

Audit of the burden of secondary care attendances in patients on maintenance haemodialysis with diabetes mellitus.

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Title

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Introduction

Patients with diabetes mellitus are at high risk of cardiovascular complications with associated high morbidity and mortality rates¹. Despite this, attendance at regular haemodialysis makes further hospital attendances logistically difficult to organise and inconvenient for patients and therefore, organisation of screening and follow up of these complications is often challenging¹.

Aim

This audit aimed to quantify the burden of hospital admissions and outpatient appointments attended by patients on maintenance haemodialysis with a diagnosis of diabetes mellitus.

Methods

Electronic records of all patients in NHS Grampian undergoing maintenance haemodialysis with a diagnosis of diabetes mellitus were reviewed retrospectively between 1st Aug 2018 – 31st July 2019. Data on the number of hospital admissions, days spent as an inpatient and number of outpatient appointments attended by each patient was collected and analysed.

Results

A total of 63 patients were identified. Of these patients, the majority dialysed regularly in Aberdeen Royal Infirmary (52.4%), with the remaining dialysing in other satellite units within NHS Grampian. During the 12 month audit period the number of hospital admissions per patient ranged from 0 to 12 with a median of 3 admissions. Number of days spent as an inpatient ranged from 0 to 165 with a median of 6 days and the number of outpatient appointments attended ranged from 3 to 110 with a median of 17 appointments.

Discussion

Patients on maintenance haemodialysis with a diagnosis of diabetes mellitus in NHS Grampian have a substantial burden of secondary care attendances. This study highlights the significant amount of time these patients spend in hospital, either as inpatients and/or for outpatient appointments. There are well established national screening programmes already in place for cardiovascular complications, including foot and retinopathy screening, however high burden of secondary care attendances in addition to time spent on dialysis undoubtedly makes follow up challenging and inconvenient for patients. It is therefore essential that organisation of the care of these patients is better managed. Suggestions for this include integrated renal/diabetes clinics and opportunistic reviews whilst patients are receiving haemodialysis.