

National Diabetes Inpatient Audit: Hospital Characteristics



Report at a glance 2018

The [National Diabetes Inpatient Audit](#) (NaDIA) measures the quality of care provided to people with diabetes when they are in hospital. The information in the audit is collected and submitted by hospital staff in England and Wales. In 2018 we ran a limited NaDIA audit looking only at hospital characteristics.

This report includes information on **185** HOSPITALS 

DATA FROM 2017 AUDIT:

18%  **1 IN 6** OF ALL PEOPLE IN HOSPITAL HAD DIABETES

 THIS FIGURE IS LIKELY TO INCREASE

Transformation funding

In 2016 NHS trusts in England could apply for transformation funding to improve diabetes care.

 **26%** of hospitals received funding to improve access to diabetes inpatient specialist nurses (DISN)

 **40%** of hospitals received funding to improve access to a multi-disciplinary foot care team (MDFT)

Audit results

IMPROVEMENTS



Substantial increases in staffing levels for diabetes inpatient specialist nurses, consultants, and dieticians



HAVE PODIATRY SERVICES
Big increase since 2017

STILL NEEDED



HAVE NO DISN



HAVE A 7-DAY DISN SERVICE

WE SAY

The results of the 2018 hospital characteristics audit show that there have been some very encouraging improvements in staffing levels, access to services and use of technology. But the audit also highlights that there is still a need for considerable improvements in many areas.

Technology

 Use of technology in hospitals may help to improve the care people with diabetes receive in hospitals

 Number of hospitals using technology such as Electronic Patient Records, electronic prescribing and remote blood glucose monitors is increasing. But improvement is slow and the uptake is uneven.

FOR MORE INFORMATION on the National Diabetes Inpatient Audit 2018 you can download the [full report](#).

National Diabetes Inpatient Audit: Harms



Report at a glance 2018

The [National Diabetes Inpatient Audit: Harms](#) is a year round audit of four harms that can occur in people with diabetes in hospital.

What are we measuring?

There are four serious problems that can occur in people with diabetes whilst they are in hospital:

 **Hypoglycaemic rescue:** where somebody's blood sugar level gets so low the patient is unable to treat their own hypo and rescue treatment has to be given by injection

 **Diabetic Ketoacidosis (DKA):** mainly happens in people with Type 1 diabetes when a severe lack of insulin means the body cannot use glucose for energy and switches to burning fatty acids

 **Hyperosmolar Hyperglycaemic State (HHS):** mainly affects people with Type 2 diabetes who experience very high blood glucose levels. It can develop over a course of days or weeks through a combination of illness and dehydration

 **Diabetic foot ulcer:** Patients with diabetes are at a higher risk of developing foot ulcers because of associated blood flow and nerve problems

WHAT DO WE CURRENTLY KNOW?



The 2017 snapshot NaDIA showed that during their hospital stay around:

1 IN 80

inpatients with diabetes require **hypoglycaemic rescue**

1 IN 25

inpatients with **Type 1** diabetes **develop DKA**

1 IN 800

inpatients with **Type 2** diabetes **develop HHS**

1 IN 100

inpatients develop a diabetic **foot ulcer**

THE RESULTS

The NaDIA: Harms audit was only launched in 2018 so there is not enough information to provide any meaningful results yet. In time, as more hospitals submit their data, we will be better able to monitor and help to reduce the number of harms that are happening to people with diabetes in hospital.

WE SAY

With good management, these harms should rarely occur in hospitals. But the annual snapshot NaDIA has shown that they happen more often than they should. The NaDIA Harms audit is a big step forward in understanding the level of these harms and helping hospitals take steps to reduce them.

FOR MORE INFORMATION on the National Diabetes Inpatient Audit: Harms 2018 you can download the [full report](#).