Identifying people with diabetes on entry to hospital

In 2017, over a million people with diabetes were admitted to hospital. One in six beds is occupied by someone living with diabetes, however how hospitals identify these patients varies widely. Some use Point of Care Testing to find all those prescribed insulin, others use Think Glucose magnets or different diabetes labels on ward whiteboards to highlight diabetes.

Identifying people is essential to ensuring people with diabetes have access to specialist support and receive a care plan on admission.

York Hospital use an innovative method to identify people with diabetes on entry to hospital through links with the retinal screening team. This has produced a transformation in care.

Dr Jonathan Thow, Diabetes Consultant at York Hospital, tells us how this is done:

1. Retinal screening single collated lists are probably the most reliable registers of diabetes available. They are usually carefully checked for error, duplication and drop outs (deaths, moved away etc.). These lists may be less reliable in cities that have a more mobile population.
2. People with newly diagnosed diabetes are added to the list on diagnosis (within a defined period).
3. We have a process that maintains regular cross referencing of our Electronic Patient Records (EPR) with the retinal screening list. The Core Patient Database (CPD) is updated for new diagnoses once per month and so we should have prior knowledge of patients coding for diabetes on admission to hospital for any reason. This complies with data protection standards as we own both databases so there is no sharing beyond our internal environment.

4. The first time we had to cross reference the whole list, but once this is done the new patients are routinely updated once each month to keep it up to date. Deaths are reported to the trust routinely so the drop outs are taken care of. People who move away stay on the list.
5. The code 'diabetes' is then used to display the diagnosis on electronic patient boards so that professionals are aware of their condition. It allows us to identify those people from a single search whenever we need to. In York we screen all new admissions every day for people with diabetes and visit them to check insulin prescribing and diabetes needs.
6. Their identification also prompts automatic blood glucose monitoring - the results of which are then incorporated as a chart into the patients' EPRs.
7. We believe this system captures about 98% of admissions. The precoding also ensures that the trust is paid the appropriate tariff for these patients. The income generated has paid for an expansion in our diabetes resource.

For more information email: inpatientcare@diabetes.org.uk

You can access more examples of good practice on our Shared Practice Library: www.diabetes.org.uk/shared-practice