Audit on Diabetes Management of Indoor Patients in a Tertiary Care Hospital

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ABOUT MAX SUPER SPECIALITY HOSPITAL

- The **217-bedded** Super Speciality Hospital is known for its personalised service and dedicated care for its patients.
- The state-of-the-art hospital extends dedicated care and personalised service in **Mohali(Punjab)**: a pool of committed doctors and support staff help patients to get back to their normal routine at the earliest..
- **Accreditated by NABH, NABL and Awarded with LEED Certificate Green Hospital**
- **The hospital's focus is "completely satisfying customer needs profitably" by using DMAIC and Lean methodology.**

INTRODUCTION

Diabetes has reached epidemic proportions worldwide, resulting in increased hospital admissions. The complexity of inpatient glycemic management necessitates a systems approach that facilitates safe practices and reduces the risk for errors.

Clinical Audits present a practical approach to:

-- Systematically evaluate quality of patient care

-- Identify treatment gaps between current practices & target goals

*** There should be an established system for clinical audit as per Standard CQI 7 of NABH for Continuous Quality Improvement**

AIM OF THE AUDIT

To assess the status of glycemic control and methods utilised in the inpatient management of diabetes in the hospital.

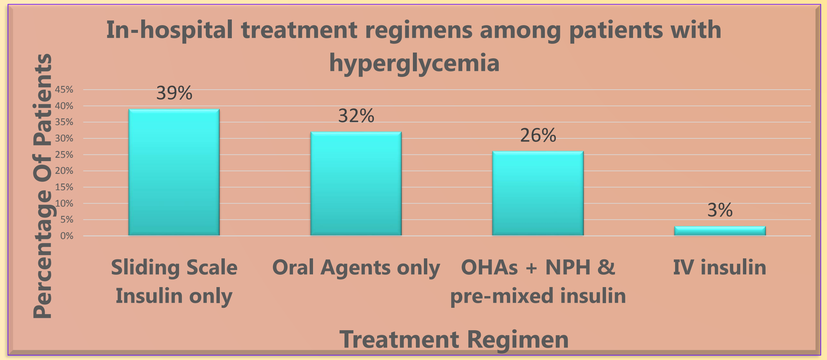
OBJECTIVE

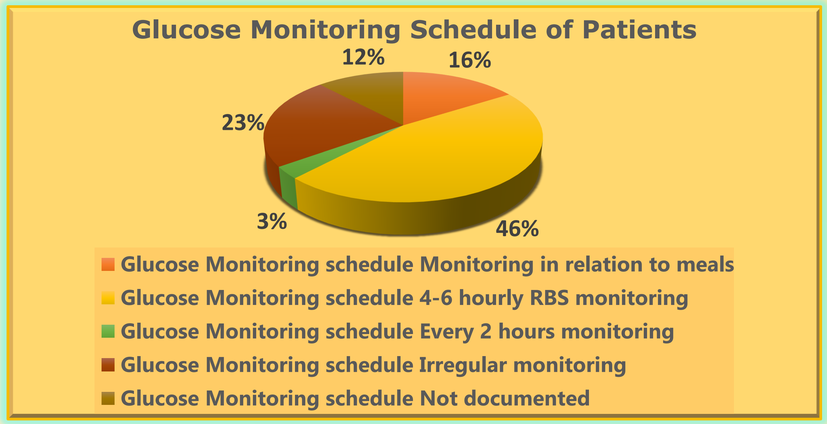
To evaluate current practices in the care of Indoor Diabetes Patients.

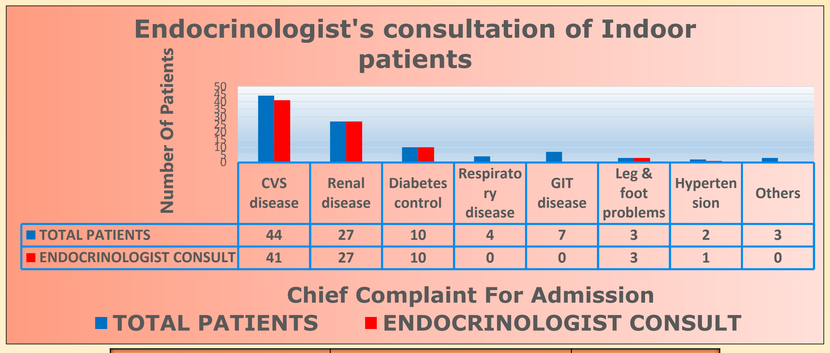
RECOMMENDATIONS

- **Point-of-care (POC) blood glucose monitoring**
- **Flash Glucose Monitoring System**
- **Creation of a multidisciplinary steering committee**
- **Follow up with an endocrinologist**
- **Appropriate discharge planning**
- **Promote systems that can evaluate diabetes-related data on an ongoing basis and guide quality improvement efforts.**
- **Introduction of 'Think Glucose Programme'**

RESULTS







Audit of Diabetic Inpatients		Percentage
Glucose Monitoring schedule	Monitoring in relation to meals	16
	4-6 hourly RBS monitoring	46
	Every 2 hours monitoring	3
	Irregular monitoring	23
	Not documented	12
HbA1c recorded during admission		100
Blood Glucose recorded & documented	At Admission	92
	At Discharge	0
Diet Management & Instructions	During hospital stay	100
	Following discharge	100
Endocrinologist's Consultation	During Hospital Stay	82
Follow Up After Discharge	With Primary Consultant	100
	With Endocrinologist	82

METHODOLOGY

STUDY AREA	Max Super Speciality Hospital, Mohali
STUDY DESIGN	Descriptive Cross-sectional study.
SAMPLE SIZE	100 consecutive Diabetes patients admitted between Dec 23, 2015 to Feb 1, 2016
SAMPLING TECHNIQUE	Convenience Sample

Structure Of The Audit (5 Phases)

1. Preparation
2. Definition of Criteria, Indicators & Standards
3. Retrospective Data Collection
4. Data analysis, Identification of main deviations from standards
5. Implementation of corrective actions

Actions Taken

a) Meeting planned to educate stakeholders.

b) Check-list created to be added to medical records of diabetic patients.

Re-Audit planned in July 2016

Quality Parameters Of the Audit

- PPP Blood Glucose monitoring
- Recording HbA1c
- Maintaining Complete Blood Glucose Chart During Hospital Stay
- Diet Management
- Endocrinologist's Consultation
- Follow-up after discharge

CONCLUSION

- Current guidelines are not optimally applied in clinical practice.
- Glycemic control management sub-optimal in 23% patients.
- Deficiencies observed both in processes of care & in outcomes compared with ADA guidelines.
- Sliding scale insulin(SSI) regimen inappropriately used in 38 patients
- It is necessary to standardise intervention of inpatients who were admitted with diabetes as a secondary medical problem.
- The central goals should be to identify reasonable, achievable, and safe glycemic targets and to describe the protocols, procedures: & system improvements needed to facilitate their implementation.