

# Adult Diabetes Optimising Discharge Standard Operating Procedure (SOP)

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<b>Accountable Director</b>	Medical Director	
<b>Policy Author</b>	Consultant and Clinical Director Diabetes, Diabetes Specialist Nurse	
<b>Target audience</b>	Clinical staff	

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## Document Control

[Author to complete all sections apart from Section 4 & 5]

Section 1 – Document Information	
<b>Title</b>	Diabetes Optimising Discharge, Standard Operating Procedure (SOP)
<b>Directorate</b>	Medical
<b>Brief Description of amendments</b>	
First version of SOP	
<b>Does the document follow the Trust agreed format?</b>	Yes
<b>Are all mandatory headings complete?</b>	Yes
<b>Does the document outline clearly the monitoring compliance and performance management?</b>	Yes
<b>Equality Analysis completed?</b>	Yes

Section 2 – Consultation Information*	
*Please remember to consult with all services provided by the Trust, including Community & Primary Care	
<b>Consultation Completed</b>	<input checked="" type="checkbox"/> Trust wide <input type="checkbox"/> Local <input type="checkbox"/> Specific staff group
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<b>Consultation end date</b>	08/11/2023

Section 3 – Version Control		
Version	Date Approved	Brief Summary of Changes
1	12/06/2023	New SOP
	Click here to enter a date.	
	Click here to enter a date.	
	Click here to enter a date.	
	Click here to enter a date.	

Section 4 – Approval – <i>To be completed by Document Control</i>	
<b>Document Approved</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with minor amendments
<b>Assurance provided by Author &amp; Chair</b>	<input checked="" type="checkbox"/> Minutes of Meeting <input type="checkbox"/> Email with Chairs approval
<b>Date approved</b>	12/06/2023
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<b>Assurance provided by Author &amp; Chair</b>	<input type="checkbox"/> Minutes of Meeting <input type="checkbox"/> Email with Chairs approval
<b>Date Withdrawn:</b>	Click here to enter a date.

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## 1. Scope

This procedure applies to all clinicians using the Diabetes optimising discharge flowchart across MWL NHS Trust (St Helens and Whiston Hospitals) particularly ED and AMU areas.

## 2. Introduction

The Adult Diabetes Optimising Discharge flowchart has been implemented to support clinicians working within AMU and ED of the Trust to make safe and reasonable decisions regarding treatment and follow up of patients with Diabetes to prevent unnecessary hospital admissions and support prompt and safe discharge with appropriate follow up. Any patients with Diabetes who are clinically unwell should be admitted to hospital.

## 3. Statement of Intent

The purpose of this SOP is to ensure that in such circumstances where DSNs or members of the St Helens Adult Diabetes Specialist team are unavailable to review a patient e.g., outside working hours, clinicians are supported to make appropriate and safe decisions regarding discharge and follow up.

We have covered the commonly encountered scenarios in this SOP but we are unable to cover all possible clinical presentations. Therefore, this SOP and flow chart are only meant for guidance, and clinicians should exercise their clinical judgement in applying these, where and necessary seek senior advice and ensure that patient safety is always maintained.

## 4. Definitions

Definition	Meaning
<b>DSN</b>	Diabetes Specialist Nurse
<b>T1DM</b>	Type 1 Diabetes
<b>T2DM</b>	Type 2 Diabetes
<b>T3cDM</b>	Type 3c Diabetes
<b>DKA</b>	Diabetic Ketoacidosis
<b>ED</b>	Emergency Department
<b>AMU</b>	Acute Medical Unit
<b>Hypo</b>	Hypoglycaemia

## 5. Duties, Accountabilities and Responsibilities

The Clinical Director of the Diabetes & Endocrinology Department will be responsible for ensuring relevant staff, working within the St Helens Diabetes Team at MWL NHS Trust, are aware of this procedure and for updating the procedure within relevant time frames.

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## 6. Process

### 6.1 Patients suitable for Diabetes Optimising Discharge Flowchart

Patients with Diabetes presenting to MWL NHS Trust (Whiston Hospital) ED or AMU areas who are stable, with no acute clinical concerns during periods where DSN support/advice is unavailable; patients should have glucose <20mmol/l and ketones <1.5mmol/l.

