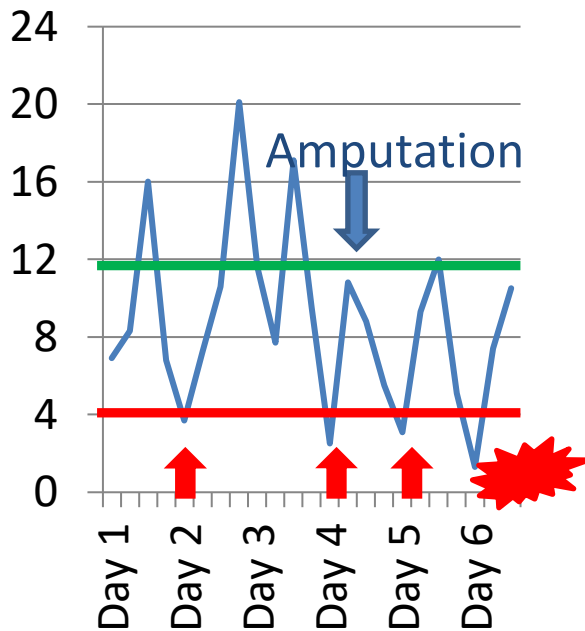
**£0.25 million
in 3 years**



Metric	Source and year of current report	Value	England	Position	Variation chart
Mean length of stay for patients with or without diabetes*					
Patients with diabetes	HES Apr 2016 - Mar 2017	8.80	8.44	84 of 136	
Patients with type 1 diabetes	HES Apr 2016 - Mar 2017	7.71	6.81	110 of 136	
Patients with type 2 diabetes	HES Apr 2016 - Mar 2017	8.91	8.60	80 of 136	
Patients without diabetes	HES Apr 2016 - Mar 2017	6.32	6.17	75 of 136	
Mean length of stay for patients with or without diabetes admitted for surgery*					
Patients with diabetes	HES Apr 2016 - Mar 2017	8.56	9.88	15 of 136	
Patients with type 1 diabetes	HES Apr 2016 - Mar 2017	8.95	9.85	44 of 136	
Patients with type 2 diabetes	HES Apr 2016 - Mar 2017	8.53	9.89	15 of 136	
Patients without diabetes	HES Apr 2016 - Mar 2017	6.70	6.84	64 of 136	



Making the connection...







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Electronic Whiteboard Alerts

Alert	What for?	Intended Action
	Active significant hypoglycaemia	Manage hypoglycaemia. Reduce insulin
	Active hyperglycaemia	Consider increasing insulin (2 x BS > 12 in 24 hours, persistent or progressive hyperglycaemia)
	Poor glycaemic control with hypoglycaemia	Review BS daily - check insulin reduced to avoid recurrence/patient harm
	Poor glycaemic control with hyperglycaemia	Review BMs daily – check insulin increased if required



NaDIA: Surgical Ward Medication Errors

	Newcastle Surgical 2016	Newcastle Surgical 2017	Newcastle Surgical 2018	UK 2018
Medication errors	40.8%	33.1%	17.6%	31.3%
Prescription errors	10.2%	10.1%	7.4%	19%
Management errors	32.7%	26.1%	11.8%	24%
Insulin errors	30.6%	24.6%	10.3%	22.7%



