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Non elective re-admissions to an acute hospital in people with diabetes: Causes and the potential for avoidance. The WICKED project

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ABSTRACT

Introduction: Managing people with diabetes is a health priority worldwide. Cost benefit attempts at avoiding non elective admissions (NEA) have had some success. To develop an NEA avoidance service, we audited multiple NEA in those with diabetes.

Method: All people with diabetes who had ≥ 3 NEA to our hospital over 12 months were identified ($n = 418$); 104 (1 in 4) patients were randomly selected and retrospective data collected in 98 subjects on their index (latest, 3rd) admission.

Results: Of 98 subjects (50 males, 60 Caucasians, 86 type 2 diabetes, aged 69 ± 16 years). Conditions contributing to admission included: Significant co-morbidities in 95 patients (≥ 2 in 57, ≥ 4 in 24). Only 14 admission were directly due to diabetes: hypoglycaemia (5); hyperglycaemia (6); DKA (2), Infected foot ulcer (1). 97 admissions were justified at the time of presentation. However whilst 78 were unavoidable, 19 were deemed avoidable amongst whom 10 were diabetes related.

Conclusion: The majority of re-admissions were due to multi-morbidity and were often non-diabetes related. The concept of avoidability must be distinguished from point justification at the time of acute need. This would allow the prospective identification of high risk patients and requires an integrated working process to avoid NEA.

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1. Introduction

There were 5.3 million emergency admissions in 2012–2013, an increase of 1.8 per cent over 2011–2012 [1]. Not least because of the huge financial implications [2], reducing non-elective admissions (NEA) is a high priority for the National

Health Service reflected in the introduction of a Directly Enhanced Service into primary care [3].

The problem is complex and multifactorial with age [1], multi-morbidity [4,5], ethnicity [6–8], social deprivation [9,10], environmental factors [11–13] and geographical variations [14,15] all known to be important factors at play, equally so in NEA in diabetes [16].

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