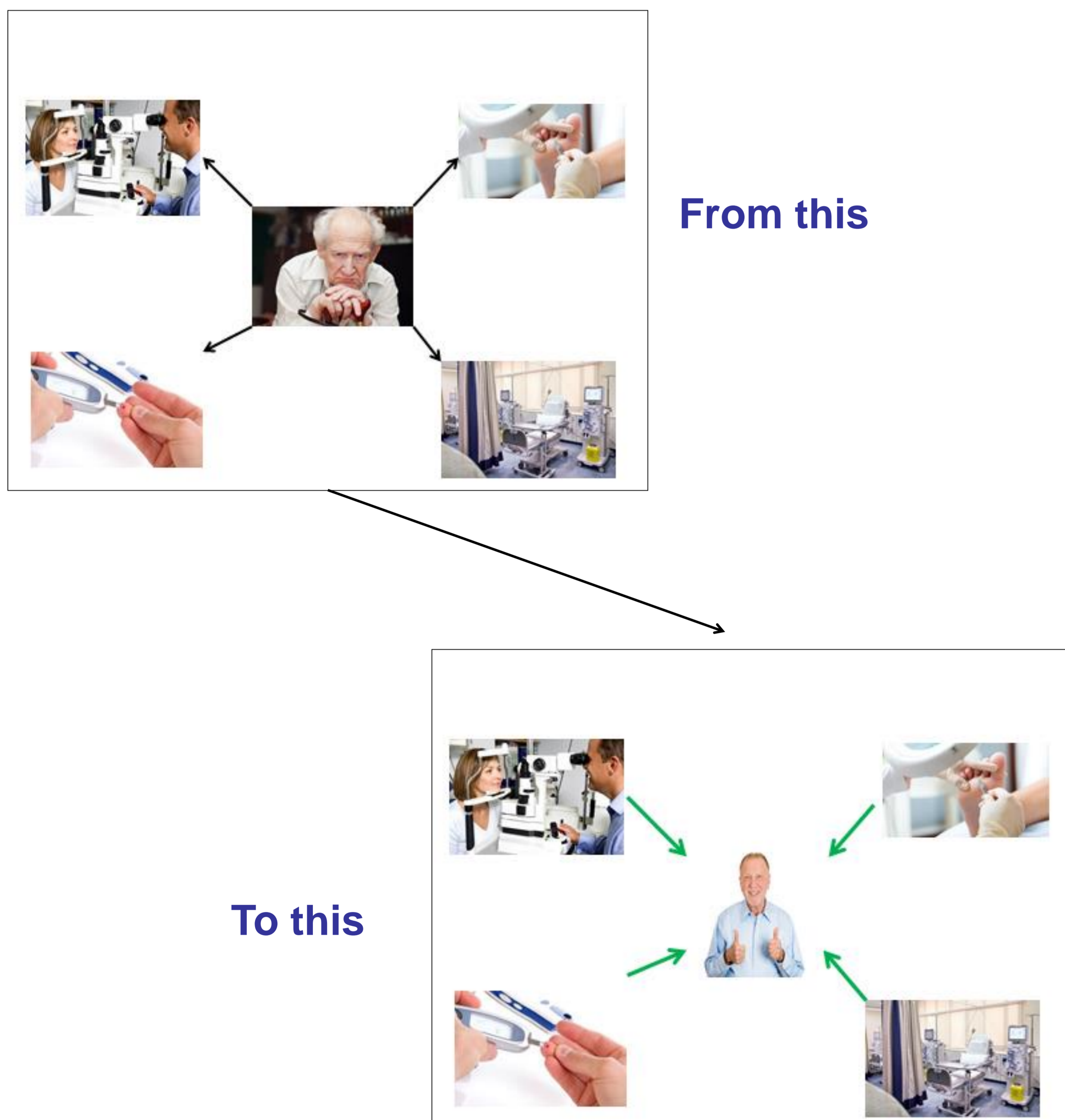


All on board for the mobile diabetes clinic. A person-centred, holistic approach to caring for patients with diabetes in the haemodialysis unit.

Introduction

- Our unit provides maintenance haemodialysis to 182 patients
- 63 (35%) have diabetes
- Standard care (Figure 1) (with patient travelling to multiple appointments at multiple sites) does not work in this patient group.
- Many patients were missing essential diabetes and screening assessments
- To address this and with the co-design of our patients, we have introduced a new service, bringing screening and diabetes care to the patients in the dialysis unit. (Figure 1).
- We present the results of 18 months of our pilot “mobile” diabetes clinic at the bedside in the dialysis unit.

Figure 1: Turning the arrows around. Our new “mobile” clinic model



Results

Table 1: Characteristics of group: Mean age and mean duration of diabetes.

