NaDIA
HARMS
A summary report of the National Diabetes Inpatient Audit: Harms England
2019

What level of serious problems are occurring to people with diabetes in hospital?
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Note: All results in this document are taken from NaDIA Harms 2019
Report at a glance

The National Diabetes Inpatient Audit: Harms measures instances of four life-threatening diabetes specific complications which can occur in people with diabetes when they are in hospital.

1. 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.

2. Diabetic Ketoacidosis (DKA): Mainly occurs 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.

3. Hyperosmolar Hyperglycaemic State (HHS): Mainly occurs in people with type 2 diabetes who experience very high blood glucose levels through a combination of illness (e.g. infection) and dehydration.

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

Good management and preventative care these problems should prevent many of these problems happening whilst someone is in hospital.

The information in the audit is collected and submitted by hospital staff in England.

Findings

3 in 4 hospitals who should be taking part in the audit have registered to do so.

Only 2 in 5 hospitals are regularly submitting their data to the audit.

2,905 instances of inpatient harms were recorded between May 2018 and October 2019.

We say:

These harms are serious and can be life-threatening. They are distressing for people with diabetes and slow down recovery. These harms occur due to errors of inpatient diabetes management and should not be occurring in hospital.

All hospitals in England should participate in NaDIA: Harms to understand instances of harms in their local hospital. Accurate recording of these harms will help hospitals to put in place and monitor measures to reduce these harms.

Those hospitals that are not registered need to do so immediately. Systems need to be put in place to allow all instances of inpatient harms to be recorded and submitted.
In November 2020, NHS Digital published the National Diabetes Inpatient Audit: Harms 2019 report. This report has been prepared by Diabetes UK. It summarises the information in the report in a way that is more accessible for people with diabetes. This report is also for anyone else interested in the quality of care for people with diabetes when they stay in hospital.

NaDIA: Harms aims to monitor and help reduce instances of four life-threatening diabetes specific inpatient harms. Read more about those harms on page 5. Through the NaDIA snapshot audit we know that these harms keep on happening in hospital. The aim of the NaDIA: Harms audit is to help NHS trusts identify and analyse occurrences of these harms in their local hospital.

About this report

This report summarises the key findings from the 2019 audit report. We explain:

- What the four serious problems that can occur in people with diabetes in hospital are
- The main findings from the 2019 audit report
- Recommendations for improvements to care for people with diabetes whilst they are in hospital

Before writing this summary report, we talked to people with diabetes to find out what information they wanted to see and how to present the findings.

At the back of the report we explain what the audit is and why it is important to look at care for people with diabetes when they are in hospital. There is also a glossary and details of where to find more information.
The results

Participation

How many NHS Trusts took part in the 2019 NaDIA: Harms audit?

131 NHS trusts are eligible to participate.
108 are registered to participate.
100 have submitted their data at least once.
51 have submitted in every quarterly period since the audit began in May 2018.

Submissions

How many serious inpatient harms were recorded?

<table>
<thead>
<tr>
<th>INPATIENT HARM</th>
<th>Total number of occurrences (May 2018 – October 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoglycaemic rescue</td>
<td>2,055</td>
</tr>
<tr>
<td>DKA</td>
<td>440</td>
</tr>
<tr>
<td>HHS</td>
<td>80</td>
</tr>
<tr>
<td>Diabetic foot ulcer</td>
<td>330</td>
</tr>
<tr>
<td>Total</td>
<td>2,905</td>
</tr>
</tbody>
</table>

There have been tremendous challenges in setting up processes to identify and collect each occurrence of inpatient harms. So the actual number of inpatient harms is likely to be much higher than we are currently collecting. 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.
The results

Patient profiles

Which individual characteristics are associated with a greater risk of inpatient harm?

Individual characteristics means things like a person’s:
- Ethnicity, age and gender
- Type and duration of diabetes
- HbA1c (blood sugar levels)
- Care received for diabetes in the year before admission to hospital

This analysis helped us to understand whether some people are at higher risk of the inpatient harms occurring during their stay in hospital than others.

HHS was not included due to the small number of episodes reported. The higher risk characteristics related to all three other inpatient harms (hypoglycaemic rescue, DKA, diabetic foot ulcer) were:
- White ethnicity
- Type 1 diabetes
- Longer diabetes duration
- Higher HbA1c
- Missing care processes and treatment targets in year before admission (see pages 9 and 10 for explanation of what this means)
- Admitted as an emergency rather than planned care
- Admitted with foot disease
- Needing renal replacement treatment (kidney dialysis) during admission

A better understanding of who is more likely to experience these harms in hospital might help target preventive care to those most at risk.
For people with diabetes

If you have diabetes and are going to stay in hospital it may be useful to:

- Bring an up-to-date list of your usual medications with you (or ask a relative to bring it), and the name and contact details of the healthcare professional who usually manages your diabetes care.
- Take your own hypo treatments into hospital with you.
- Take your own blood testing meter and test strips.
- Tell your diabetes team that you are going into hospital as an inpatient.
- Ask the hospital care team what plan they have to manage your diabetes while you are an inpatient.
- Let a member of the ward staff know if you feel your diabetes care is not safe or could be better.
- If you live in England, contact the Patient Advice and Liaison Service (PALS) if you are unhappy with your care.
- If you live in Wales, contact your Community Health Council (CHC) if you are unhappy with your care.
Further information

What is the National Diabetes Inpatient Audit: Harms?

