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P020 -Are we doing enough? An audit exploring the management of adults with diabetes on a hospital-based haemodialysis unit

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Introduction
We conducted an audit to make improvements to the care provided to adults with diabetes on a hospital-based haemodialysis (HD) unit. As a standard for care we have used guidelines for the management of adults with diabetes receiving HD that were published by the Joint British Diabetes Societies (Frankel et al 2016).

Methods
The audit was registered with the clinical audit department of the hospital. Data was collected for those patients with diabetes receiving HD (n=28).The data was collected from the renal computer database EMED and included: type of diabetes, medications prescribed for diabetes management, glycated haemoglobin (HbA1c), pre and post HD blood glucose and the most recent documented diabetes review by the renal multidisciplinary team (MDT). Data regarding patients managing clinician for their diabetes care and access to the most recent documented diabetic annual review was also collected from the hospital computer system NOTIS. The data was collected at two points: i) in November 2016, and ii) in June 2018. Following the initial data collection, an action plan to improve the care provided was agreed amongst the renal MDT. The data as above was collected again as part of the re-audit in June 2018, completing the audit cycle.

Results
The results of the re-audit showed an increase in the number of patients under secondary diabetes care (n=9 vs n=6), a decrease in the number of patients on gliclazide (n=2 vs n= 5) or not on any medication for their diabetes (n=6 vs n=12), and an increase in the use of linagliptin (n=3 vs n=0) and insulin for glycaemic control (n=18 vs n=11). There were less patients with HbA1c<58mmol/mol (n=14 vs n=18) and HbA1c>68mmol/mol (n=4 vs n=6) but more patients with HbA1c between 58-68mmol/mol (n=9 vs n=4). HbA1c and diabetes medications were reviewed for eight patients at a renal MDT meeting, fourteen patients at a HD clinic and twenty patients as part of a dietetic assessment. Five patients did not have a diabetes review documented during the previous 12 months and fourteen patients had a HbA1c<58mmol/mol in the previous 12 months. Only six of these patients had a documented diabetes review. Two patients remained on gliclazide but did not have access to home blood glucose monitoring (HBGM) equipment. No patients had their pre and post HD blood glucose (BG) recorded consistently.

Discussion
The survival on HD for those with diabetes is approximately half that of those receiving HD who do not have diabetes (Steenkamp, Rao and Roderick 2015). However, historically targets for the management of diabetes once HD has been commenced have been unclear (JBDS, 2016). The findings of the audit suggest that improvements have been made to the care provided to those adults with diabetes receiving HD on this hospital-based unit. However, there are still improvements to be made to the care provided in terms of the monitoring of pre and post HD BG, review of patients with a HbA1c<58mmol/mol, HBGM equipment for those prescribed gliclazide and consistency with the review of diabetes care by the renal MDT.