	Mean age (range, years)	Mean Duration of DM (range, years)
Whole group (n = 59)	64.7 (35 – 88)	18.2 (1 – 47)
Type 1 DM (n = 10)	50.5 (35 – 77)	28.7 (9 – 45)
Type 2 DM (n = 48)	67.7 (41 – 88)	18.9 (1 – 47)

Glycaemic control –

Reduced hypos in 23 of 59 patients
Improved HbA1c

Table 2: Interventions to reduce hypoglycaemia

Intervention	Frequency (n)
Insulin titration	14
Hypo advice to carers	12
Dietetic input	10
Needle size changes	8
Medication changes	7
Avoiding lipohypertrophy	2
Flash glucose monitoring	2

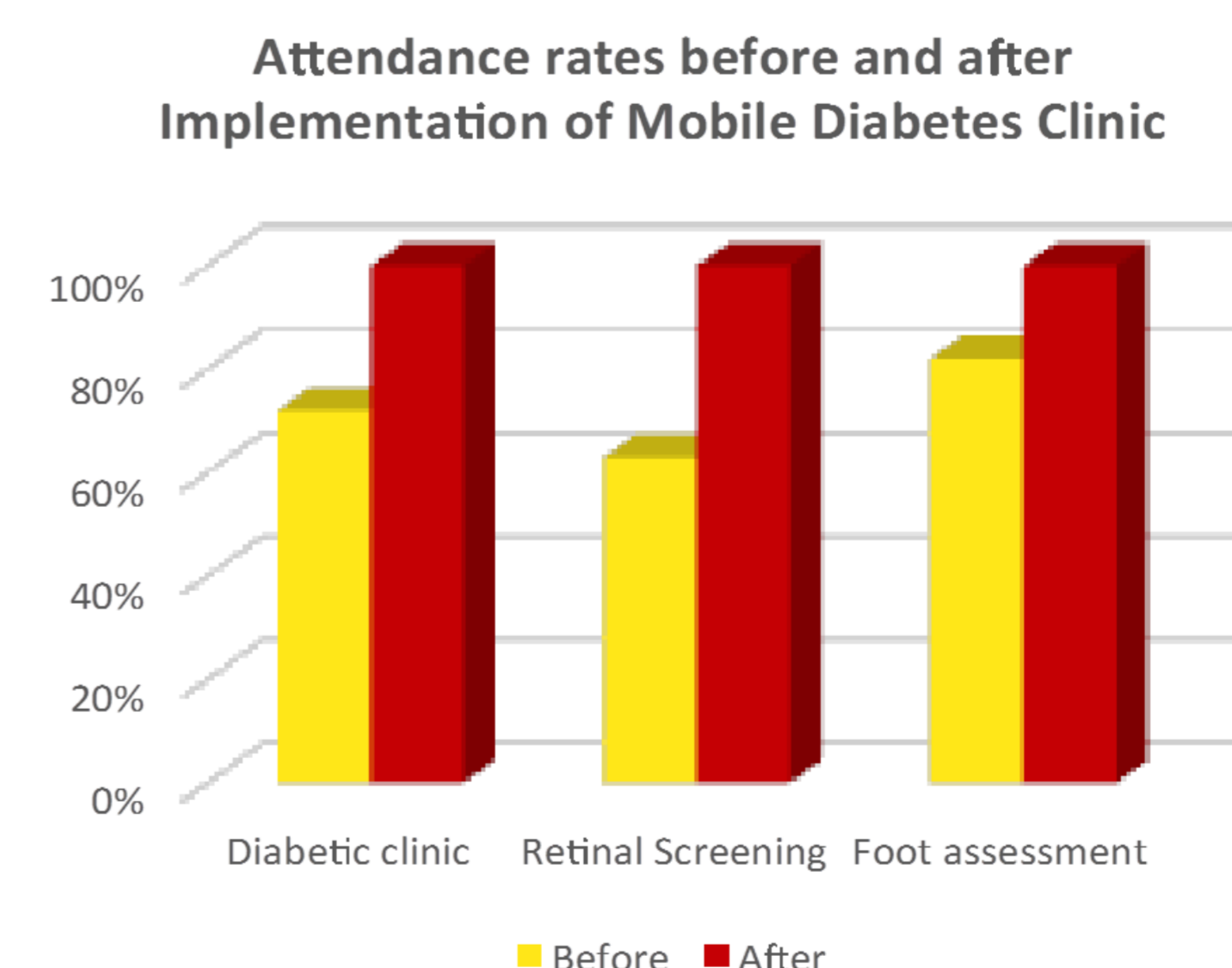
Table 3: HbA1c

	Pre-clinic HbA1c (mmol/mol, range)	Most recent HbA1c (mmol/mol, range)	Change in HbA1c (mmol/mol, range) (% change)
Whole group (n = 59)	68.2 (34 – 136)	64.1 (34 – 119)	-4.1 (-60 – 48) (-6%)
Type 1 DM (n = 10)	79.2 (53 – 115)	71.9 (55 – 113)	-7.3 (-60 – 11) (-9%)
Type 2 DM (n = 48)	66.2 (34 – 136)	63.0 (34 – 119)	-3.2 (-34 – 48) (-5%)

Screening: Improved screening rates.

Eyes: 1 in 4 required urgent ophthalmology assessment.

Figure 2: Since introduction of the “mobile” clinic model, all patients receive eye screening, foot screening and diabetes review.



Conclusions

- Standard model of diabetes care does not work for the frail cohort of patients with diabetes on maintenance haemodialysis.
- The “mobile” diabetes clinic is a solution to this problem.
- Main focus is on avoiding hypoglycaemia and screening for complications.
- This is a simple model and could be introduced easily in your unit.
- Please join this revolution!

• **For more information please contact us on:**

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