*Excluded patients: NEWS>0, Foot disease, Frailty, Glucose ≥20mmol/l, Ketone ≥1.5mmol/l, any other ongoing acute medical problem, learning difficulties, vulnerable adults*

Those clinically unwell and have a Diabetes related concern e.g., Suspected new T1DM with Glucose ≥20mmol/l, Ketone ≥1.5mmol/l, severe hypo, DKA etc. are to be admitted and managed as per hospital policy with prompt and detailed referral to the inpatient DSNs.

#### **Typical presentation of New Type 1 Diabetes**

**One, some or all the below:**

- Osmotic symptoms: polydipsia, polyuria, nocturia, lethargy, recurrent/non-resolving infections.
- Ketosis
- Rapid weight loss
- Age of onset under 50
- Body mass index (BMI) below 25 kg/m<sup>2</sup>
- Personal and/or family history of autoimmune disease
- Immunotherapy

*N.B This list is not exhaustive or guaranteed, please use clinical judgement. If in doubt, treat patient as New Type 1 Diabetes until specialist review.*

#### **Typical presentation of New Type 2 Diabetes**

Follow MWL Adult Diabetes Guidelines (available on intranet)

If considering commencing patient on medication for Type 2 Diabetes, please review MWL Adult Diabetes Guidelines and BNF for medication information and dosing of Metformin and Gliclazide.

N.B. If patient is commenced on Gliclazide they will require glucose meter and hypo & driving education (*can obtain these from GP/ Practice Nurse*).

#### **Typical presentation of New Type 3c Diabetes**

**One or some of the below:**

- Previous history of diseases affecting exocrine pancreas e.g. acute/chronic pancreatitis, pancreatectomy, Whipple's procedure, pancreatic cancer.

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- May have osmotic symptoms: polydipsia, polyuria, nocturia, lethargy, recurrent/non-resolving infections, rapid weight loss
- May have some ketosis

**N.B This list is not exhaustive or guaranteed, please use clinical judgement. If in doubt, treat patient as New Type 1 Diabetes until specialist review.**

## 6.2 Existing Diabetes

Patients with an established diagnosis of Diabetes may present with longstanding/chronic concerns such as persistent hyperglycaemia or episodes of hypoglycaemia

If the patient is not acutely unwell, it would be reasonable to consider making medication adjustments and notifying the GP/Practice Nurse to provide follow up review in the near future e.g. 1-2 weeks.

Ensure all relevant bloods reviewed such as renal function for medication suitability and/or titration.

Refer to BNF or MWL NHS Trust Insulin adjustment flashcard for titration advice.

## 6.3 Safety Net Advice

Advise all patients who are being discharged should be given 'safety-netting' advice including returning to an A&E department if worsening symptoms or acutely unwell e.g., vomiting, abdominal pain, reduced consciousness (signs and symptoms of DKA).

## 6.4 Inpatient DSN Referrals

Referrals for inpatient specialist review should be received via Careflow Workspace by areas starting a 'referral conversation'. All referrals should be sent promptly with sufficient information to accurately prioritise workload.

Incomplete, lack of information or delay sending will only delay patient review.

If telephone advice is required or preferred, please provide bleep/extension/phone number to be contacted on.

Referral status will remain 'pending' until triaged. This can be viewed on Careflow Workspace in 'Team Referral' section on patient summary.

If referral being sent for follow up to be arranged and patient discharged – ensure clinician's contact details and up-to-date patient contact details are provided.

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*The Careflow Workspace Diabetes Inpatient Nurse team are not always notified when comments are added to referral conversations, therefore any comments from areas requesting a re-referral will not be actioned.*

## 6.5 DSN Priority Level (Triage of Patients)

The DSN should always use their clinical judgement, if a patient is deemed greater priority to be seen due to their clinical management or safety needs then they are able to use their discretion or discuss with one of the senior members of the diabetes team if needed.