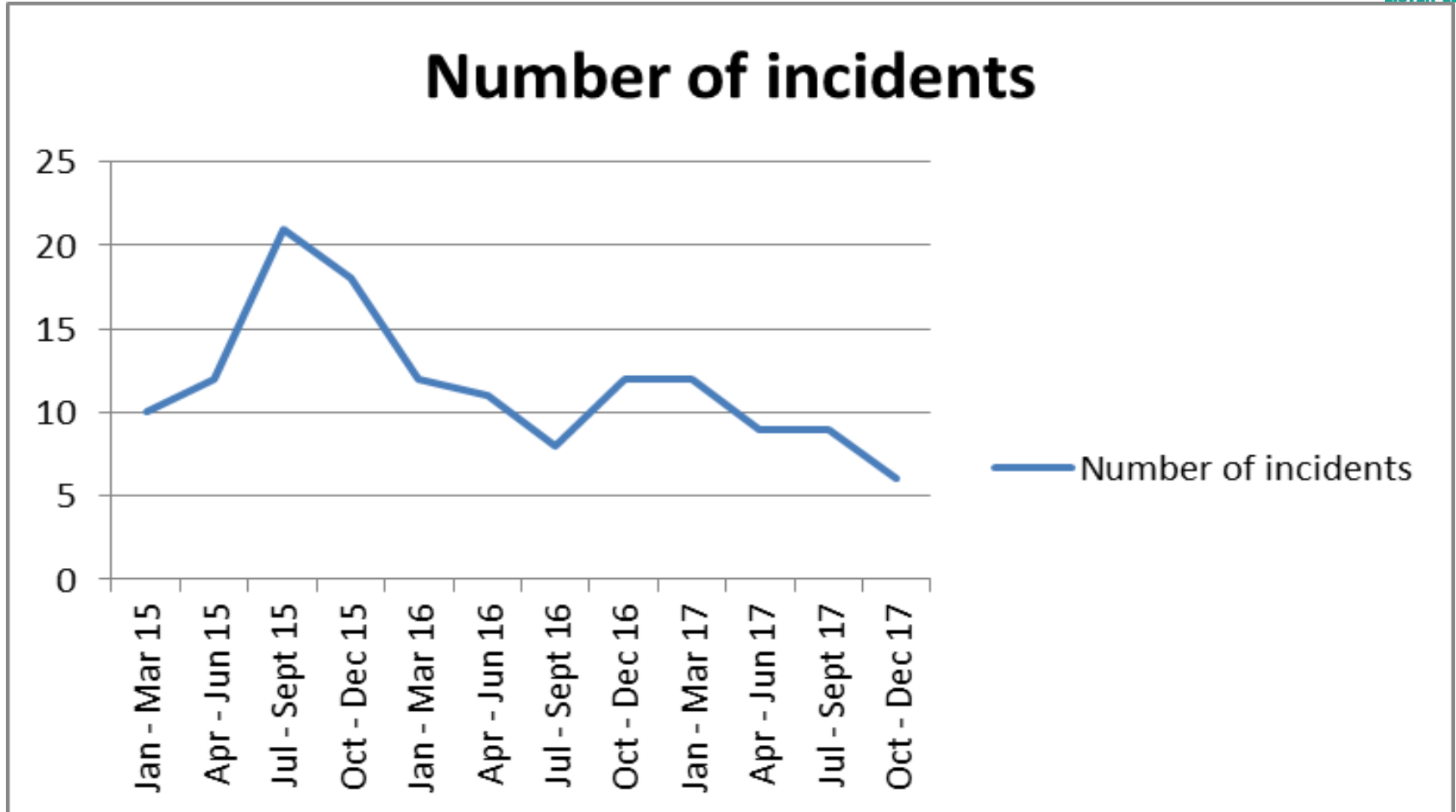
Guidelines
Education
DSN in-reach





Reduction in Patient Harm

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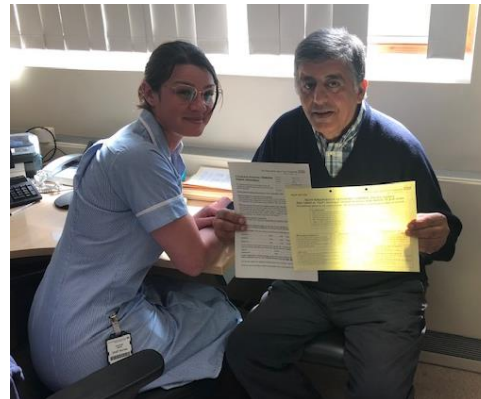


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Patient Satisfaction

	Newcastle Overall 2018	Newcastle Medical Wards 2018	Newcastle Surgery Wards 2018	UK 2018
Patient Satisfaction	91%	88%	97%	83%



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How did we achieve success?

No specific
hierarchy/
chair

Sub sections

Regular
meetings/ alt
sites

Colleague buy
in championed
by sub leader

Seeing positive
results



Why did we think it worked?

Commitment to
each other

Drive and
passion

Clear goals



Humour /
enthusiasm

Respect and
communication

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Where Next?

- Sharing good practice in regional networks
 - **T**raining and **E**ducation of **P**eri **O**perative **T**eams
- Extending focus diabetes at referral and discharge
- Surgery as a turning point for patients with diabetes



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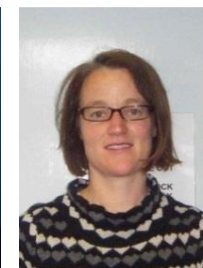
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