





# SPOTLIGHT ON STAKEHOLDER SUCCESS

Improving the peri-operative pathway of people with diabetes undergoing elective surgery: the IP3D project

 <p><b>PATIENT</b></p>	<p><b>IMPROVED SAFETY</b></p>	<p>Following IP3D implementation, dysglycaemic events* decreased substantially:</p> <ul style="list-style-type: none"> <li>• Recurrent hypoglycaemia decreased from 7.0% to 0.6% (P = 0.002).</li> <li>• The mean number of recurrent hypoglycaemic events fell from 2.36 to 1.17 (P = 0.061)</li> <li>• The mean number of recurrent hyperglycaemic events decreased from 3.02 to 1.74 (p = 0.007).</li> </ul> <p>*Dysglycaemic events are risk factors for infection and complications post-operatively.</p>
	<p><b>REDUCED COMPLICATIONS</b></p>	<p>Reduced in-hospital complications by 12% (from 28% to 16%; P=0.008), including a decrease in those who experienced a composite of dysglycaemic complications, poor wound healing, wound infection, and other infections (12.4% vs 5.4%; P=0.023)</p>
 <p><b>CLINICIAN</b></p>	<p><b>INCREASED CONFIDENCE</b></p>	<p>Confidence in safely omitting insulin on the day of surgery increased by 1.8 points [3.7 (pre) to 5.5 (post) on 10-point scale (P&lt;0.001)], ensuring operations are not cancelled last minute due to lack glycaemic control</p>
		<p>44% increase [from 40% to 84% (p&lt;0.001)] in the number of surgical staff who correctly identified the capillary blood glucose level in which intervention with rapid acting insulin for type 1 patients is needed</p>
 <p><b>HEALTH SYSTEM / ADMINISTRATION</b></p>	<p><b>DECREASED LENGTH OF STAY</b></p>	<p>Length of hospital stay reduced from 4.8 to 3.3 days (p=0.001) for patients with diabetes. In contrast, length of stay in inpatients without diabetes did not change (3.1 vs 3.3 days).</p> <p>Despite the reduction in length of stay post implementation, there was no significant increase in 30-day readmissions (12% vs 9%; p=0.307)</p>
 <p><b>PAYOR</b></p>	<p><b>DECREASED HEALTHCARE COSTS</b></p>	<p>A total of £157,000 per year (525 hospital bed-days) is mitigated based on 1.5-day reduction in patient length of stay across 350 elective procedures per year.</p> <p>IP3D has been implemented in 10 other NHS trusts across England, where similar results in terms of reduction in complications and reduced length of stay have been achieved</p>