## 6.6 Patient Follow up - New Diagnosis of Diabetes

### **Type 1/3c Diabetes**

Send detailed referral to inpatient DSNs via Careflow Workspace with patient contact number. DSNs will contact patient to assess if well. If patient is well, DSNs will contact the Diabetes Centre Co-ordinator, who will support in arranging urgent follow up for them if required. If the patient is unwell DSNs will advise them to go to AED. If patient well but no urgent appointment available, DSNs will contact the patient and arrange for them to return to GPAU.

### **Type 2 Diabetes**

GP or Practice Nurses to follow up in near future e.g., 1-4 weeks. *Ensure all information on ICE discharge letter.*

### **Known Diabetes**

GP / Practice Nurse to follow up or patient to contact usual Diabetes Team. Patient should have the contact information for their usual diabetes team, it is unlikely inpatient DSNs will know this information.

## 7. Training

There are no formal training requirements needed to follow this policy, support or guidance in Diabetes Management can be requested via the St Helens Adult Diabetes Specialist Team.

## 8. Monitoring Compliance

### 8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Compliance of the Standard Operating Procedure (SOP)
2	
3	

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## 8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Monitor incidents related to the management of this SOP and identify any trends	Ward Managers & Matrons	Datix Incidence Reporting	Monthly	Review at Diabetes Safety Meeting	Clinical Director for Diabetes
Investigate any adverse outcomes related to this SOP	Ward Managers & Matrons	Trust policies for serious incidents requiring investigation	As required	Patient Safety Meetings/Council	Clinical Director for Diabetes

## 9. Related Trust Documents

No	Related Document
1	MWL Adult Diabetes Guidelines (most up to date copy on intranet)
2	
3	
4	
5	



## 10. Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of assessments relating to patients must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes [Cheryl.farmer@sthk.nhs.uk](mailto:Cheryl.farmer@sthk.nhs.uk), if the assessment is related to workforce a copy should be sent to the workforce Equality, Diversity and Inclusion Lead [Darren.mooney@sthk.nhs.uk](mailto:Darren.mooney@sthk.nhs.uk)

If this screening assessment indicates that discrimination could potentially be introduced then seek advice from the Head of Patient Inclusion and Experience. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes which could have an impact on patients or staff.

<b>Equality Analysis</b>			
<b>Title of Document/proposal /service/cost improvement plan etc:</b>		<b>Diabetes Optimising Discharge Standard Operating Procedure (SOP)</b>	
<b>Date of Assessment</b>	10/08/2023	<b>Name of Person completing assessment /job title:</b>	Sue Michaels
<b>Lead Executive Director</b>	Medical Director		Diabetes Nurse Specialist
<b>Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:</b>		<b>Yes / No</b>	<b>Justification/evidence and data source</b>
1	Age	No	Click here to enter text.
2	Disability (including learning disability, physical, sensory or mental impairment)	No	Click here to enter text.
3	Gender reassignment	No	Click here to enter text.
4	Marriage or civil partnership	No	Click here to enter text.
5	Pregnancy or maternity	No	Click here to enter text.
6	Race	No	Click here to enter text.
7	Religion or belief	No	Click here to enter text.
8	Sex	No	Click here to enter text.
9	Sexual Orientation	No	Click here to enter text.
<b>Human Rights – are there any issues which might affect a person’s human rights?</b>		<b>Yes / No</b>	<b>Justification/evidence and data source</b>
1	Right to life	No	Click here to enter text.
2	Right to freedom from degrading or humiliating treatment	No	Click here to enter text.
3	Right to privacy or family life	No	Click here to enter text.
4	Any other of the human rights?	No	Click here to enter text.
<b>Lead of Service Review &amp; Approval</b>			
<b>Service Manager completing review &amp; approval</b>		Sumudu Bujawansa	
<b>Job Title:</b>		Clinical Director, Diabetes & Endocrinology	

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## 11. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		X		
Will the procedural document lead to the collection of new information about individuals?		X		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		X		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		X		
Will the information about individuals be disclosed to organizations or people who have not previously had routine access to the information?		X		
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		X		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		X		
Will the implementation of the procedural document compel individuals to provide information about themselves?		X		

Sign off if no requirement to continue with Data Protection Impact Assessment:

Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

**Policy author Dr Sumudu Bujawansa**

**Date 12/06/2023**

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# Appendix 1 –