The audit is a project that looks at the number of serious harms occurring to people with diabetes when they stay in hospital. This includes both people admitted to hospital because of their diabetes or for another medical reason. This is a continuous collection of data that started in 2018.

The aim of NaDIA-Harms is to help reduce the rates of serious inpatient harms by providing hospitals with a system of measurements. These measurements will enable trusts to identify and analyse local occurrences of these key inpatient harms and help them to make improvements to diabetes care.

Why do we audit inpatient care for people with diabetes?

The National Institute for Health and Care Excellence (NICE) produces the guidelines for the treatment of people with diabetes in hospital. All hospitals should follow these guidelines to provide good quality diabetes care to people in hospital. The information collected helps highlight areas where diabetes care for patients is good and where there is a need for improvement and changes that will help hospitals raise their overall standards.

The audit findings are publicly available, so anyone can see their local hospital’s findings. You can find your hospital’s audit findings on the NHS Digital website.

Where to go for more information

The National Diabetes Audit


Diabetes UK

For more information about diabetes, including living with diabetes, go to www.diabetes.org.uk/guide-to-diabetes or call Diabetes UK’s Helpline on 0345 123 2399 for advice and support.

For information about getting involved in making a difference to diabetes treatment and care, go to www.diabetes.org.uk/get_involved/campaigning/diabetes-voices

To find out more about Diabetes UK’s activities in your area, go to www.diabetes.org.uk/in_your_area

National Institute for Health and Care Excellence (NICE) guidelines

For information about how NICE develops guidelines, go to www.nice.org.uk. Guidelines about diabetes care in hospital include:

- Diabetes in adults quality standard (QS6)
- NICE Guidelines NG19
Further information

Healthcare Quality Improvement Partnership (HQIP)
To find out more about clinical audits – and patient involvement in national clinical audits – you can visit the HQIP website at www.hqip.org.uk/involving-patients.

Patient Advice and Liaison Service (PALS)
If you have a question about local health services or an enquiry about health matters, you can contact PALS. Find more information or your local PALS at www.nhs.uk.

Community Health Councils (CHC) in Wales
If you need help and advice about NHS Services in Wales, you can contact CHC. Find out more at www.wales.nhs.uk.

NHS Choices (England)
NHS Choices provides information about your health, including finding and using NHS Services in England. Find out more at www.nhs.uk/pages/home.aspx.

NHS Wales
NHS Wales provides information about your health, including finding and using NHS Services in Wales. Find out more at www.wales.nhs.uk.

Explanation of words used in this booklet

Audit
A way of gathering information and measuring local NHS organisations’ performance and quality of care against national guidelines, from which come recommendations for improvements.

Blood glucose
The main sugar the body makes from the food we eat. Glucose travels in the bloodstream, providing energy to all the body’s living cells. However, the cells cannot use glucose without the help of insulin.

Care processes
People with diabetes should have all 9 of the following health checks at least once a year:
- Blood pressure
- Body Mass Index
- Two measures of kidney function
- Cholesterol
- Foot check
- Whether someone smokes or not
- HbA1c (blood sugar levels during the last 2–3 months)
- Eye check
Type 1 diabetes develops when the body permanently destroys its own insulin-producing cells. When this happens a person needs regular insulin, given either by injection or an insulin pump.

Type 2 diabetes
A condition in which the body either makes too little insulin, or cannot use the insulin it produces to turn blood glucose into energy. Diet and exercise is often enough to control a type 2 diabetes condition, but some people also need diabetes medication or insulin.

Treatment targets

- HbA1c of 58 mmol/mol or under
- Cholesterol level of 5 mmol/L or under
- Blood pressure lower than 140/80

Achieving these levels reduces risk of long-term complications.
The National Diabetes Audit (NDA) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit (NCA) programme. The NDA is managed by NHS Digital, formerly known as the Health and Social Care Information Centre (HSCIC), in partnership with Diabetes UK and is supported by the National Cardiovascular Intelligence Network (NCVIN), Public Health England.

The NDA receives invaluable support from people with diabetes, clinical staff and other health professionals across England and Wales.

NDA publications

NDA: National Diabetes Audit
- Care processes and treatment targets

Complications and mortality

Transition

NPID: National Pregnancy in Diabetes Audit

NDFA: National Diabetes Foot Care Audit

NaDIA: National Diabetes Inpatient Audit
- NaDIA Harms
- NaDIA Snapshot

NDPP: National Diabetes Prevention Programme Audit

We welcome your views on how we can improve this report

Please contact:
Alex Berry
Diabetes UK
Wells Lawrence House
126 Back Church Lane
London E1 1FH
T: 020 7424 1013
E: alex.berry@diabetes.org.uk