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Improving the Peri-Operative Pathway of People with Diabetes Undergoing Elective Surgery: The IP3D Project

In a world where patient empowerment can improve outcomes, enhance experiences and save costs, integrated clinical care strategies that focus on patient engagement are an impactful first step. That said, it is never as easy as it sounds, particularly for patients with complex diseases. Perioperative pathways, in particular, can be challenging for patients with diabetes, as many patients experience anxiety and dissatisfaction with their care. Beyond the patient experience, patients with diabetes are more likely to experience post-operative complications, have higher rates of mortality and tend to have longer lengths of stay with more frequent readmissions.

(L-R) Rachel Allen, Ruth Deroy, Gerry Rayman, Emma Page, Alison Czarnota

Despite numerous guidelines in this space, little improvements have been seen for patients with diabetes who are undergoing surgery. Recognizing that more had to be done, Professor Gerry Rayman, Consultant Diabetologist, Ipswich Hospital, East Suffolk and North Essex NHS Foundation Trust and Emma Page, Transformation Manager and Project Lead developed and implemented the IP3D program: Improving the peri-operative pathway of people with diabetes undergoing elective surgery. IP3D involves several critical success factors, including a 'diabetes perioperative passport' to help empower patients throughout their surgical processes, formation of a diabetes-surgery working group, recruitment of surgical diabetes champions and recruitment of a Perioperative Diabetes Specialist Nurse (DSN). The DSN is responsible for engaging and educating others involved in the pathway and supporting patients with their diabetes care pre-surgery and on admission, including optimization of HbA1c.

The results of the IP3D initiative have been astounding. There was a 12% (from 28% to 16%; P=0.008) reduction in in-hospital complication, 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), as well as reductions in dysglycaemic events such as recurrent hypo and hyperglycemia. A corresponding 1.5 day (from 4.8 to 3.3 days p=0.001) reduction in patient length of stay was also achieved for patients with diabetes, without a significant increase in 30-day readmission. Collectively, these impressive achievements mitigate £157,000 per year (525 hospital bed-days).

Due to the meaningful improvements in outcomes and patient care, the IP3D program has since been implemented into >10 different NHS Trusts, all with similar, outstanding results.

The outcomes achieved and improvements seen would not be possible without the passionate team behind IP3D. For their efforts, this integrated clinical care team was a awarded the Top Global Honor of 2022 UNIVANTS of Healthcare Excellence Award Winner.

Congratulations to Professor Gerry Rayman, Consultant Diabetologist, Ipswich Hospital, East Suffolk and North Essex NHS Foundation Trust, Emma Page, Transformation Manager and Project Lead, Rachel Allen, Lead Perioperative Diabetes Specialist Nurse, Ruth Deroy, Lead Consultant for Perioperative Care and Alison Czarnota, Point of Care Lead Ipswich Hospital.

To learn more about IP3D and other winners please visit www.UnivantsHCE.com

For educational opportunities, including an inspiring lecture on the IP3D program, please visit https://healthcareelx.com/