



Diabetes in hospitals

**Why should
Clinical Leaders &
Medical Managers
be concerned?**

Why is optimal diabetes management in hospital important for hospitals?

As a consequence of the increased morbidity associated with diabetes and hyperglycaemia, people with diabetes have **longer lengths of hospital stay**, being about two days longer than people without diabetes. The Australian Institute of Health and Welfare has estimated that hospitals spent \$649M on diabetes in 2008-09, almost doubling the figure from 2004-5.¹

Studies have demonstrated that when hyperglycaemia is promptly and appropriately managed, there is **lower morbidity, lengths of hospital stay are reduced**, and there are cost savings to the hospital. One US study estimated that the introduction of a **Specialist Inpatient Diabetes Team** saved their hospital \$2.2M per year². In Australia, with casemix and the introduction of Activity Based Funding, it is more important than ever to improve diabetes care and document diabetes-related co-morbidities.

Why is optimal diabetes management in hospital important for patients?

With optimal diabetes care, it is now uncommon for people to be admitted to hospital for their diabetes. However, inpatients commonly have **diabetes as a co-morbidity**. Clinical audits of hospitalised patients from Australia and overseas have reported diabetes prevalence rates up to 40%. The stress of illness and hospitalisation worsens glucose control and even brings out hyperglycaemia amongst people not previously known to have diabetes.

Importantly, high glucose levels in hospital have been associated with **increased infection rates, poorer healing, and increased mortality**. Furthermore, insulin therapy is also a **frequent source of prescribing error** and potentially adds risk to the patient.

Why is diabetes detection and optimal diabetes management in hospital important for the long term?

Many **new cases of diabetes are detected** in hospital following routine tests. It is important that people with newly detected diabetes are appropriately managed, not just in hospital, but also after discharge. In particular we need to ensure that they are given the opportunities to participate in self-management, register with the NDSS, and that there is good communication with their GP's to ensure an ongoing management plan following hospital discharge.

Detection and appropriate management of hyperglycaemia has the potential to **improve long-term outcomes** for the patient. This may translate into **fewer hospital readmissions** and **reduce the burden to the health system**.

What is the role of the Specialist Inpatient Diabetes Team?

The role of such teams has included:

- improving diabetes management expertise throughout the hospital through staff training and development and implementation of diabetes management protocols,
- direct management of patients with diabetes
- ward liaison and provision of management advice, and
- discharge planning.

These teams usually include dedicated **Diabetes Educators**, led by a **consultant in diabetes, or a physician with a focus on diabetes**. In Australia the introduction of Specialist Inpatient Diabetes Teams will require additional resources, but the long term results are compelling. The NHS (UK) has recommended a ratio of one Diabetes Educator for every 300 beds³. This has been adopted through the whole health system, **resulting in reductions in adverse outcomes and length of hospital stay with significant cost savings**.



Can your hospital afford not to invest in dedicated specialist inpatient diabetes services?

Where can I get further information?

ADS Guidelines for Routine Glucose Control in Hospital 2012

These Guidelines were developed in response to issues identified in hospitals. The guidelines aim to support hospital staff (who are not diabetes specialists), in the management of diabetes in hospital, and to foster a level of national consistency, in the provision of care.

ADS Peri-operative Diabetes Management Guidelines 2012

These guidelines were developed to provide assistance for those practitioners whose primary focus is not diabetes, in their management of patients with diabetes undergoing surgical procedures.

For more information: www.diabetessociety.com.au

Improving health outcomes for people with diabetes across Australia is the objective of the National Diabetes Services Scheme (NDSS)



The development of this NDSS booklet was coordinated by the Inpatient Working Party, on behalf of the Australian Diabetes Society which is an agent of the NDSS. The NDSS is an initiative of the Australian Government administered by Diabetes Australia.

Visit www.ndss.com.au or call 1300 136 588

1. Australian Institute of Health and Welfare 2012. Australia's health series no 13 cat.no AUS 126, Canberra, AIHW
2. Endocrinology Practice 2006 Jul/Aug 12 Supplement 3: Financial implications of glycaemic control results of an inpatient diabetes management program: Newton, CA
3. Diabetes UK task and Finish Group. Commissioning specialist diabetes services for adults with diabetes. UK 2010